

Common Myths and Questions about becoming an Individual Authorizer for Communication Aids with ADP

Myth	Fact
"I wouldn't have the opportunity to make an authorization, so I don't need to go to the workshop."	For OTs or SLPs, the workshop provides clinical skills and approaches that can be applied to clients in various environments. Clients can still benefit from these skills, even if authorization is not an outcome.
"I don't need to go to the workshop because I only work in the schools."	Skills from the workshop may assist you in the assessment and clinical decisions made in the school environment, even if you're not making an authorization. If your service role allows you to address home needs, you have the potential to make an ADP authorization for equipment at home that compliments what you've put into place at school, thereby offering better service continuity.
"I wouldn't make enough authorizations to maintain my authorizer status with ADP."	ADP will allow clinicians keep their status if they contact ADP and explain why the minimum number of authorizations hasn't been made (e.g., current caseload hasn't allowed for it, on leave, etc), however IA skills are still being actively used in practice.
"I wouldn't authorize anything because I would be afraid of jeopardizing my client's ability to access higher tech equipment later."	If your client's communication needs change and they require something higher tech later, AAC clinicians at ADP designated centres can provide clinical rationale for new equipment. The early introduction of communication equipment is an important factor in communication and language development. It is possible that a client can receive 'low-tech' equipment and then require something 'high-tech' with a sound, clinical rationale.
"I would be afraid of authorizing the wrong thing."	You can discuss proposed authorizations with AAC clinicians at ADP designated centres before moving forward with an authorization. Contact your local AAC centre.