The Council on Chiropractic Education (CCE)

Proposed Revision of the CCE Policies

Please use this form to propose revisions to current policies or additions of new policies to the Council on Chiropractic Education (CCE) Manual of Policies. Please use a separate form for each proposal.

1. Contact Information

Date _____________________
(mm/dd/yy)

Name (Please Print): _________________________________________________________

Signature: _________________________________________________________________

Telephone: (______)_______-_________ *Email: ________________________________

* - Optional

2. Location of proposed revision

_CCE Policy #: __________ Page(s) __________ Paragraph(s) ___________

(Example: CCE Policy 64, Page 47, Paragraph 3)

This proposal is submitted by:

______ 1) CCE Member Representative

______ 2) CCE Councilor

______ 3) CCE Administrative Office Staff

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 use track changes, (specifically, red script for additions and blue strike thru for deletions) to show revisions:

Please return to:
Email: bennett@cce-usa.org
Subject: Proposed Revision of CCE Policies