

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 _____ Sub-section _____
(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 Page 26, Glossary (Example: Page 3, No. 7 or Page 4, Alumni Outcomes)

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

The current standards include a definition for a "Primary Care Chiropractic Physician" which generally is interpreted as a "Chiropractic Physician" that provides "primary care". A reorder of the words to "Chiropractic Primary Care Physician" may be interpreted as a "Primary Care Physician" also trained in "chiropractic". This designation has the potential of confusing the public, the students and potentially driving new requirements in the area of medical education and has not been justified.



4. Proposed modification (Optional)

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

Glossary:

FROM: Chiropractic Primary Care Physician

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

Glossary:

TO: Primary Care Chiropractic Physician

5. Contact Information (Optional)

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

Signature: 

Telephone: (770) 355 - 3344 Email address: swelsh@mindspring.com

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