

# Guide to Vendor Registration Requirements for New Vendors

Assistive Devices Program  
Ministry of Health

[Assistive Devices Program | ontario.ca](https://www.ontario.ca/assistedevices)

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# Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Guide.

<b>Section</b>	<b>Change</b>	<b>Date</b>
105	Vendor application submission by email	August 31, 2020
200	New ownership and identification requirements	August 31, 2020
3	Business location requirements	August 31, 2020
300	Vendors not located in Ontario	August 31, 2020
305	Vendors located in hospitals	August 31, 2020
Appendix B	Updated registration requirements	August 31, 2020
105	Instructions for Questionnaire and Attestation for Applicants Seeking Registration as Vendors of Home Oxygen Therapy	April, 2026
Part 6	Updated to include Home Oxygen Therapy	April, 2026
770	Added Home Oxygen Therapy section	April, 2026

<b>Section</b>	<b>Change</b>	<b>Date</b>
Appendix B	Update to reference Questionnaire and Attestation for Applicants Seeking Registration as Vendors of Home Oxygen Therapy.	April, 2026

# Introduction

# 1

# Part 1: Guide to Vendor Registration Requirements for New Vendors

## 100 Purpose of the Guide

The purpose of this Guide is to present detailed requirements for a complete Vendor Registration application in one document. This Guide is intended to complement the Vendor Registration Application.

### 100.01 Intended Target Audience

The Guide to Vendor Registration Requirements is intended to be used by an applicant who is applying to the ADP to become registered as a new vendor.

## 105 Vendor Application Submission

All forms must be completed in full and submitted with all required documents for review by the Assistive Devices Program (ADP or Program). The Vendor Registration Application may be submitted as a hard copy via mail or via email to [adpvendors@ontario.ca](mailto:adpvendors@ontario.ca). Note: standard email size limits. Documents which are unreadable will not be reviewed and must be resent. Incomplete applications will be returned.

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 Ministry of Health's discretion. The submission of vendor application materials is solely intended to allow

the ADP to review and assess potential applicants for registration as Vendors with the ADP.

Applicants seeking registration as a Vendor of Home Oxygen Therapy must complete the Questionnaire and Attestation included in the Vendor Registration Application. The Questionnaire and Attestation will appear once the applicant selects "Home Oxygen Therapy" on the application.

**For information, contact the Assistive Devices Program at:**

**[adpvendors@ontario.ca](mailto:adpvendors@ontario.ca)**

# Vendor Registration Requirements



# Part 2: Vendor Registration Requirements

An applicant that wishes to apply to the Ministry of Health's (MOH) Assistive Devices Program (ADP) for registered Vendor status is strongly encouraged to review the Policies and Procedures Manual for the Assistive Devices Program (ADP Manual) as well as the Policy and Administration Manual for each category of device in which registration is being sought. Links to these Manuals are available at [Policies, procedures, administration, and product manuals for the Assistive Devices Program | Assistive Devices Program for health care professionals | ontario.ca](#).

An applicant must meet the requirements specified below, including provision of the necessary documentation.

## 200 Ownership and Identification

All applicants (Sole Proprietor, Partnership, Corporation) must have their business registered with Service Ontario with their up to date information.

**Confirmation of business registration must be provided from the Canada Revenue Agency.** This information will be verified during the review process.

All owners/board of directors must provide:

- A completed Level 2 criminal record and judicial matters check
- Government-issued photo identification (except health card).  
Acceptable identification includes: Ontario driver's license, Canadian passport, Ontario photo card, Canadian citizenship card, or Permanent

Resident card. **The submitted copy of the Government-issued photo identification must be certified by a notary or lawyer.**

An applicant that is operating as **sole proprietor** must provide:

- An up-to-date copy of their Master Business License

An applicant that is operating as **a partnership** must provide:

- An up-to-date copy of their Master Business License
- A list of the names and addresses of all partners
- A copy of the Partnership Agreement

An applicant that is operating as a validly existing **corporation** must provide:

- An up-to-date copy of their Master Business License (NOTE: not required when the operating name of the business is identical to the name of the registered corporation).
- Directors and Shareholders register

NOTE: Review the Conflict of Interest Policy in the ADP Manual to ensure that the applicant is in compliance. See Policy 400.

NOTE: The ADP may request additional information required to support an application with respect to related corporations.

# Business Location



## **Part 3: Business Location**

The Applicant must maintain a permanent business location in Ontario which is open to the public. The business location must be compliant with the Accessibility for Ontarians with Disabilities Act (AODA), 2005, including any applicable regulations thereunder and should provide accessibility to individuals with physical disabilities, such as entrance, restroom and assessment/fitting rooms.

### **300 Vendors Not Located in Ontario**

The Ministry will consider registering Vendors located outside of Ontario under specific circumstances. Refer to the ADP Manual, Policy 425, Vendors not located in Ontario, for information regarding vendors located outside Ontario.

### **305 Vendors in Hospitals**

If the business is located in or operates in a hospital, the applicant may be asked to provide a copy of the lease agreement and details of any other agreements the applicant has with the hospital.

NOTE: The lease rate must be competitive to that charged to other businesses leasing space from the hospital.

NOTE: The ADP will not register any applicant that has a lease agreement that requires profit sharing with a hospital unless the applicant is part of a Joint Venture providing Home Oxygen Therapy.

Refer to the ADP Manual, Policy 615, for further information regarding vendors located in hospitals.

Refer to the Home Oxygen Therapy Policy and Administration Manual, sections 110 and 805, for further information regarding Joint Ventures.

# Insurance Coverage



## Part 4: Insurance Coverage

Applicants must submit a copy of their insurance coverage certificate to the ADP indicating that they hold an insurance policy from an insurer having a secure A.M. Best rating of B+ or greater, or the equivalent.

The insurance policy must include the following:

- Address and registered name or style of the business must be specified as insured in the policy;
- commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury and property damage, to an inclusive limit of not less than two million dollars (\$2,000,000) per occurrence;
- "His Majesty, the King in Right of Ontario, his ministers, agents, appointees and employees" listed as additional insureds with respect to liability arising in the course of performance of the Vendor's obligations in connection with its activities as an ADP Vendor;
- a cross-liability clause;
- contractual liability coverage; and
- a thirty (30) day written notice of cancellation, termination or material change.

NOTE: Certificate holder address must include:

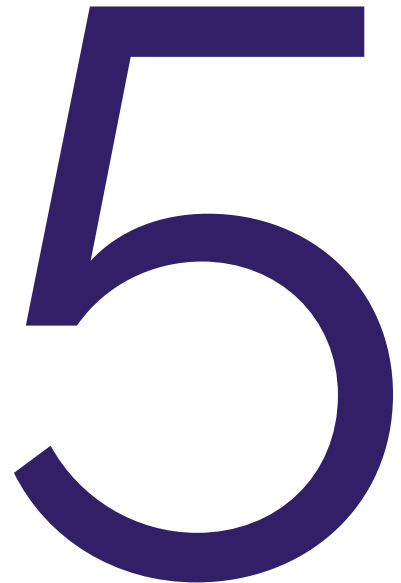
Ministry of Health, Assistive Devices Program

7th Floor, 5700 Yonge Street

Toronto, ON M2M 4K5

[adpvendors@ontario.ca](mailto:adpvendors@ontario.ca)

# Affiliation with Clinics/Teams

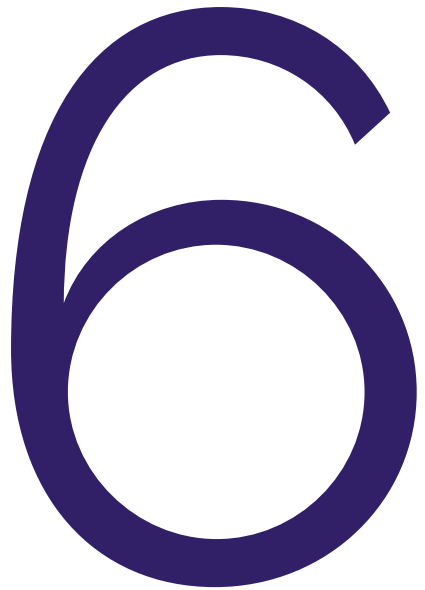


## Part 5: Affiliation with Clinics/Teams

An applicant requesting registration for the following categories of ADP listed devices must provide information about their affiliation with an ADP registered hospital/clinic team on the device specific section of the form.

- Conventional Limb Prostheses (Amputee Team)
- Externally Powered Upper Limb Prostheses (EPULP team)
- Pressure Modification Devices – Garments and Orthoses for Hypertrophic Scar Management (Burn Team)
- Sequential Extremity Pumps and Accessories for Primary Lymphedema (Lymphedema Team)

# Manufacturer/Distributor Agreements with Vendors



# Part 6: Manufacturer/Distributor Agreements with Vendors

In accordance with the ADP Manual, applicants requesting registration for the following categories of ADP listed devices must provide a letter from **two (2)** other ADP approved manufacturers/distributors from whom they purchase listed devices (unless otherwise specified), confirming that they are an authorized dealer of those same devices:

- One wheelchair (manual, power, power add-on system, scooter)
- Communication Aids
- Compression Garments for Hypertrophic Scar Management (one (1) manufacturer)
- Compression Garments for Lymphedema Management
- Compression Sleeves for Lymphedema Management (one (1) manufacturer)
- Conventional Limb Prostheses (components only)
- Externally Powered Upper Limb Prostheses (components only)
- Hearing Aids (minimum of four (4) manufacturers)
- Mobility Devices: Ambulation Aids
- Mobility Devices: Manual Wheelchairs
- Mobility Devices: Positioning Systems for Wheelchairs

- Mobility Devices: Power Wheelchairs, including Scooters
- Orthotic Devices (components only)
- Oxygen Delivery Systems (NOTE: applicants must provide letters from all manufacturers/distributors of oxygen delivery systems provided by the applicant, which shall not be less than 2 manufacturers/distributors.
- List of medical oxygen supplier(s) for provision of home oxygen.
- Respiratory Equipment and Supplies (NOTE: applicants must provide letters from ALL manufacturers of respiratory equipment and supplies that they carry)
- Sequential Extremity Pumps for Primary Lymphedema Management (one (1) manufacturer)
- Visual Aids

NOTE: The ADP may request additional information required to support an application.

# Staff Credentials



## Part 7: Staff Credentials

For certain categories of Devices, the applicant must have an employee on staff with certain specified qualifications. Qualifications may include specified credentials, training and/or experience. This ensures that the staff person(s) has/have the professional qualifications to assess clients and customize, fabricate, fit and/or repair particular devices and provide education to the client, as applicable.

“Vendor” in all cases refers to an ADP Registered Vendor.

See the Policies entitled “Vendor Status” and “Staffing Requirements for Vendors” in the applicable Device specific Policy and Administration Manual.

The applicant must include information about all staff members, as applicable, on the device specific Vendor Registration Application Form(s).

### **700 Bone Anchored Hearing Aid (BAHA) Replacement Sound Processors**

A Vendor must employ individuals with training and experience working with the Devices and working with BAHA recipients.

### **705 Cochlear Implant Replacement Speech Processors**

A Vendor must employ individuals with training and experience working with the Devices and working with cochlear implant recipients.

## **710 Communication Aids**

A Vendor must have staff trained in the use and repair of specialized communication aids. Those staff must be knowledgeable about the ADP listed devices sold by the Vendor, have experience working with ADP clients who have communication impairments, and be able to provide instruction/training on the use, care and maintenance of communication aids, and after-purchase care service such as troubleshooting and repairs.

A Vendor of high technology communication aids must employ staff who, in addition to the above requirements, are knowledgeable about specialized communication aids hardware and software, experienced in installing specialized communication aids hardware and software, and able to provide technical support to clients. Describe in detail:

1. The staff member's knowledge of specialized communication aids, including assistive hardware and software, and
2. The staff member's experience with installing specialized communication aids hardware and software and providing technical support to clients of various ages with communication impairments.

## **715 Hearing Aids**

### **715.01 Authorizers**

If a Vendor has ADP Registered Authorizers on staff, the employee(s) must have either of the following credentials:

- An Audiologist who holds a valid certificate of registration from the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) and licensed to practise in Ontario
- Proof of successful completion of a Hearing Instrument Specialist program recognized by the ADP and proof of successful completion of a minimum of 1000 supervised apprenticeship hours approved by the Association of Hearing Instrument Practitioners of Ontario (AHIP) and proof of practicing membership in good standing of AHIP. See the Hearing Devices Policy and Administration Manual, Policy 1005, for staffing requirements

Note: An audiologist is required for children's hearing aids

#### 715.02 **Dispensers**

A Vendor must employ a minimum of one dispenser to dispense hearing aids and FM systems. The dispenser must have either of the following credentials:

- An Audiologist who holds a valid certificate of registration from the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) and licensed to practise in Ontario.
- Proof of successful completion of a Hearing Instrument Specialist program recognized by the ADP and proof of a practising membership in good standing of the Association of Hearing Instrument Practitioners of Ontario (AHIP). See the Hearing Devices Policy and Administration Manual, Policy 1005, for staffing requirements.

## **720 Limb Prostheses**

A Vendor must employ a prosthetist who is certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO) and a member in good standing with Orthotics Prosthetics Canada (OPC).

## **725 Maxillofacial Extraoral Prostheses**

A Vendor must employ a Restorative Prosthetist or Anaplastologist with applicable training and experience or a Prosthodontist.

## **730 Maxillofacial Intraoral Prostheses**

A Vendor must employ a prosthodontist or general dentist with applicable experience.

## **735 Ocular Prostheses**

A Vendor must employ an Ocularist certified by the National Examining Board of Ocularists (NEBO), Inc.

## **740 Orthotic Prostheses**

A Vendor must employ an orthotist who is certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO) and a member in good standing with Orthotics Prosthetics Canada (OPC).

## 745 Pressure Modification Devices: Hypertrophic Scar Management

### 745.01 Garments

A Vendor must have one ADP registered certified fitter on staff who has a certificate from one training program recognized by the ADP. This person may also be a manufacturer's representative. See Appendix A, Pressure Modification Devices Category, ADP Approved Manufacturer's Training Courses for the list of courses.

### 745.02 Orthoses for Burn Scar

A Vendor must employ an Orthotist who is certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO) and a member in good standing with Orthotics Prosthetics Canada (OPC).

## 750 Pressure Modification Devices: Lymphedema Management

A Vendor must have one ADP registered certified fitter on staff who has a certificate from one training program that is recognized by the ADP for each type of device/product. See **Appendix A, Pressure Modification Devices Category, ADP Approved Manufacturer's Training Courses** for the list of courses.

## **755 Respiratory Equipment and Supplies**

A Vendor must have staff trained in the use of ADP listed respiratory devices and able to provide instruction for use, care and maintenance of all respiratory devices.

## **760 Teletypewriters for the Deaf or Speech Impaired (TTYs)**

A Vendor must have staff trained in the use, troubleshooting and minor repairs of TTY equipment. Those staff must be knowledgeable about the listed devices sold by the vendor. Those staff must also be able to provide information and instruction on use and care of the devices and be able to communicate effectively with clients who are deaf or clients who have speech impairments.

## **765 Visual Aids**

A Vendor must have staff trained in the use and repair of specialized visual aids. Those staff must be knowledgeable about the ADP listed devices sold by the vendor. Those staff must also have experience working with clients who are blind or visually impaired, be able to provide instruction on the effective use, care and maintenance of visual aids and be able to provide after purchase service such as technical support, troubleshooting and repairs.

NOTE: Opticians who are applying to be Vendors must hold a valid certificate of registration from the College of Opticians of Ontario and be licensed to practise in Ontario.

A Vendor of high technology visual aids must have staff who, in addition to the above requirements, are: knowledgeable about computer systems and the use of specialized visual aids including assistive hardware and software, experienced in configuring computer systems and installing specialized hardware and software and experienced in providing one-to-one user support training to clients of various ages. Describe in detail:

1. the staff member's knowledge of specialized assistive hardware and software for the blind or visually impaired, and
2. the staff member's experience with installing specialized hardware and software for the blind or visually impaired and providing technical support and one-to-one training to blind or visually impaired clients of various ages.

#### 765.01 **Prescriptive Optical Aids – Authorizers**

If a Vendor has optometrists or ophthalmologists on staff who are registered with the ADP as Authorizers for Visual Aids, the applicant must provide details of this information. This also applies to the owner of the Vendor location, if applicable.

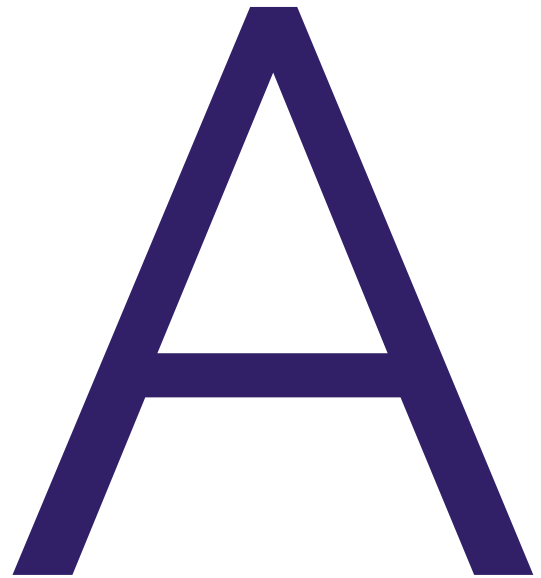
## **770 Home Oxygen Therapy**

A Vendor must employ individuals who are Regulated Health Professionals, as defined in the Home Oxygen Therapy Policy and Administration Manual and who have training and experience working with Oxygen Delivery Systems and working with individuals who require Home Oxygen Therapy (as defined in the Home Oxygen Therapy Policy and Administration Manual).

Employees of an applicant who would provide Home Oxygen Therapy to ADP Clients (if the applicant is registered as a Vendor) will undergo a

Vulnerable Sector Screening every five years, subject to applicable laws, including the *Police Record Checks Reform Act, 2015*.

# Appendices



# Appendix A

## Pressure Modification Devices Category ADP Approved Manufacturer's Training Courses

Certified Fitters must complete one applicable Manufacturer's Training Course for each type of device.

<b>Device Type</b>	<b>Training Course</b>
Hypertrophic Scar Management	Recovery Garment Centre, Montreal Ostomy and Homecare Centre  NOTE: Orthotists are not required to complete a manufacturer's course.
Lymphedema Compression Garments	Jobst, Sigvaris, Valco Mediven, Juzo
Lymphedema Compression Sleeves	Peninsula Medical
Lymphedema Management: Sequential Extremity Pumps	Lymphapress (Paradigm Medical Inc.)

# Appendix B

## Vendor Application Checklist

This checklist is included for your convenience. Please ensure that you have included all required items listed below. Refer to the Vendor Registration Guide for more details.

### Forms Provided by the Assistive Devices Program – see website

<input type="checkbox"/>	1. Vendor Registration – Business and Location General Information
<input type="checkbox"/>	2. Vendor Registration - Information Specific to Device Category NOTE: confirm that you have completed the applicable form for the specific device category.
<input type="checkbox"/>	3. Vendor Registration - Confirmation of Payment Instruction document NOTE: Voided cheque with correct business name must be submitted with the form.

### Documents/Information to be Provided by the Applicant/Vendor

<input type="checkbox"/>	4. Business Ownership Information/Documents, including Confirmation of business registration from the Canada Revenue Agency See Part 2 Guide to Vendor Registration Requirements.
<input type="checkbox"/>	5. Government-Issued Photo Identification for all Owners/Board of Directors (copy must be certified by a notary or lawyer) See Part 2, Guide to Vendor Registration Requirements.

<input type="checkbox"/>	6. Level 2 criminal record and judicial matters check for all Owners/Board of Directors See Part 2, Guide to Vendor Registration Requirements.
<input type="checkbox"/>	7. Certificate of Insurance See Part 4, Guide to Vendor Registration Requirements for details of insurance requirements.
<input type="checkbox"/>	8. Copy of lease agreement if located in a hospital See Part 3, Guide to Vendor Registration Requirements.
<input type="checkbox"/>	9. Manufacturer/distributor agreements or letters See Part 6, Guide to Vendor Registration Requirements to determine if applicable
<input type="checkbox"/>	10. Completed and signed Questionnaire and Attestation for Applicants Seeking Registration as Vendors of Home Oxygen Therapy
<input type="checkbox"/>	11. Joint Venture Agreement, if applicable, for Applicants Seeking Registration as Vendors of Home Oxygen Therapy (see definition in Home Oxygen Therapy Policy and Administration Manual).

Completed vendor applications may be submitted via email to [adpvendors@ontario.ca](mailto:adpvendors@ontario.ca). Documents which are unreadable will not be reviewed and must be resent.

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE ADP**

For more information, contact: [adpvendors@ontario.ca](mailto:adpvendors@ontario.ca)