

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
Subject: Proposed Revision of CCE Policies