

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 DCP or institution housing a DCP and currently involved in the operations of a CCE accredited program (e.g., curriculum design and decisions, strategic plan implementation, outcome measurement, incorporating outcome findings, decisions about teaching and measuring knowledge and skills for clinical practice, department policy decisions). Each CCE accredited DCP may have only one individual 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 & Title: _____

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 DCP or institution housing a DCP.

Nominee meets the above requirement: Yes ___ No ___

The nominee is currently involved in the operations of a CCE accredited program (e.g., curriculum design and decisions, strategic plan implementation, outcome measurement, incorporating outcome findings, decisions about teaching and measuring knowledge and skills for clinical practice, department policy decisions).

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