



Medical Services Provider Confirmation Form

_____ confirms that our organisation/individual:

Organisation Name/Individual Name

Has read and understands the *Medical Services Policy, Version 2.02*, and

In providing services to ACA and it's affiliated committees, meets ACA's minimum requirements as set out in the *COR017 Medical Services Policy, Version 2.02*.

This form is valid until the end of the ACA Financial Season (being 31 December each year), in which it is signed.

Signed:

Name:

Position:

Company:

Date: