

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.

Did you graduate from a CCE-accredited program/Institution? YES or NO - If YES, what year			
If YES, name of college			
	pard member, extension faculty) or compensated consultant gram? (NOTE: This also includes current employees)		
YES or NO - If YES, name of college/program			
3. Have you been a candidate for employment with	nin the past year at a CCE-accredited program?		
YES or NO - If YES, name of college/program			
		5. Do you have any other relationship, associal rendering impartial, objective professional judgmer	tion or affiliation that would serve as an impediment to nt regarding a CCE-accredited program? YES or NO
		If YES, name of college/program	
· · · · · · · · · · · · · · · · · · ·	at could be a real, potential, or apparent conflict of interest jective regarding a CCE-accredited program? YES or NO		
If YES, name of college/program			
PLEASE SIGN AND DATE THE FORM AND RETURN TO AS SOON AS POSSIBLE. Any questions should be dir	O THE VICE PRESIDENT FOR ACCREDITATION & OPERATIONS rected to the Council Chair or CCE President.		
Print Name	Signature		
	 Date		