



Medical Services Provider Confirmation Form

_____ confirms that our organization (please circle):
Provider Organisation Name

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

In providing services to ACA and its 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:

FOR ACA AFFILIATED COMMITTEE USE ONLY

I acknowledge that I have communicated with the above Medical Services Provider and am satisfied that the above provider understands the minimum requirements as set out in the *COR017 Medical Services Policy*.

Signed:

Name:

Position:

Committee: