



# Council on Chiropractic Education (CCE) Commission on Accreditation (COA)

## Academy of Site Team Visitors:

In accordance with CCE Policy COA-18, Conflict of Interest, please complete the following questions to ensure the most current information is available to the COA and CCE Executive Office.

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 reside or do business within 100 miles of a CCE-accredited DCP/Institution? YES or NO

If YES, name of college \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Do you have any other relationship, association or affiliation with a CCE-accredited DCP/Institution that would serve as an impediment to rendering impartial, objective service on a site team? YES or NO

If YES, name of college \_\_\_\_\_

8. 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 \_\_\_\_\_

PLEASE SIGN AND DATE THE FORM AND RETURN TO THE DIRECTOR OF ACCREDITATION SVCS AS SOON AS POSSIBLE. Any questions should be directed to the COA Chairman or the CCE Executive Director.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date