

The Council on Chiropractic Education (CCE)

COMMISSION ON ACCREDITATION

MEMBER AGREEMENT

I, _____, a member of the Commission on Accreditation (COA) 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 (COA-4, CCE Manual of Policies).

Recognizing the profound responsibilities associated with COA service, I further declare that I will strive, to the best of my abilities, to participate in all COA 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 COA membership present at a regular or special meeting, to have violated the CCE policy on confidentiality or been derelict in discharging my COA responsibilities, I fully realize and agree that I may be subject to dismissal from COA membership.

DATE

SIGNATURE