

## Category 1 or 4 - Employee of a CCE-Accredited Doctor of Chiropractic Program/Institution Nomination Form

PLEASE PRINT/TYPE ALL NOMINATION INFORMATION. Please feel free to duplicate form as needed.

The nominee must be employed full-time at a CCE accredited Program/Institution and active in the instruction, research, service, and/or administrative components of chiropractic education at their respective Program/Institution. Each CCE accredited Program/Institution may have only two individuals serving on the CCE Council at a given time. If this nominee is from a CCE Program/Institution, they must come from the list on the posted announcement. [Bylaws 6.02(a)]

### 1. NOMINEE INFORMATION

Name: \_\_\_\_\_

Prgm/Inst: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Category: 1 \_\_\_\_ or 4 \_\_\_\_ (In accordance with CCE Bylaws, Section 6.03(a), candidates may only be nominated in one (1) category.)

### 2. NOMINEE VERIFICATION

Please verify compliance with CCE Bylaws by checking the following requirements:

The nominee is a full-time employee at a CCE accredited Program/Institution.

Nominee meets the above requirement: Yes \_\_\_\_ No \_\_\_\_

The nominee is active in the instruction, research, service and/or administrative components of chiropractic education at their respective Program/Institution.

Nominee meets the above requirement: Yes \_\_\_\_ No \_\_\_\_

### 3. NOMINATOR INFORMATION (If self-nomination, a signature is all that is required)

Member of the chiropractic academic/professional community or the public at large making this nomination:

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*VERIFICATION OF BYLAWS REQUIREMENTS BY NOMINEE IS REQUIRED IF NOT SELF-NOMINATION\*\*\***

I, \_\_\_\_\_ (Printed Name of Nominee), accept the nomination submitted and have reviewed and verified the requirements listed above in Item 2.

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date