

Category 2 or 5 - Practicing Doctor of Chiropractic Nomination Form

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

The nominee is currently in full-time practice, at least 10 years or at least 5 years with a baccalaureate degree, and not employed by or affiliated with a CCE accredited program/institution. Must have a record of authorship or professional accomplishment. [Bylaws 6.02(b)]

1. NOMINEE INFORMATION

Name: _____

Address: _____

Phone: (____) _____ Email: _____

Category: 2 _____ or 5 _____ (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 in current practice as a licensed chiropractor and has demonstrated a record of professional accomplishment or authorship.

Nominee meets the above requirement: Yes ____ No ____

The nominee **is not** employed by or otherwise officially affiliated with a CCE accredited 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