



Power Wheelchair Authorizer Application

Protected A (when completed)

Alberta Aids to Daily Living Program

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act* (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of determining eligibility to become an AADL Authorizer. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731, Fax: 780-422-0968.

Use this form to apply for the Power Wheelchair Benefits.

Complete all sections. Do not leave any information blank. Incomplete forms will be returned.

Part A – Authorizer Information	
Current AADL Authorizer Number:	Must be a current AADL Authorizer for Level A/B or C Seating Benefits in order to apply for Power Wheelchair benefits.
Last Name:	First Name:
Work Email Address:	Work Phone Number:
Date power wheelchair module completed:	Must complete the power wheelchair module prior to submitting application, which is available on the AADL website.
Part B – Clinical Practice Information	
Current position:	Must be at least 0.6 FTE
<input type="checkbox"/> 0.6 FTE <input type="checkbox"/> 0.7 FTE <input type="checkbox"/> 0.8 FTE <input type="checkbox"/> 0.9 FTE <input type="checkbox"/> 1.0 FTE <input type="checkbox"/> Other:	
Minimum one year of clinical experience as a Level A (or higher) Seating Authorizer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of wheelchair and seating assessment/fitting in the last 12 months: _____ Minimum 5	
List relevant continuing competency activities related to power mobility in the past 2 years. This may include conferences, workshops, modules, research activities, etc.	
Description	Date
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
List all attended manufacturer in-services or training sessions for power mobility in the past 2 years.	
Description	Date
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____



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Part C – Declaration

- I confirm that the information in and attached to this form is complete and correct.
- I confirm that I have reviewed and understand AADL’s policies and procedures for power wheelchair benefits.
- I confirm that I understand the roles and responsibilities of the authorizers, vendors and clients in the assessment and provision of AADL power wheelchair benefits.
- I confirm that I have demonstrated appropriate clinical competency related to the assessment and provision of power mobility/seating interventions.

Signature:

Date:

Submit application form to the AADL Administrative Coordinator by:

- ⇒ Email: AADL.Applications@gov.ab.ca
- ⇒ Fax: 780-422-0968
- ⇒ Mail: Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3

For AADL use only

Product range: 12 – Power Wheelchair Benefits

Effective Date:

Program Manager
Approval:

Date: