



## Medical Services Provider Confirmation Form

Organisation Name \_\_\_\_\_

\_\_\_\_\_ confirms that our organisation:

Has read and understands the *Medical Services Policy, Version 2.00*, and

In providing services to ACA and it's affiliated committees, meets ACA's minimum requirements as set out in the *Medical Services Policy, Version 2.00*.

This form is valid until whichever is earlier of the two (2) dates below:

- Twelve (12) months from the date of signing below, or
- Until the end of the current ACA Competition Season (being 31 March each year).

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_