



THE COUNCIL ON CHIROPRACTIC EDUCATION

CCE Accreditation Standards

Principles, Processes & Requirements for Accreditation

Limited Revisions:

- CCE Values
- Section 1.I - Accreditation by CCE
- Section 2.B - Ethics & Integrity
- Section 2.E - Faculty
- Section 2.F - Student Support Services
- Section 2.G - Admissions
- Section 2.H - Curriculum, Competencies, and Outcomes Assessment

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CCE Mission Statement

Mission

To ensure the quality and integrity of doctor of chiropractic and residency programs.

Values

The Council on Chiropractic Education is recognized by the United States Department of Education and the Council for Higher Education Accreditation as the accrediting body for chiropractic programs. In fulfilling its Mission and the requirements of these oversight agencies, the CCE is committed to the following values:

- Integrity as the foundation in all interactions
- Accountability to students and the public
- Collaboration in community of people with a culture of respect
- Quality as informed by the use of evidence
- Improvement to advance excellence
- Cultivation and support of an environment that demonstrates a commitment to professional integrity and broad representation by fostering a culture of fairness, openness, and respect within its operations ~~diversity, equity, and inclusion.~~

CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures.

Section 1 – CCE Principles and Processes of Accreditation

I. Accreditation by CCE

The role of accreditation as defined by the US Department of Education is to provide assurance of quality and integrity to stakeholders. CCE accreditation of Doctor of Chiropractic Programs (DCPs) promotes the highest standards of educational program quality in preparing candidates for licensure, advocating excellence in patient care, and advancing and improving the chiropractic profession and its practitioners. The CCE acknowledges that DCPs exist in a variety of environments, distinguished by differing jurisdictional regulations, demands placed on the profession in the areas served by the DCPs, and ~~diverse~~ student populations. CCE accreditation is granted to DCPs deemed by the Council to comply with the eligibility requirements and requirements for accreditation.

CCE accreditation standards serve as indicators by which DCPs are evaluated by peers. They are designed to guide programs in a process of self-reflection and serve as a framework for improvement as well as a threshold for initial and continued accreditation.

The Council specifically reviews compliance with all accreditation requirements.

- It is dedicated to consistency while recognizing program differences in mission, in the strategies adopted, and evidence provided to meet these requirements.
- It bases its decisions on a careful and objective analysis of all available evidence.
- It follows a process that is as transparent as possible, honoring the need for confidentiality when appropriate.
- It discloses its final decisions to appropriate authorities and the public in accordance with CCE Policy 111.

While it is the responsibility of the DCP to demonstrate and maintain compliance with the standards, CCE provides assistance through training; guidance provided to the DCP and published on its website; and through formal meetings with program leadership as part of the accreditation process.

II. Process of Accreditation for a DCP

Any DCP seeking to achieve or maintain CCE-accredited status must apply for such status and provide evidence that the DCP meets the eligibility requirements and complies with the requirements for accreditation.

A. Application for Initial Accreditation

1. Letter of Intent

A DCP seeking initial accreditation must send a letter of intent from the institution's governing body to the CCE Administrative Office stating its intention to pursue accreditation, providing written evidence that it meets the eligibility requirements for accreditation, and submitting initial accreditation fees in accordance with CCE Policy 14.

planning. The DCP demonstrates periodic reviews of its program effectiveness measures and assessment processes to make appropriate changes.

Evaluation of program effectiveness includes cohort analysis of student achievement data used to inform program improvements. Measures must include, but need not be limited to, program-level student learning outcomes as well as the achievement of CCE meta-competency outcomes; student success measures (retention or attrition rates, program completion rate); and performance data from at least one of the following: 1) National Board of Chiropractic Examiners (NBCE), 2) Canadian Chiropractic Examining Board (CCEB), or 3) licensure rates.

4. Student Outcomes – CCE Policy 56 Thresholds and Public Disclosure Requirements

The DCP demonstrates student outcomes are at or above established thresholds in compliance with CCE Policy 56. The DCP publishes current, accurate student outcomes data on its website. Data must include, but need not be limited to, 1) program completion rates and 2) performance rates on licensing exams or licensure rates.

B. Ethics and Integrity

The DCP demonstrates integrity and adherence to ethical standards relating to all aspects of policies, functions, and interactions regarding stakeholders of the program to include administration; faculty; staff; students; patients; accrediting, educational, professional, and regulatory organizations; and the public at large.

Context

1. Ethics

Ethics are evident in the conduct of all members of a DCP as they strive to fulfill the mission and graduate doctors of chiropractic/chiropractic physicians capable of, and committed to, practicing in an ethical and professional manner. Policies and procedures include those related to codes of conduct and grievance procedures; academic freedom; ~~sensitivity to equity, discrimination, and diversity issues~~; safety and welfare of the academic community and patients in administering healthcare to the public; and provisions of assistance and mechanisms to promote student academic and professional success. Ethical issues, especially relating to personal behavior when engaged in chiropractic practice, are addressed throughout the curriculum in both classroom and clinical settings.

2. Integrity

The DCP's policies and procedures promote integrity and transparency including, but not limited to, avoidance of conflicts of interest; advertising and marketing activities; student admissions and financial aid processes; recruiting; development and delivery of the DCP curriculum; identity verification in both student enrollment and student course assessments; grading policies and grade appeal processes; protection of student and patient privacy; research activities; hiring; performance reviews; ~~and~~ catalogs and publications; and the academic calendar. Policies and procedures related to these matters are accurate, current, and readily available to all constituencies.

C. Administration

The DCP's administrative structure and personnel facilitate the achievement of the mission and goals of the DCP and foster programmatic quality and improvement.

Context

1. Administration

The administration and administrative structure promote and facilitate the achievement of the mission and goals of the DCP, allocate resources adequate to support and improve the program, and assess the effectiveness of the DCP. The chief administrative officer of the DCP is qualified by training and experience to lead the DCP. The individual responsible for the DCP leadership must have ready access to the institutional CEO or appropriate senior administrator within the institution's reporting structure. There is a sufficient number of academic and staff administrators with appropriate training and experience to carry out their responsibilities, assist the DCP in fulfilling its mission, and guide activities relevant to programmatic improvement. Clear lines of authority, responsibility, and communication among faculty and staff exist concurrently with systems for decision-making that support the work of the leadership. There is a periodic assessment of administrator performance.

D. Resources

The DCP provides and maintains financial, learning, and physical resources that support the DCP mission, goals, and objectives.

Context

1. Financial

Financial resources of the DCP are adequate to achieve the DCP's mission, goals, and objectives. The DCP has and maintains current, institutionally approved operating and capital allocations budget(s) and develops long-term budget projections congruent with its planning activities. The DCP also demonstrates that it utilizes sound financial procedures and exercises appropriate control over its allocated financial resources.

2. Learning

The DCP demonstrates adequate access to current learning resources with personnel, collections, and services relevant to support the DCP's mission, goals, and objectives.

3. Physical

The DCP demonstrates appropriate investment in and allocation of physical resources to ensure successful curricular and co-curricular outcomes and clinical operations. The institution provides, and adequately manages and maintains, physical facilities; instructional and clinical equipment; information technology; supplies; and other physical resources that are necessary and appropriate for meeting the mission, goals, and objectives of the DCP in accordance with institutional policies.

E. Faculty

The DCP employs a sufficient cohort of faculty members who are qualified by their academic and professional education, training, and experience to develop, deliver, and revise the courses and curriculum of its educational program, wherever offered and however delivered, and to assess both student learning and program effectiveness. The program engages in efforts to recruit and retain an intellectually diverse faculty. With the support and expectation of the program, the faculty is engaged in research and scholarship, professional development, and governance activities.

Context

1. Attributes

The faculty is of sufficient size and ability, with appropriate experience and expertise, to effectively design, deliver, and revise the DCP curriculum, regardless of instructional modality, and to effectively assess student learning. The faculty enable the DCP to meet its mission and program learning objectives. The policies, procedures, and practices of the DCP promote intellectual diversity within the faculty. The determination of the number of full- and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, laboratory, and patient-care settings. Faculty members have appropriate credentials, including licensure where required in clinical and didactic instructional settings; academic expertise; and experience to fulfill their responsibilities as instructors, mentors, subject matter/content experts, clinical educators, and student supervisors.

2. Curriculum and Professional Development

The faculty are involved in the development, assessment, and refinement of the curriculum. In addition, they demonstrate use of resources in teaching theory and instructional methodology; effective curriculum and course design and development; and assessment of student achievement in both didactic subject matter and in the attainment of clinical competencies. Faculty members are provided opportunities for professional development to improve their content expertise and competence, their instructional skills, and their capabilities in research and scholarship. The DCP establishes expectations for, and analyzes results from, faculty engagement in these opportunities. Faculty members are afforded academic freedom and utilize a curriculum delivery model/method endorsed by the DCP as appropriate for the instructional content being delivered.

3. Evaluation

Faculty members are evaluated on a regular basis, and appropriate processes and criteria are in place to govern advancement in rank based upon performance expectations.

F. Student Support Services

The DCP provides support and services that help students maximize their potential for success in the program.

Context

1. Supported Functions

Student support services are provided to meet the needs of each of its student populations, including those enrolled in distance education courses. Student support services include the following areas: registration, orientation, academic advising, and tutoring; financial aid and debt management counseling; disability services; career counseling; and processes for addressing academic standing reviews and student complaints, grievances, disciplinary issues, and appeals matters. Confidentiality of student records is ensured. The program ensures a welcoming, supportive, and encouraging learning environment for all students, ~~including students with diverse backgrounds and from underrepresented communities~~. As determined by the DCP, student services may also include, but not be limited to, support for a student governance system, student organizations and activities, cultural programming, athletic activities, and child care. The DCP has policies and procedures to monitor and respond to student life issues, including mental health and safety. Students are also provided opportunities for curricular and co-curricular

activities that facilitate their development as ethical doctors of chiropractic/chiropractic physicians and engaged citizens.

2. Academic Support

The DCP monitors each student's academic progress and implements policies and procedures that dictate active interventions based upon student needs, including academic support services to optimize the ability of admitted students to succeed in the program, e.g., transitional studies, tutorials, academic advising, and study strategies. Further, an academic plan is formulated for each student who fails to make satisfactory academic progress in accordance with DCP policies.

3. Effectiveness

Student services support all learning activities in the context of the DCP's mission and chosen educational delivery system. Measures and thresholds for student support services are set, tracked, and used to inform program improvement.

4. Record of Student Complaints

The DCP maintains a record of student complaints, as well as its processing of those complaints, and ensures the process adheres to its policies and procedures established for addressing complaints and/or grievances. The DCP establishes a periodic review process to identify whether a systemic problem has, or is, occurring and demonstrates action steps for improvement when applicable.

G. Student Admissions

The DCP admits students who possess academic and personal attributes consistent with the DCP's mission. Admitted students have completed a baccalaureate degree at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency. Alternatively, students may matriculate into the program having obtained 90 semester hours at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency if those students have 1) a cumulative GPA of 3.0 or higher on a 4.0 scale for the 90 semester credits; or 2) a cumulative GPA between 2.75 and 2.99 on a 4.0 scale for the 90 semester credits with a minimum of 24 semester credits in life and physical science courses appropriate as undergraduate preparation for chiropractic education as determined by the DCP. Students admitted with advanced standing or transfer credit must earn not less than 25 percent of the total program credits from the DCP that confers the degree.

Context

1. Alignment with Program

The DCP's admissions policies and practices are documented and designed to ensure that admitted students meet the admissions criteria and possess the academic and personal attributes for success in the academic program and to pass the exams necessary to obtain a license to practice as a doctor of chiropractic/chiropractic physician. The DCP engages in ongoing, systematic, and inclusive recruitment and retention activities. Program policies, procedures, and practices related to student recruitment and admission are published and made available to prospective students, and are applied consistently and equitably. [Programs must publish information on their tuition and fees, including application fees and their refund policy.](#)

2. Informed Applicants

Applicants are informed of any technical standards and/or special undergraduate preparatory coursework required for admission to the DCP, to include a notification at the time of enrollment of any projected additional charges associated with verification of identity. The DCP informs applicants that educational and licensure requirements and scope of practice parameters are specific for each regulatory jurisdiction and provides applicants with access to such available information. The DCP informs applicants of workforce demands for the profession and potential return on the educational investment. The DCP has and follows policies addressing transfer credit, advanced placement, non-institutionally based learning experiences, financial aid, scholarships, grants, loans, and refunds and makes such policies available to applicants.

H. Curriculum, Competencies and Outcomes Assessment

The DCP curriculum contains a minimum of 4,200 instructional hours (or equivalent, following approval under the terms and conditions of CCE Policy 1, Program Changes) for the doctor of chiropractic degree, thus ensuring the program is commensurate with professional doctoral level education in a health science discipline. The didactic and clinical education components of the curriculum, wherever offered and however delivered, are structured and integrated in a manner that enables the graduate to demonstrate attainment of all required meta-competency outcomes necessary to function as a doctor of chiropractic/chiropractic physician. Assessment of student learning, regardless of instructional modality, incorporates best practices and measures student proficiency in the identified meta-competency outcomes, providing data that are used to guide programmatic improvements.

Students must complete a minimum of 1,000 instructional hours in a patient-care setting, involving patient engagement under appropriate supervision, where hands-on practice and real-time clinical decision-making are central components. The DCP has a health care quality management system that measures the structure, process, and outcomes of care and uses these data to improve the quality of patient care and inform curricular improvements and student learning.

Context

1. Curricular Content and Delivery

The meta-competency curricular objectives are described in a manner that allows the DCP flexibility in the development of curriculum by incorporating teaching techniques and strategies that address the variety of student learning needs.

The DCP demonstrates that it addresses the meta-competency curricular objectives through instructional content. There is a clear linkage between the design of specific courses and learning activities aligned with the meta-competency curricular objectives. DCP course offerings display academic content, breadth, rigor, and coherence that are appropriate to its mission. Course offerings identify student learning objectives, including knowledge and skills, and promote synthesis of learning in a sequence that is conducive to providing explicit opportunities for students to achieve the required meta-competency outcomes and any additional learning outcomes identified by the DCP.