Council on Chiropractic Education (CCE)
Conflict of Interest Declaration

Academy of Site Team Visitors:

In accordance with USDE CFR 602.15 and CCE Policy 18, Conflict of Interest, the Council must maintain accurate and up-to-date information regarding any conflicts of interest. For this purpose, all Academy members must complete items 1-6 and sign/date the form at the bottom of the page.

1. Did you graduate from a CCE-accredited program/Institution? YES or NO - If YES, what year_____________
   
   If YES, name of college_______________________________________________________________________

2. Have you been an employee, appointee (i.e., board member, extension faculty) or compensated consultant within the past eight years at a CCE-accredited program? (NOTE: This also includes current employees)
   YES or NO - If YES, name of college/program__________________________________________________

3. Have you been a candidate for employment within the past year at a CCE-accredited program?
   YES or NO - If YES, name of college/program ___________________________________________________

4. Do you have a family member who is an employee, board member, candidate for employment, or student/resident at a CCE-accredited program? YES or NO
   
   If YES, name of college/program __________________________________________________________________

5. Do you have any other relationship, association or affiliation that would serve as an impediment to rendering impartial, objective professional judgment regarding a CCE-accredited program? YES or NO
   
   If YES, name of college/program __________________________________________________________________

6. Do you feel there is any other circumstance that could be a real, potential, or apparent conflict of interest that would impair your ability to be impartial or objective regarding a CCE-accredited program? YES or NO
   
   If YES, name of college/program __________________________________________________________________

PLEASE SIGN AND DATE THE FORM AND RETURN TO THE VICE PRESIDENT FOR ACCREDITATION & OPERATIONS AS SOON AS POSSIBLE. Any questions should be directed to the Council Chair or CCE President.

_____________________________________ __________________________________________
Print Name Signature

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Date