



Medical Practitioner Agreement Motor Accident Injury Accreditation Scheme – Agreement Form

I _____

(title and full name)

have read the *Motor Accident Injury Accreditation Scheme Rules* and understand my obligations as an Accredited Medical Practitioner.

I agree to:

- provide my opinions and reports in accordance with the *Civil Liability Regulations 2013*, requirements as detailed in the Scheme Rules and aligning with the guidance material in the Training Manual.
- provide reports within 30 days of assessment, as required by regulation 23(1) of the *Civil Liability Regulations 2013*.
- provide reports using the prescribed report templates with no amendment or deletion of any section, heading, or question determined by the Minister.
- provide reports that contain complete and accurate assessment methodology and calculations, medical consistency and sound reasoning.
- comply with all requirements set out in the Scheme Rules.

To complete your accreditation requirements, please sign in the signature field below.

To complete the registration of your accreditation for publication, please complete the contact details below to ensure the correct information is published in the Register of Accredited Medical Practitioners. Please return this completed agreement form to the MAIAS Administrator:

- scanned copy by email to ctp@sa.gov.au
- or return post to MAIAS Administrator, GPO Box 1095, Adelaide SA 5001

Phone: _____ Fax: _____

Principal Address: _____

Country visits/locations: _____

Signature: _____ Date: / /