Ontario

Ministry of Health

Assistive Devices Program

Vendor Registration Application
Home Oxygen Therapy

Instructions

Applicants must complete the Business and Location General Information section for each business location that is open to the public and for which registration with the ADP is being requested. Applicants are encouraged to read the Ministry's Policies and Procedures Manual for the Assistive Devices Program (ADP) and Home Oxygen Therapy Policy and Administration Manual prior to completing this Application, both of which are available at

Please note: The submission of a vendor application does **not** imply approval for registration with the ADP. Registration as a vendor with the ADP is at the Program's discretion. The submission of vendor application materials is solely intended to allow the ADP to review and assess applicants for registration as vendors with the ADP.

Business and Location General Information

Applicant Information

Legal Name of the Business

Registered Operating Name of the Business

Type of Business ◯Sole Proprietor ◯Partnership ◯Corporation

Business Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code
	Ontario	

Telephone Number	Fax Number	Email Address

Does a head office location exist for this business?

◯Yes ◯No

Head Office Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code
	Ontario	

Telephone Number	Fax Number	Email Address

Registration Requirements

Is this business location in Ontario and open to the public?

◯Yes ◯No

Is this business operating out of a permanent location that has the applicable municipal zoning?

◯Yes ◯No

What geographic area will be served by this business location?

In what languages are your staff able to provide services?

☐English ☐French ☐Other:

Specify

Does this business location have the required insurance policy?

◯Yes ◯No

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Has the owner of this business or any of its principals participated in the ADP now or in the past?

◯Yes ◯No

Name

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code
	Ontario	

Role with ADP

Are there any charges or convictions in respect of any offence that relate to conduct that are relevant to the applicant's participation in the ADP?

◯Yes ◯No

Specify

Is your business location compliant with the *Accessibility for Ontarians with Disabilities Act (AODA), 2005*, including any applicable regulations thereunder?

◯Yes ◯No For regulations, visit

Do your business premises provide accessibility to individuals with physical disabilities, such as entrance and restroom?

◯Yes ◯No ◯N/A

Provide an explanation

If your business is incorporated, is it duly organized, registered and validly existing under the laws of Canada or Ontario and has it not been dissolved?

◯Yes ◯No ◯Not incorporated

Does your business hold all necessary permits, licenses, consents and authority to perform its obligations as a registered Vendor with the Assistive Devices Program?

◯Yes ◯No

Is your business in compliance with all applicable federal, provincial and municipal laws, rules, orders, regulations, by-laws and policies?

◯Yes ◯No

I have read and am prepared to abide by the terms of the Policies and Procedures Manual for the Assistive Devices Program and the Home Oxygen Therapy Policy and Administration Manual and am prepared to abide by the policies and procedures, including the Conflict of Interest Policy.

◯Yes ◯No

Home Oxygen Therapy

1. Does the applicant employ staff with the appropriate training and qualifications to carry out the roles and responsibilities of a Vendor for Home Oxygen Therapy?

2. Does the applicant have in their inventory oxygen delivery systems to carry out the roles and responsibilities of a Vendor for Home Oxygen Therapy?

3. Does the applicant have a client safety and education program in place?

4. Does the applicant have a staff training and education program in place?

5. Does the applicant have policies and procedures for infection prevention and control?

6. Does the applicant maintain and update client files as required by ADP?

7. Do all of the applicant's employees who provide service to clients in their home have a current Vulnerable Sector Screening?

8. Is the applicant a joint venture?

Official Signing Officer Authorization

The Ministry's collection of any personal information as part of this form is necessary for the proper administration of the Assistive Devices Program, which is authorized under the *Ministry of Health Act*, R.S.O. 1990, c. M.26, paragraph 4 of s. 6(1). Any personal information collected by the Ministry will be used in order to determine eligibility for registered vendor status under the Assistive Devices Program.

For further details concerning the Ministry's collection and use of this information, please contact the Registration Unit, Assistive Devices Program, 5700 Yonge Street, 7th floor, Toronto ON M2M 4K5. Telephone Number 416 327-8804; Toll free 1 800 268-6021;
Email: adp@ontario.ca

I agree to the release of contact information for this vendor location to the public.

I certify that all the answers and information provided to the Ministry as part of this Application are, to the best of my knowledge, true and accurate at the time of this Application and undertake to advise the Ministry forthwith of any changes that I become aware of. I understand that this information is subject to audit.

Official Signing Officer (the individual who has the legal authority to bind the Vendor)

Print Last Name	Print First Name

Position

Email Address

Signature	Date (yyyy/mm/dd)

Contact Information (Individual from the vendor who deals with ADP on an ongoing basis)

Last Name of Contact Person	First Name of Contact Person

Position

Telephone Number	Fax Number	Business Email Address