



ADMINISTRATIVE OFFICE: 8049 N. 85th WAY, SCOTTSDALE, AZ 85258-4321
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**THE COUNCIL ON CHIROPRACTIC EDUCATION (CCE)
ACADEMY OF SITE TEAM VISITORS APPLICATION**

(All information obtained is confidential and for CCE purposes only)

SECTION 1: PERSONAL

Name: _____
(Last) (First) (MI)

Degree(s) _____

Home address: _____
Street

City State Zip Code

Telephone contact number(s):

(_____) - _____ - _____ Work ___ Home ___ Cell ___

(_____) - _____ - _____ Work ___ Home ___ Cell ___

E-mail address: _____

SECTION 2: PROFESSIONAL ROLE

1. Are you a private practitioner? Yes ___ No ___

2. If you currently hold an active license: State(s) _____ Year(s) licensed _____

3. Are you an administrator/educator/faculty member from a CCE-accredited program?

Yes ___ No ___ If yes, you must also enclose a letter from the appropriate individual indicating their willingness to provide you release time for training and site team visits during your term(s) of service.

SECTION 3: EMPLOYMENT

Current Place of Employment:

Employer

Title

Street

City

State

Zip Code

Dates of employment: _____

SECTION 4: OTHER INFORMATION

1. Have you previously or are you currently volunteering with other professional associations/orgs?

Yes ___ No ___ If yes, please complete the following:

Association/Organization Name(s) _____

Date(s) of Service _____

2. Have you served or are you currently serving on a chiropractic regulatory body?

Yes ___ No ___ If yes, please answer the following:

Dates as a regulatory body member _____

If you are currently serving as a regulatory board member, when does your term end: _____

3. Are you currently serving on a Board of Trustees (or equivalent) for a CCE accredited program?

Yes ___ No ___ If yes, please complete the following:

Program/Institution Name(s) _____

Date(s) of Service _____

Signature

Date

NOTE: All documents must be submitted to the CCE Office no later than **February 28, 2018.**