

The Council on Chiropractic Education (CCE)

COMMISSION ON ACCREDITATION

GUEST CONFIDENTIALITY AGREEMENT

I, _____ as guest observer to the
(Print Name)

Commission on Accreditation (COA) program or institution review sessions, hereby understand that any and all information, documents or other related matters concerning COA activities must be kept confidential. This confidentiality will be maintained unless express permission is given by the CCE Executive Director or the COA Executive Committee to state or provide specific information. Further, I will not discuss, for any reason whatsoever, documents, paper or other information relating to the COA or member programs or institutions or related COA materials. If this agreement is breached, I will be responsible for any and all damages and/or all legal costs resulting or arising there from.

I certify that I have read, understand, and agree to comply with, the above.

SIGNATURE

DATE