



Accreditation Status

Prepared for The Council on Chiropractic Education,
8049 North 85th Way, Scottsdale, AZ 85258-4321. Tel: 480-443-8877. Fax: 480-483-7333.

Submitted by _____
Name of Program

Address _____

City _____ State _____ ZIP _____

Program Telephone Number (_____) _____

Prepared for the _____ meeting of the Council.
Month and Year

Based on *CCE Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status* dated: **January 2007**
Month and Year

Data Summary

Year program was initiated: _____

Year accreditation with Council/COA began: _____

Type of accreditation status currently held (programmatic or institutional) _____

Date of most recent status review meeting with Council: _____

Date of progress report: _____

Date of next meeting with the Council: _____

Date of last self-study report: _____

Date of next self-study report, if known: _____

Name of Chief Executive Officer Telephone Number

Name of Governing Board Chair

Board Chair Address

City State ZIP

Chief Executive Officer Signature / /
Date