



Council on Chiropractic Education (CCE) Conflict of Interest Declaration

Councilors:

In accordance with CCE Policy 18, Conflict of Interest, the Council must maintain accurate and up-to-date information regarding any conflicts of interest. For this purpose, please review your current conflicts of interest declarations (attached) to determine the need for updates. If your declarations are current, please line through items 1-7, check the box at the bottom of this form and sign; if you have changes to report or completing for the first time, please complete items 1-7 and sign at the bottom.

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 a compensated consultant and/or an employee or appointee (i.e., board member, extension faculty) within the past eight years at a CCE-accredited DCP/Institution?

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 _____

- **MY CONFLICTS OF INTEREST DECLARATIONS ARE CURRENT.** Any questions should be directed to the Council Chair or the CCE President.

Signature

Date