

COUNCIL ON CHIROPRACTIC EDUCATION

CCE STANDARDS EXCEPTION/WAIVER REQUEST FORM

In accordance with CCE Policy 9, Exceptions and Waivers to the CCE Standards, the following form is submitted for review by the Council.

DCP: _____ Date: _____

CCE *Standards* Reference (e.g., Section 2.III.J.4): _____

Language from the *Standards*:

Statement of requested exception or waiver:

Reason for the requested exception or waiver:

Proposed start/end date of exception or waiver (if applicable):

Describe how the DCP will continue to maintain compliance with the *Standards* during the exception/waiver period:

(Use attachments as necessary if more space is needed to complete the form)