

Assistive Devices Program (ADP)

## Attachment A

# Professions Eligible for Authorizer Status and Documentation Required for Maxillofacial Prostheses

The information contained in Attachment A outlines:

- the health professionals eligible to apply for authorization status for maxillofacial prostheses; and
- the documentation the applicant is required to include with his/her 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 he/she 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
✓ maxillofacial intraoral prostheses	<b>Prosthodontist who:</b> <ul style="list-style-type: none"> <li>• holds a valid certificate of registration from the Royal College of Dental Surgeons on Ontario to practice prosthodontics.</li> </ul>	<b>Required:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of current membership in the Royal College of Dental Surgeons of Ontario.</li> <li><input type="checkbox"/> Copy of certificate of specialty.</li> </ul>
✓ maxillofacial intraoral prostheses	<b>General Dentist who:</b> <ul style="list-style-type: none"> <li>• holds a valid certificate of registration from the Royal College of Dental Surgeons; AND</li> <li>• is experienced in the provision of maxillofacial intraoral prostheses, related assessments and treatment services.</li> </ul>	<b>Required:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of current membership in the Royal College of Dental Surgeons of Ontario.</li> <li><input type="checkbox"/> Letter from Cancer Care Ontario or a university confirming their affiliation with a Cancer Care Ontario or university dentistry/dental clinic.</li> </ul>
✓ maxillofacial extraoral prostheses	<b>Anaplastologist who:</b> <ul style="list-style-type: none"> <li>• has applicable experience.</li> </ul>	<b>Required:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resume outlining applicable experience and academic qualifications.</li> </ul>
✓ maxillofacial extraoral prostheses	<b>Restorative Prosthetist who:</b> <ul style="list-style-type: none"> <li>• has applicable experience.</li> </ul>	<b>Required:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resume outlining applicable experience and academic qualifications.</li> </ul>
✓ maxillofacial extraoral prostheses	<b>Prosthodontist who:</b> <ul style="list-style-type: none"> <li>• holds a valid certificate of registration from the Royal College of Dental Surgeons in Ontario to practice prosthodontics.</li> </ul>	<b>Required:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of current membership in the Royal College of Dental Surgeons of Ontario.</li> <li><input type="checkbox"/> Copy of certificate of specialty.</li> <li><input type="checkbox"/> Resume outlining applicable experience.</li> </ul>