

The Council on Chiropractic Education (CCE)

SITE TEAM ACADEMY CONFIDENTIALITY AGREEMENT

I, _____, as a member of the Council on
Please Print Name

Chiropractic Education (CCE), Academy of Site Team Visitors, hereby acknowledge and understand my responsibility to keep all matters confidential concerning:

- My activities assigned and performed in the role of site team visitor (evaluator)
- All program/institution information and/or documents
- Any CCE related materials, reports and/or information

I understand that confidentiality must be maintained unless I am authorized to report specific program or accreditation information by the CCE President or the Council Chair. I also understand that my agreement to maintain confidentiality continues beyond my service in the Academy of Site Team Visitors and that I must always hold such matters confidential.

I understand that if I breach this agreement, I will be held responsible for any damages and/or legal costs resulting or arising there from.

I certify that I have read, understand, and agree to comply with the above and agree to serve as a member of the CCE Academy of Site Team Visitors for a period of three years and in accordance with CCE Policy 10, *Academy of Site Team Visitors*.

Signature

Date

Return to:

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Jeannette Danner, Director of Accreditation Services
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