

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 1-7 and sign the form at the bottom of the page.

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

If YES, name of college _____

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

YES or NO - If YES, name of college _____

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

YES or NO - If YES, name of college _____

4. Are you a board member of a CCE-accredited DCP/Institution? YES or NO

If YES, name of college _____

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

If YES, name of college _____

6. Do you have any other relationship, association or affiliation with a CCE-accredited DCP/Institution that would serve as an impediment to rendering impartial, objective service on a site team? YES or NO

If YES, name of college _____

7. Do you feel there is any other circumstance that could be perceived as a conflict of interest on your part regarding a CCE-accredited DCP/Institution? YES or NO

If YES, name of college _____

PLEASE SIGN AND DATE THE FORM AND RETURN TO THE DIRECTOR OF ACCREDITATION SERVICES AS SOON AS POSSIBLE. Any questions should be directed to the Council Chair or CCE President.

Printed Name

Signature

Date

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