

Council on Chiropractic Education (CCE) Conflict of Interest Declaration

Councilors:

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 councilors must complete items 1-7 and sign the form at the bottom of the page. Previous conflicts of interest declarations are provided for reference only.

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 an impartial, objective accreditation decision? 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 _____

Any questions should be directed to the Council Chair or CCE President.

Signature

Date