



Category 1 or 4 - Employee of a CCE-Accredited Doctor of Chiropractic Program/Institution Nomination Form

PLEASE PRINT/TYPE ALL NOMINATION INFORMATION. Please feel free to duplicate form as needed.

The nominee must be employed full-time at a CCE accredited Program/Institution and active in the instruction, research, service, and/or administrative components of chiropractic education at their respective Program/Institution. Each CCE accredited Program/Institution may have only two individuals serving on the CCE Council at a given time. If this nominee is from a CCE Program/Institution, they must come from the list on the posted announcement. [Bylaws 6.02(a)]

1. NOMINEE INFORMATION

Name: _____

Prgm/Inst: _____

Address: _____

Phone: (____) _____ Email: _____

Category: 1 ____ or 4 ____ (In accordance with CCE Bylaws, Section 6.03(a), candidates may only be nominated in one (1) category.)

2. NOMINEE VERIFICATION

Please verify compliance with CCE Bylaws by checking the following requirements:

The nominee is a full-time employee at a CCE accredited Program/Institution.

Nominee meets the above requirement: Yes ____ No ____

The nominee is active in the instruction, research, service and/or administrative components of chiropractic education at their respective Program/Institution.

Nominee meets the above requirement: Yes ____ No ____

3. NOMINATOR INFORMATION (If self-nomination, a signature is all that is required)

Member of the chiropractic academic/professional community or the public at large making this nomination:

Name: _____

Signature: _____

Phone: (____) _____ Email: _____

*****VERIFICATION OF BYLAWS REQUIREMENTS BY NOMINEE IS REQUIRED IF NOT SELF-NOMINATION*****

I, _____ (Printed Name of Nominee), accept the nomination submitted and have reviewed and verified the requirements listed above in Item 2.

Signature of Nominee

Date