

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 **Policy X – 05 Authorizers for Seating Benefits.***

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

Part B – Clinical Practice Information
<b>Employed by AADL-recognized seating team?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of the AADL-recognized seating team:</b> <i>Must be employed with an AADL-recognized Level B or C seating team.</i>
<b>Current position:</b> <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: <b>FTE dedicated to the seating team:</b> <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>
<b>Anticipated number of seating clients you will be assessing on a monthly basis:</b>
<b>Number of hours of clinical experience as an occupational therapist or physical therapist:</b> <i>Must have a minimum of 1,700 hours (equivalent to one year) of clinical experience.</i>
<b>Number of seating assessment/fitting in the last 12 months:</b> <i>Level B: Minimum 10 Level B clients.</i> <i>Level C: Minimum 20 Level C 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"> <li>This may include conferences, workshops, modules, research activities, etc.</li> <li>This does <b>not</b> include manufacturer product in-services, AADL Authorizer training or AADL modules.</li> </ul> <b>Note: Certificates of attendance/completion are required. Include additional information as an addendum.</b>	
<b>Description</b>	<b>Date Completed</b>
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 – Seating Clinical Experience and Case Study

- Attach a summary of **clinical experience** with seating intervention. This may include student placements, work experience or other direct clinical involvement with seating interventions.
- Attach a **case study** of an actual seating client. **Do not include any personally identifiable client information.** Must provide the following information:
  - **Background information and seating issues:** *medical history, functional abilities, environmental considerations, seating and mobility needs, Mechanical Assessment Tool (MAT) assessment, identified goals and seating outcomes. Must demonstrate determination of client AADL wheelchair and seating accessory benefit eligibility.*
  - **Equipment considerations:** *which equipment was considered to meet the goals, pros and cons of each, and the AADL wheelchair and seating accessory benefit codes that apply based on client eligibility.*
  - **Prescribed seating system:** *clinical rationale for the selected equipment including the AADL wheelchair and seating accessory benefit codes that apply based on client eligibility.*
  - **Provision and Follow-up:** *required trial, follow-up, success and client satisfaction.*

**Note: Include additional information as an addendum.**

Part F – Declaration	
By signing this application, the applicant confirms that the following is true:	
<ul style="list-style-type: none"> <li>• <i>The information in and attached to this form is complete and correct.</i></li> <li>• <i>The applicant has reviewed and understands AADL's policies and procedures for AADL wheelchair and seating accessory benefits.</i></li> <li>• <i>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.</i></li> <li>• <i>The applicant has demonstrated appropriate clinical competency related to the assessment and provision of wheelchair and seating interventions.</i></li> </ul>	
<b>Applicant Signature:</b>	<b>Date:</b>
<b>Seating Coordinator Signature:</b>	<b>Date:</b>

**For AADL and Seating Benefit Panel Use Only**

Part G – Seating Benefit Panel Review		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>Panel Member(s):</b>			
<b>Clinical Experience</b>	<b>Acceptable:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments:</b>			
<b>Product Knowledge</b>	<b>Acceptable:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments:</b>			
<b>Case Study</b>	<b>Acceptable:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments:</b>			
<b>Seating Benefit Panel Recommendations</b>			
<b>Seating Benefit Panel Chair Signature:</b>			<b>Date:</b>

Part H – AADL Review	
<b>Adjudication:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Product Ranges:</b>	<input type="checkbox"/> Level B – Specialized Seating <input type="checkbox"/> Level C – Complex Seating
<b>Effective Date:</b>	
<b>Comments:</b>	
<b>Program Manager Signature:</b>	<b>Date:</b>