

Council on Chiropractic Education (CCE)
Conflict of Interest Declaration

Academy of Site Team Visitors:

In accordance with USDE CFR 602.15 and CCE Policy 18, Conflict of Interest, the Council must maintain accurate and up-to-date information regarding any conflicts of interest. For this purpose, all Academy members must complete items 1-6 and sign/date the form at the bottom of the page.

1. Did you graduate from a CCE-accredited program/institution? **YES** or **NO**

If YES, what year _____

If YES, name of college _____

2. Have you been an employee, appointee (i.e., board member, extension faculty) or compensated consultant within the past eight years at a CCE-accredited program? (NOTE: This also includes current employees)

YES or **NO**

If YES, name of college/program _____

3. Have you been a candidate for employment within the past year at a CCE-accredited program?

YES or **NO**

If YES, name of college/program _____

4. Do you have a family member who is an employee, board member, candidate for employment, or student/resident at a CCE-accredited program? **YES** or **NO**

If YES, name of college/program _____

5. Are you an employee of an organization that has an academic affiliation agreement with a CCE accredited program or a program seeking accreditation with CCE? ? **YES** or **NO**

If YES, name of college/program _____

6. Do you feel there is any other circumstance that could be a real, potential, or apparent conflict of interest that would impair your ability to be impartial or objective regarding a CCE-accredited program?

YES or **NO**

If YES, name of college/program _____

Please sign and date the form, and return to Ms. Jeannette Danner, Director of Accreditation Services. Any questions should be directed to the Council Chair or CCE President.

Print Name

Signature

Date