



**CERTIFIED HEALTHCARE PROFESSIONAL** To be completed by a Certified Healthcare Professional when an applicant is not self declaring.

**ELIGIBILITY:** Applicant is unable to walk more than 50 meters (150 feet).  
 "Walk" is defined as "to progress by lifting and setting down each foot in turn, never having both feet off the ground at once." Source: The concise Oxford Dictionary, 2001.

1. Check **ONE** of the following boxes:

- Short term disability where the applicant is unable to walk more than 50 meters (150 feet) for three to twelve months. Expected period of disability is \_\_\_\_\_ months.
- Long term disability where the applicant is unable to walk more than 50 meters (150 feet) but the disability may improve within the next 5 years (e.g. no longer requires the use of a wheelchair). The applicant will be required to re-apply in 5 years to determine their eligibility for a placard.

Explanation:

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- Permanent disability where the applicant is unable to walk more than 50 meters (150 feet) and their disability is of a permanent nature and will not improve within the next 5 years (e.g. requires the permanent use of a wheelchair). The applicant will be able to self declare in 5 years to renew their placard, and will not require verification from a certified healthcare professional.

Explanation:

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2. Describe the nature of the applicant's disability.

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3. Describe any limitations to the applicant's mobility.

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4. Describe the type of aid or assistance used by the applicant, if applicable.

- Wheelchair     Scooter     Other (specify) \_\_\_\_\_

5. Would you recommend a complete medical report and/or a road test to assess the applicant's ability to operate a motor vehicle?    Medical Report?  Yes     No    Road Test?  Yes     No

Name of Certifying Healthcare Professional			Telephone No. <small>(include area code)</small>	
Street Address	City/Town	Province/Territory		Postal Code
Name of Professional Designation			Registration Number	

I understand that I may be asked to verify the applicant's disability in the event of misuse or abuse of the privileges associated with the issuance of this parking placard. I declare that I am an eligible Certified Healthcare Professional as identified on the Parking for People with Disabilities section of the Service Alberta Website.

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Signature of Certifying Healthcare Professional