**Comments**



**Integrated clinical practice core competencies for doctor of chiropractic programs A modified Delphi project**

**.**

You are free to comment **on as many or as few** statements as you would like. BUT please indicate the **STATEMENT ID** for your comment. We also ask that you provide citations to support your comments—see below for instructions. **PLEASE COMPLETE THIS FORM ELECTRONICALLY. DO NOT WRITE IN ANSWERS MANUALLY.**

When you have completed all your comments, please send this form as an **ATTACHMENT** to Project Coordinator Cathy Evans (cathyevans14@gmail.com ) by **December 15th**

**Your profession (place X or response in white spaces):**

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|  | DC |
|  | Other health profession; please list:  |  |
|  | I am not a health professional |

**Your location:**

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|  | U.S. State  |  |
|  | Outside U.S.; please list:  |  |

**General comments (not specific to any statement): (BOX WILL EXPAND TO ANY SIZE)**

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**Please comment on ONE statement per box. Each set of comments includes 1 box for the statement number; 1 (expandable) box for the comment(s) and 1 box for any citations.**

**YOU MAY COMMENT ON AS MANY OR FEW STATEMENTS AS YOU WISH. If you run out of boxes, please copy and paste additional boxes OR fill out an additional Comment Form.**

**EXAMPLE:**

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| **Statement ID** | G1 |
| **Comment(s)** |  |
| **Citation(s)** | Authorlastname, firstname. Title of article. 2019 |

**Enter statement number, your comment(s) and citation(s):**

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**MORE BOXES on next page. When you are done, SAVE and email as attachment to** **cathyevans14@gmail.com** **by December 15th**

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**When you are done, SAVE and email as attachment to** **cathyevans14@gmail.com** **by December 15th.**

**Thank you for your input!**