



The Council on Chiropractic Education (CCE)

SITE TEAM ACADEMY CONFIDENTIALITY AGREEMENT

I, _____, as a member of the CCE
Please Print Name

Academy of Site Team Visitors to The Council on Chiropractic Education, do hereby acknowledge and understand my responsibility to keep all matters confidential concerning:

- My activities assigned and performed in the role of site team visitor
- All program/institution information and/or documents
- Any CCE related materials, reports and/or information

I understand that confidentiality must be maintained unless I am authorized to report specific program or accreditation information by the CCE President or the Council Chair. I also understand that my agreement to maintain confidentiality continues beyond my service in the Academy of Site Team Visitors and that I must always hold such matters confidential.

I understand that if I breach this agreement, I will be held responsible for any damages and/or legal costs resulting or arising there from.

I certify that I have read, understand, and agree to comply with the above and agree to serve as a member of the CCE Academy of Site Team Visitors for a period of three years and in accordance with CCE Policy 10.

Signature

Date

Please return to:
Director of Accreditation Services
The Council on Chiropractic Education
8049 N. 85th Way
Tel: 480-443-8877 - Toll: 888-443-3506
Scottsdale, AZ 85258
Fax: (480) 483-7333