



**The Council on Chiropractic Education (CCE)**  
**Proposed Revision of the CCE Standards**

**Please use this form to propose additions or revisions to the Council on Chiropractic Education Standards for Chiropractic Programs and Requirements for Institutional Status. Please copy this form and use a separate form for each proposal.**

**1. Contact Information** Date \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Email address: \_\_\_\_\_

\* - Optional

**2. Location of proposed revision**

Page(s) \_\_\_\_\_ Section \_\_\_\_\_ Paragraph \_\_\_\_\_

(Example: Page 32, Section 2, Paragraph III.A.1.b.)

This proposal is submitted by:

\_\_\_\_\_ 1) CCE Board of Directors member

\_\_\_\_\_ 2) CCE Commission on Accreditation member

\_\_\_\_\_ 3) CCE Executive Office

\_\_\_\_\_ 4) Employee of a CCE-accredited program.

\_\_\_\_\_ 5) Other (please specify): \_\_\_\_\_

**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: Executive Director  
8049 N. 85<sup>th</sup> Way  
Scottsdale, AZ 85258