

The Council on Chiropractic Education (CCE)

Draft *Standards* Comments and Proposed Modifications

Please use this form to propose modifications or to comment on the CCE Accreditation Standards Principles & Requirements for Accreditation, and the accompanying CCE Meta-Competencies Policy and Guidelines for DCP Assessment of Meta-Competencies. Please copy this form and use a separate form for each suggested modification.

1. Proposed modification is submitted by:

Date: 09/18/10
(mm/dd/yy)

- 1) CCE Councilor
- 2) CCE Administrative Office Staff
- 3) Employee of a CCE-accredited program/institution
- 4) Student of a CCE-accredited program/institution
- 5) Field Practitioner (D.C.)
- 6) Other (please specify): Georgia Council of Chiropractic

2. Location of proposed modification:

Section 1 Page _____ Principle _____ Paragraph _____
(Example: Page 3, Principle II, Paragraph C.1.a.)

Section 2 Page 10 Sub-section Preface
(Example: Page 14, Sub-section C)

Context: Paragraph _____ or Characteristics: Number _____
(Example: Page 17, Sub-section E, Paragraph 2 or Page 19, Sub-section F, Number 7)

Section 3 Page 26 Sub-section _____ (Self-explanatory)

Meta-competencies Page _____ Number _____ OR

Title _____ (Example: Page 3, No. 7 or Page 4, Alumni Outcomes)

3. General Comments and/or Rationale for the proposed modification (if applicable):

Retain the language that exists in the current standards. No issues related to the quality of education are served by deleting the minimal specific expectations.

4. Proposed modification (Optional)

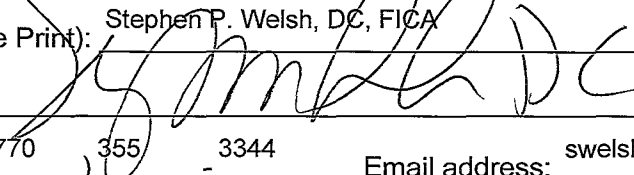
A. Current version; FROM the following (if location of proposed revision needs clarity):

Assess and document a patient's health status, needs, concerns and conditions.

B. Proposal; TO the following (use attachment if necessary):

Assess the patient's general health status, complaints and problems leading to a diagnosis. Specific elements of patient assessment minimally include complete health history; review of systems; physical, biomechanical, and neurological examination; the analysis of vertebral and extra-vertebral subluxation; and, when clinically indicated, diagnostic imaging, clinical laboratory, and/or specialized diagnostic procedures

5. Contact Information (Optional)

Name (Please Print): Stephen P. Welsh, DC, FICA
Signature: 
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