Use this form to apply for the Level B and C Seating Benefits.
Complete all sections. Do not leave any information blank. Incomplete forms will be returned.

### Part A – Authorizer Information

**Application is for:**
- [ ] Level B – Specialized Seating
- [ ] Level C – Complex Seating

**Current AADL Authorizer Number:**

**Currently an Authorizer for wheelchair benefits?**
- [ ] Yes
- [ ] No

**Must be an Authorizer for wheelchair benefits in order to apply for Seating.**

**Last Name:**

**First Name:**

**Work Email Address:**

**Work Phone Number:**

**Date seating module completed:**

All Seating Authorizers must complete the seating module, which is available on the AADL Website.

**Do you have E-business access?**
- [ ] Yes
- [ ] No

All Level B seating authorizations must be completed via E-business. If NO, attach Secure Website Access application to this form, which is available on the AADL website.

### Part B – Clinical Practice Information

**Which AADL-recognized Seating Team are you employed with?**

Be employed by an AADL-recognized Level B or C Seating Team.

**Current position:**
- [ ] 0.6 FTE
- [ ] 0.7 FTE
- [ ] 0.8 FTE
- [ ] 0.9 FTE
- [ ] 1.0 FTE
- [ ] Other

Must be at least 0.6 FTE

**Percentage of your FTE that will be dedicated to the Seating Team:**

**Anticipated number of seating clients you will be assessing on a monthly basis:**

Minimum of 1,700 hours (equivalent to one year).

**Number of hours of clinical experience as an OT or PT:**

Level B: Minimum 10 Level B clients.
Level C: Minimum 20 Level C clients.

**Number of seating assessment/fitting in the last 12 months:**

Level B: Minimum 10 Level B clients.
Level C: Minimum 20 Level C clients.

List relevant continuing competency activities for the last 3 years. This may include conferences, workshops, modules, research activities, etc. (Not manufacturer product in-services or AADL authorizer training).

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List all attended manufacturer in-services or training sessions for seating, wheelchairs, or power mobility in the past year.

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- 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.

Provide the following information:
- Background information and seating issues: medical history, functional abilities, environmental considerations, seating and mobility needs, identified goals and seating outcomes.
- Equipment considerations: which equipment was considered to meet the goals, pros and cons of each.
- Prescribed seating system: clinical rationale for the selected equipment.
- Provision and Follow-up: required follow-up, success, client satisfaction.
- Include a complete seating assessment form.

Part C – Declaration

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

Applicant
Signature: Date:

Seating Coordinator
Signature: Date:

Submit application form to the AADL Administrative Coordinator by:

- Email: AADL.Applications@gov.ab.ca
- Fax: 780-422-0968
- Mail: 10th Floor, Milner Building, 10040 - 104 Street, Edmonton, Alberta T5J 0Z2

For AADL use only

Seating Panel Comments:

Product ranges: Effective Date

Program Manager Approval: Date: