

**The Council on Chiropractic Education (CCE)**

**Proposed Revision of the CCE *Policies***

Please use this form to propose revisions to current policies or additions of new policies to the Council on Chiropractic Education (CCE) Manual of Policies. Please use a separate form for each proposal.

**1. Contact Information**

Date \_\_\_\_\_  
(mm/dd/yy)

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Email: \_\_\_\_\_

\* - Optional

**2. Location of proposed revision**

**CCE Policy #:** \_\_\_\_\_ **Page(s)** \_\_\_\_\_ **Paragraph(s)** \_\_\_\_\_

(Example: CCE Policy 64, Page 47, Paragraph 3)

This proposal is submitted by:

\_\_\_\_\_ 1) CCE Member Representative

\_\_\_\_\_ 2) CCE Councilor

\_\_\_\_\_ 3) CCE Administrative Office Staff

**3. Rationale for the proposed addition or revision (use attachment if necessary):**

**4. Proposed addition or revision**

**A. Current version; FROM the following (use attachment if necessary):**

**B. Proposal; TO the following (use attachment if necessary). Please use track changes, (specifically, red script for additions and blue strike thru for deletions) to show revisions:**

Please return to:  
Email: [bennett@cce-usa.org](mailto:bennett@cce-usa.org)  
Subject: Proposed Revision of CCE Policies