

Classification: Protected A (when completed)

Alberta Aids to Daily Living

The information on this form is being collected and used by Alberta Health pursuant to sections 33(c), 34, and 39(1)(a)&(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and the *Alberta Aids to Daily Living and Extended Health Benefits Regulation* to determine if the applicant meets the eligibility requirements to be an Alberta Aids to Daily Living (AADL) Authorizer. If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, Telus House, 13th Floor, 10020 – 100 Street NW, Edmonton, Alberta T5J 0N3 Telephone: 780-427-0731 Fax: 780-422-0968.

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

Name		Phone No
Service Centre		Fax No
Address		
Email		
AADL Authorizer No (if known)		
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	<input type="checkbox"/>
	<input type="checkbox"/>
I am familiar with the current SGCD Policy Manual AS	<input type="checkbox"/>
I am familiar with the products listed in the SGCD Approved Product List which are applicable to SGCD Service Centre where I am employed	<input type="checkbox"/>
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	
Authorizer No:	Effective Date:
Product Range	Facility
Approval: _____ Program Manager Date	

Declaration by Applicant

I am a member in good standing with my professional college	<input type="checkbox"/>
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	<input type="checkbox"/>
I have reviewed and understand AADL policies and procedures for SGCD Benefits	<input type="checkbox"/>
I am familiar with current evidence-based practice for AAC Assessment and Intervention for individuals with complex communication needs	<input type="checkbox"/>
My knowledge and experience will allow me to provide clients with guidance to make choices in selecting an appropriate SGCD that meets the client's assessed needs and abilities	<input type="checkbox"/>
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	<input type="checkbox"/>
I understand that as an authorizer, if so appointed, I must comply with applicable privacy laws, including the HIA, FOIP and PIPA, respecting the protection, privacy and security of personal and health information	<input type="checkbox"/>
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	<input type="checkbox"/>
I confirm that the information in and attached to this form is complete and correct	<input type="checkbox"/>
I have read and understand the above statements	<input type="checkbox"/>
Signature of Applicant	Date
Name and Signature of Service Centre Representative/Supervisor	Date

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

Refer to the Program Manual available on the AADL website: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>

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>

Submit this form by mail or email to:

AADL Program at Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731, Fax: 780-422-0968 Email: aadl.sgcd@gov.ab.ca