Category 2 or 5 - Practicing Doctor of Chiropractic Nomination Form

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

The nominee is currently in full-time practice, at least 10 years or at least 5 years with a baccalaureate degree, and not employed by or affiliated with a CCE accredited program/institution. Must have a record of authorship or professional accomplishment. [Bylaws 6.02(b)]

1. NOMINEE INFORMATION

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

Phone: (_____)________________________ Email: __________________________________________________________________________

Category: 2 ______ or 5 ______ (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 in current practice as a licensed chiropractor and has demonstrated a record of professional accomplishment or authorship.
Nominee meets the above requirement: Yes ____ No ____

The nominee is not employed by or otherwise officially affiliated with a CCE accredited 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