

Attachment A

Professions Eligible for Authorizer Status and Documentation Required for Cochlear Implant Replacement Sound Processors

**Assistive Devices Program
Ministry of Health**

ontario.ca/page/assistive-devices-program

Introduction

The information contained in Attachment A outlines:

- the health professionals eligible to apply for authorization status for Cochlear Implant Replacement Sound Processor; and
- the documentation the applicant is required to include with their application for authorization status.

Authorizers are the gatekeepers to the ADP and play a significant role in:

- providing Ontario residents with accurate information about the ADP;
- assessing Ontario resident's needs for assistive devices;
- confirming the Ontario resident's eligibility for funding assistance; and
- completing the application form to request funding assistance.

A healthcare professional must be registered as an ADP authorizer before they can:

- recommend ADP-approved assistive devices to eligible Ontario residents; and
- complete the ADP application form for eligible Ontario residents.

See table on next page

| Device Category | Professions Eligible for Authorizer Status | Documents (copies) which must be submitted with application |
|---|---|---|
| <p>✓ Cochlear Implant Replacement Sound Processor</p> | <p>Audiologist who:</p> <ul style="list-style-type: none"> holds a valid certificate of registration from the College of Audiologists and Speech-Language Pathologists of Ontario; <p>AND</p> <ul style="list-style-type: none"> is employed at a hospital with a cochlear implant program; <p>AND</p> <ul style="list-style-type: none"> has received relevant training (including manufacturer training) on cochlear implants; <p>AND</p> <ul style="list-style-type: none"> has experience working with cochlear implants and the recipients of cochlear implants. | <p>Required:</p> <ul style="list-style-type: none"> □ Proof of current membership with the College of Audiologists and Speech-Language Pathologists of Ontario. □ Letter from cochlear implant manufacturer(s) confirming product knowledge. □ Proof of employment at a hospital with a cochlear implant program. |