

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
	1) CCE Councilor	(mm/dd/yy)
	2) CCE Administrative Office Staff	
	3) Employee of a CCE-accredited program/institution	
4) Student of a CCE-accredited program/institution		on
	5) Field Practitioner (D.C.)	
	X Georgia Council of Chin	ropractic
2.	. Location of proposed modification:	
Section 1 Page Principle Paragraph (Example: Page 3, Principle II, Paragraph C.1.a.) Section 2 Page Sub-section H (Example: Page 14, Sub-section C)		Paragraph
	Context: Paragraph or Characteristics: (Example: Page 17, Sub-section E, Paragraph 2 or P	
	Section 3 Page 26 Sub-section (Sel	f-explanatory)
	Meta-competencies Page Numl	ber OR
	Title Context Meta-compentencies (Example: I	Page 3, No. 7 or Page 4, Alumni Outcomes
3.	General Comments and/or Rationale for the proposed	d modification (if applicable):

Retain language currently in the 2007 standards.

Propose the retention of requirements to address proficiency in understanding the principles and methods of various chiropractic adjustments common to the practice of chiropractic and in recognizing the clinical indications and rationale for selecting a particular chiropractic adjustment.



4. Proposed modification (Optional)

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

demonstrate critical thinking and decision making skills, and sound clinical reasoning and judgment.

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

demonstrate critical thinking and decision making skills, sound clinical reasoning and judgment and understand the principles and methods of various chiropractic adjustments common to the practice of chiropractic;

recognize the clinical indications and rationale for selecting a particular chiropractic adjustment;

5.	Contact Information (Optional)
	Name (Please Print): Stephen P. Welsh, DC/FICA
	Signature:
	Telephone: (770) 355) - 3344 swelsh@mindspring.com

Please return to:
The Council on Chiropractic Education
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Scottsdale, AZ 85258

Fax: (480) 483-7333 or Email: cce@cce-usa.org