



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 in the educational curriculum aspects of the current standards that relate to the clinical assessment of the presence of subluxations. The central premise of the profession of chiropractic should not be arbitrarily deleted as a requirement in a chiropractic program.



4. Proposed modification (Optional)

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

perform an initial assessment and diagnosis;

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

perform an initial assessment and diagnosis and select and effectively utilize palpatory and other appropriate methods to identify subluxations of the spine and/or other articulations;

5. Contact Information (Optional)

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

Signature: 

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Please return to:
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