



SVC MC, Inc.



US FAMILY
HEALTH PLAN

Provider Compliance Attestation Autism Care of Demonstration Provider Training

TRICARE requires all providers—whether organizations or individuals—that provide applied behavior analysis (ABA) services to TRICARE eligible beneficiaries diagnosed with autism spectrum disorder (ASD) to comply with various program requirements. By completing the following attestation, you certify that you/your organization and all existing, as well as future, personnel involved in the administration or delivery of ABA services to TRICARE eligible beneficiaries have reviewed, understand, and are committed to compliance with the requirements as disclosed in the USFHP/TRICARE Autism Provider Training at: <https://usfhp.net/providers/>

Find additional information on the below requirements at:

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-09-17/AsOf/TOT5/C18S3.html>

Provider Attestation

*Instructions: Complete fields below and sign; **all fields are required**. Submit the completed attestation to USFHP at credentialing@svcmcnny.org within 30 days of receiving the Autism Care Demonstration Provider training.*

As an authorized representative for the below name organization, I certify that I have reviewed, understand, and will comply with all of the requirements within the training document, that the above statements are true to the best of my knowledge, and that I/my organization and all existing and future personnel maintain compliance with these requirements.

Organization/Provider Name: _____

Organization/Provider Address: _____

Authorized Representative: _____

Signature: _____

Title: _____

Phone Number: _____

Email Address: _____

Attestation Date: _____