Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5

Tel: 416 327-8804
Toll free: 1 800 268-6021
Fax: 416 327-8192

Manufacturer Checklist

Request for ADP Listing of Pressure Modification Devices

Important: Check each of the boxes below to indicate that you have included all of the required documents in your application package.

☐ Pamphlet/Brochure

☐ Product Specifications

☐ Completed and signed **Application for Equipment Listing, Pressure Modification Devices – Form 4618-67E**

☐ Copies of existing testing documents. This may include: RAL GZ 387 documents, scientific research, studies, and/or client evaluations

☐ Copy of the training program outline, if applicable

☐ Completed and signed **Statement of Support for Device Listing – Form 4619-67E** from a minimum of four (4) different health professionals. These individuals must work in different settings

Incomplete applications will not be processed.

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