

**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/program \_\_\_\_\_

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. Are you an employee of an organization that has an academic affiliation agreement with a CCE accredited program or a program seeking accreditation with CCE? ? **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 Dr. Crissy Lewis, Associate Director of Accreditation. Any questions should be directed to the Council Chair or CCE President.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date