Speech Generating Communication Devices
Authorizer Application

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 obtaining AADL authorizer status. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at 10th Floor Milner Building, 10040 – 104 Street NW

Applicants must be employed by an AADL SGCD Service Centre as a speech-language pathologist or occupational therapist to be eligible to apply to become an SGCD Authorizer

<table>
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<tr>
<th>Name</th>
<th>Phone No</th>
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<tr>
<td>Service Centre</td>
<td>Fax No</td>
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<tr>
<td>Address</td>
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<td>Email</td>
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<td>AADL Authorizer No (if known)</td>
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Professional College Registration Number for ACSLPA or ACOT
Please attached copy of current registration card to application

Pre-Requisites

University course(s) or equivalent in AAC. Provide course name, year, and university

I have completed the AADL online training modules pertinent to SGCD
Module 1, AADL General Overview
SGCD Module

I am familiar with the current SGCD Policy Manual AS

I am familiar with the products listed in the SGCD Approved Product List which are applicable to SGCD Service Centre where I am employed

Hours of clinical experience:
A minimum of one year clinical experience is required

Percentage of caseload involving AAC Clients with complex communication needs

This section for AADL use only

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<thead>
<tr>
<th>Authorizer No:</th>
<th>Effective Date:</th>
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<tr>
<td>Product Range</td>
<td>Facility</td>
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<tr>
<td>Approval:</td>
<td>Program Manager</td>
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## Declaration by Applicant

I am a member in good standing with my professional college

I am not in a conflict of interest position to become an AADL Authorizer. Conflict of interest is defined as being in a position to profit directly or indirectly from the supply of an AADL Benefit

I have reviewed and understand AADL policies and procedures for SGCD Benefits

I am familiar with current evidence-based practice for AAC Assessment and Intervention for individuals with complex communication needs

My knowledge and experience will allow me to provide clients with guidance to make choices in selecting an appropriate SGCD that meets the clients assessed needs and abilities

I have a minimum experience of participating in 8 AAC assessments/applications of communication systems that include SGCDs. The AAC experience does not need to be limited to AADL clients

I understand that non-compliance with the policies and procedures of the AADL program may result in temporary or permanent suspension of AADL authorizer status

I confirm that the information in and attached to this form is complete and correct.

I have read and understand the above statements

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**Signature of Applicant**  
**Date**

**Name and Signature of Service Centre Representative/Supervisor**  
**Date**

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## SGCD Product Range 54

SGCD Authorizers are approved for the secondary product range.

### For more information regarding AADL and AADL Authorizers:

Refer to Policy A12, Eligibility Requirements of SGCD Authorizers


Contact information for all AADL staff can be found at: http://www.health.alberta.ca/services/AADL-contact.html

To receive notification of updates to AADL information, including date(s) and location(s) of upcoming AADL Authorizer training, subscribe to the AADL email list at: http://www.health.alberta.ca/services/aids-to-daily-living.html

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**Submit this form by mail or email to:**

Alberta Aids to Daily Living, 10th floor Milner Building, 10040-104 Street, Edmonton, AB, T5J 0Z2  
Ph: 780-422-6567  Fax: 780-422-0968  Email: aadl.sgcd@gov.ab.ca

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