

## 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 or not retired for more than 3 years, a graduate of a CCE accredited DCP, and not employed by or affiliated with a CCE accredited DCP or institution housing a DCP. [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 DCP or institution housing a DCP.

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

The nominee does not have family members employed by or otherwise officially affiliated with a CCE accredited DCP or institution housing a DCP. Family members include: spouse, parents/step-parents, siblings/step-siblings, or their spouse, children/step-children or their spouse, grandchildren/step-grandchildren, spouse's parents/step-parents, siblings/step-siblings,

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