



Seating and Wheelchair Accessory Benefits Manual Wheelchair and Seating Needs Level A 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.

*Please complete all sections. Do not leave any information blank. **Incomplete forms will be returned.***

*Applicants **must** provide sufficient information to clearly demonstrate that requirements are met, as are stipulated under both: (1) **Policy WM – 03 Authorizer Qualifications**, and (2) **Policy X – 05 Authorizers for Seating Benefits**.*

Part A – Authorizer Information	
Manual Wheelchair and Seating Level Application: <input type="checkbox"/> Manual wheelchairs <input type="checkbox"/> Level A – Basic seating	
Last Name:	First Name:
Work Email Address:	Work Phone:
Current AADL Authorizer Number:	
Currently an Authorizer for wheelchair benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Must be an Authorizer for wheelchair benefits in order to apply for seating.</i>	
Date manual wheelchair module completed: <i>All manual wheelchair and seating Authorizers must complete this module, which is available on the AADL website.</i>	
Date seating module completed: <i>All manual wheelchair and seating Authorizers must complete this module, which is available on the AADL website.</i>	
Do you have Alberta Blue Cross online health portal access? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>All manual wheelchair and seating authorizations must be completed via the Alberta Blue Cross online health portal.</i>	

Part B – Clinical Practice Information
Current position: <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: <i>Must be clinically employed at least at a 0.6 FTE.</i>
Anticipated number of manual wheelchair and seating clients you will be assessing on a monthly basis:
Number of hours of clinical experience as an occupational therapist or physiotherapist: <i>Must have a minimum of 1,700 hours (equivalent to one year) of clinical experience.</i>
Number of manual wheelchair and seating assessment/fitting in the last 12 months: <i>Level A: Minimum 5 Level A clients.</i>

Part C – Seating Clinical Continuing Competency Activities	
List the specific wheelchair and seating clinical continuing competency activities you completed in the last three years. <ul style="list-style-type: none"> This may include conferences, workshops, modules, research activities, etc. This does not include manufacturer product in-services, AADL authorizer training or AADL modules. <p>Note: Certificates of attendance/completion are required. Include additional information as an addendum.</p>	
Description	Date Completed
1)	

2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Part D – Seating Product Knowledge

List the specific wheelchair and seating product in-services and training you completed in the last three years.

- This **must** include manufacturer product in-services and training.
- This may include conferences, workshops, modules, research activities, etc.
- This does **not** include AADL authorizer training or AADL modules.

Note: Certificates of attendance/completion are required. Include additional information as an addendum.

Description	Date Completed
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Part E – Declaration

By signing this application, the applicant confirms that the following is true:

- *That the information in and attached to this form is complete and correct.*
- *The applicant has reviewed and understands AADL’s policies and procedures for AADL wheelchair and seating accessory benefits.*
- *The applicant understands the roles and responsibilities of the authorizers, vendors and clients in the assessment and provision of AADL wheelchair and seating accessory benefits.*
- *The applicant has demonstrated appropriate clinical competency related to the assessment and provision of wheelchair and seating interventions.*

Applicant Signature:	Date:
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For AADL Use Only

Part F – AADL Review

Reviewer(s):

Clinical Experience

Acceptable:

Yes

No

Comments:

Product Knowledge

Acceptable:

Yes

No

Comments:

AADL Recommendations

Reviewer Signature(s):

Date:

Part H – AADL Review

Adjudication:

Approved

Denied

Product Ranges:

Manual wheelchairs

Level A – Basic seating

Effective Date:

Comments:

Program Manager Signature:

Date:

Program Manager 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