

The Council on Chiropractic Education (CCE)
Proposed Revision of the CCE *Bylaws* or *Policies*

Please use this form to propose additions or revisions to The Council on Chiropractic Education Bylaws or Manual of Policies. Please copy this form and use a separate form for each proposal.

1. Contact Information

Date _____
(mm/dd/yy)

Name (Please Print): _____

Signature: _____

Telephone: (_____) _____ - _____ *Email address: _____

* - Optional

2. Location of proposed revision

Bylaw: Page(s) _____ Article _____ Section _____

(Example: Page 1, Article IV, Section 4.02)

Policy: Page(s) _____ CCE Policy _____ Paragraph _____

(Example: Page 37, CCE Policy 64, Paragraph 3)

This proposal is submitted by:

_____ 1) CCE Member Representative

_____ 2) CCE Councilor

_____ 3) CCE Administrative Office Staff

3. Rationale for the proposed addition or revision (use attachment if necessary):

4. Proposed addition or revision

A. Current version; FROM the following (use attachment if necessary):

B. Proposal; TO the following (use attachment if necessary):

Please return to:
The Council on Chiropractic Education
Attn: CCE President
8049 N. 85th Way
Scottsdale, AZ 85258
cce@cce-usa.org