

GENERAL VISITOR: Data form

Title: _____ First name: _____ Last name: _____
(Please specify other title)

Professional Designation (Please select all that apply) P.Eng. ing. FEC FIC Other

Address for CEAB correspondence:

City : _____ Province: _____ Postal Code: _____

Primary Phone: _____ Ext. _____ Other phone (ie. Cellular) _____ Ext. _____

Fax: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Engineering regulator(s): _____

Engineering license number: _____

Engineering discipline: _____

Language(s) in which you are fluent: _____

At the time of the visit, would you be over the age of 75? Yes No

Have you completed the AODA training? ([Only Ontario Visits](#)) Yes No Date: _____
[AODA = Customer Service Training Program](#)

ACCREDITATION VISIT INFORMATION

Visit to:

Documentation for your visit will be available in electronic format. However, if you still require a paper copy, please check below, so we can arrange for printing.

No paper required

Paper copy required

ENGINEERING REGULATORS USE ONLY (All boxes must be checked before returning to Secretariat)

Please X when the following tasks have been completed:

- Member has agreed to serve as General Visitor
- Dean / Director's approval has been received
- General Visitor has confirmed no conflict of interest* with the host institution
- Appointment has been confirmed by telephone / letter / mail

***Conflicts of interest would include:** being a former student or employee of the institutions; serving as part-time teacher at the institution; serving on an advisory body, governing body or investigative body within the last six years; being the relative of a student currently enrolled in the engineering faculty at the institutions.