

The Council on Chiropractic Education (CCE)

COUNCILOR CONFIDENTIALITY AGREEMENT

I, _____, an elected Councilor of the Council on Chiropractic Education (CCE), hereby declare that I have reviewed, understand and will to the best of my ability, faithfully abide by, the CCE policy on confidentiality (CCE Policy 4, *Confidentiality of Council Actions*).

Recognizing the profound responsibilities associated with Council service, I further declare that I will strive, to the best of my abilities, to participate in all Council activities.

If, following a hearing conducted in accordance with disciplinary action procedures outlined in the current or a future edition of Roberts Rules of Order, I am found, by written opinion of a two-thirds majority of the entire Councilor membership present at a regular or special meeting, to have violated the CCE policy on confidentiality or been derelict in discharging my Council responsibilities, I fully realize and agree that I may be subject to dismissal from the Council.

Signature

Date

Return to:

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