

### Category 3 - Public Member Nomination Form

PLEASE PRINT/TYPE ALL NOMINATION INFORMATION. Duplicate form as needed.

Nominees in Category 3 cannot be a Doctor of Chiropractic (D.C.), nor associated with a CCE accredited Program/Institution, nor a member of any related or affiliated trade or membership organization, or have been officially associated with a CCE accredited Program/Institution within the past 5 years. [CCE Bylaws 6.02(c)]

#### 1. NOMINEE INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### 2. NOMINEE VERIFICATION

Please verify compliance with CCE Bylaws by checking the following requirements:

**Within the past 5 years for the following:**

The nominee is not an employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited by CCE or has applied for accreditation.

**Nominee meets the above requirement:** Yes \_\_\_ No \_\_\_

The nominee is not a member associated with any related, associated, or affiliated chiropractic trade associations or membership organizations; or an institution or program that either is accredited by the CCE or has applied for accreditation.

**Nominee meets the above requirement:** Yes \_\_\_ No \_\_\_

The nominee is not an employee of or consultant to CCE; or an employee of the Department of Education; State higher education agencies or other officials or representatives of the State; and accrediting agencies.

**Nominee meets the above requirement:** Yes \_\_\_ No \_\_\_

The nominee does not have a family member identified in the above requirements; to include: spouse, parents, step-parents, siblings, step-siblings, child, step-children, grandchildren, step-grandchildren, or spouse's parent or stepparent, sibling or step-sibling, child or stepchild, or grandchild or step-grandchild.

**Nominee meets the above requirement:** Yes \_\_\_ No \_\_\_

#### 3. NOMINATOR INFORMATION (If self-nomination, a signature is all that is required)

Member of the chiropractic academic/professional community or the public at large making this nomination:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*VERIFICATION OF BYLAWS REQUIREMENTS BY NOMINEE IS REQUIRED IF NOT SELF-NOMINATION\*\*\***

I, \_\_\_\_\_ (Printed Name of Nominee), accept the nomination submitted and have reviewed and verified the requirements listed above in Item 2.

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date