

**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.

1. Did you graduate from a CCE-accredited program/Institution? YES or NO - If YES, what year _____

If YES, name of college _____

2. Have you been an employee, appointee (i.e., board member, extension faculty) or compensated consultant within the past eight years at a CCE-accredited program? (NOTE: This also includes current employees)

YES or NO - If YES, name of college/program _____

3. Have you been a candidate for employment within the past year at a CCE-accredited program?

YES or NO - If YES, name of college/program _____

4. Do you have a family member who is an employee, board member, candidate for employment, or student/resident at a CCE-accredited program? YES or NO

If YES, name of college/program _____

5. Do you have any other relationship, association or affiliation that would serve as an impediment to rendering impartial, objective professional judgment regarding a CCE-accredited program? YES or NO

If YES, name of college/program _____

6. Do you feel there is any other circumstance that could be a real, potential, or apparent conflict of interest that would impair your ability to be impartial or objective regarding a CCE-accredited program? YES or NO

If YES, name of college/program _____

PLEASE SIGN AND DATE THE FORM AND RETURN TO THE VICE PRESIDENT FOR ACCREDITATION & OPERATIONS AS SOON AS POSSIBLE. Any questions should be directed to the Council Chair or CCE President.

Print Name

Signature

Date

**Return to:
8049 NORTH 85TH WAY, SCOTTSDALE , AZ 85258-4321 - PHONE: 480-443-8877
S. Ray Bennett, Vice President for Accreditation & Operations - E-Mail: bennett@cce-usa.org**