



The Council on Chiropractic Education (CCE)

COUNCILOR CONFIDENTIALITY AGREEMENT

I, _____, a member of the Council of the Council on Chiropractic Education (CCE), hereby declare that I have reviewed, understand and will to the best of my ability, faithfully abide by, the CCE policy on confidentiality (CCE Policy 4, CCE Manual of Policies).

Recognizing the profound responsibilities associated with Council service, I further declare that I will strive, to the best of my abilities, to participate in all Council activities.

If, following a hearing conducted in accordance with disciplinary action procedures outlined in the current or a future edition of Roberts Rules of Order, I am found, by written opinion of a two-thirds majority of the entire Councilor membership present at a regular or special meeting, to have violated the CCE policy on confidentiality or been derelict in discharging my Council responsibilities, I fully realize and agree that I may be subject to dismissal from the Council.

DATE

SIGNATURE