Category 1 or 4 - Employee of a CCE-Accredited Doctor of Chiropractic Program/Institution

Nomination Form

PLEASE PRINT/TYPe ALL NOMINATION INFORMATION. Please feel free to duplicate form as needed.

The nominee must be employed full-time at a CCE accredited Program/Institution and active in the instruction, research, service, and/or administrative components of chiropractic education at their respective Program/Institution. Each CCE accredited Program/Institution may have only two individuals serving on the CCE Council at a given time. If this nominee is from a CCE Program/Institution, they must come from the list on the posted announcement. [Bylaws 6.02(a)]

1. NOMINEE INFORMATION

Name: __________________________________________________________

Prgm/Inst: _______________________________________________________

Address: _________________________________________________________

Phone: (____)____________________ Email: ____________________________

Category: 1 _____ or 4 _____ (In accordance with CCE Bylaws, Section 6.03(a), candidates may only be nominated in one (1) category.)

2. NOMINEE VERIFICATION

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

The nominee is a full-time employee at a CCE accredited Program/Institution.
Nominee meets the above requirement: Yes _____ No _____

The nominee is active in the instruction, research, service and/or administrative components of chiropractic education at their respective Program/Institution.
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