



## 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 20 Sub-section H  
(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 Context Meta-competencies (Example: Page 3, No. 7 or Page 4, Alumni Outcomes)

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

Retain language currently in the 2007 standards.

Propose the retention of requirements to address proficiency in initiating the appropriate drugless health care regimen.

**4. Proposed modification (Optional)**

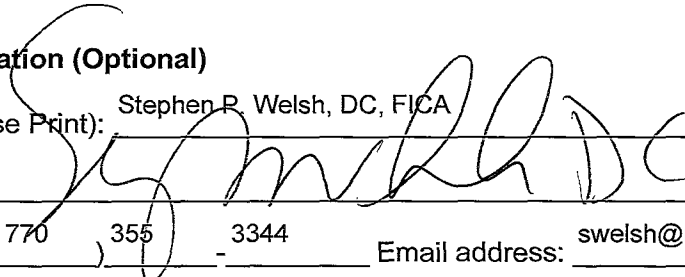
**A. Current version; FROM the following (if location of proposed revision needs clarity):**

create and execute an appropriate case management/treatment/intervention plan;

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

create and execute an appropriate case management/treatment/intervention plan and identify and initiate the appropriate drugless (with the exception of nutritional supplements or supplementation) health care regimen;

**5. Contact Information (Optional)**

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