

# Request

## for CNO Data



Before using this form to request CNO data, please review the College's other tools and reports listed in the statistics section of the CNO website: [www.cno.org/about/stats](http://www.cno.org/about/stats) If you still require additional data, please fill out the form below and return it to the College by mail or fax.

### Guidelines and Instructions

1. Please complete all applicable sections. (Print or type)

2. Return the form by mail or fax to:

College of Nurses of Ontario  
Information Management  
101 Davenport Road  
Toronto, ON M5R 3P1  
Fax: 416-928-6507

3. CNO will acknowledge your request within two business days of receiving it. If you do not receive an acknowledgement within two business days, please contact us by e-mail at [stats@cnomail.org](mailto:stats@cnomail.org)

4. Requests for data may be denied if:

- CNO deems the request inappropriate;
- CNO is not able to provide the requested information;
- Not all required documents are received;
- The form is incomplete; or
- The request is made under false pretences.

5. Once the request has been assessed and approved by CNO, an agreement form will be mailed to you. Please sign the form confirming the requested data, estimated time for completion and approximate cost.

6. The fee structure is as follows:

For Profit Organization:

- \$500 flat rate
- \$200 per hour in excess of two hours

Not-For Profit Organization:

- \$200 flat rate
- \$100 per hour in excess of two hours

Students in Post-Graduate Program Conducting Research in Nursing:

- \$200 flat rate

Five percent GST will be added to the total amount

### Section One: Requestor Information

First Name:

Last Name:

Organization/Affiliation:

Department:

Position/Title:

Name of Professor/ Principal Investigator (if applicable):

Mailing Address:

Telephone Number:

Fax Number:

E-mail Address:

### Section Two: Request on Behalf of Another Party (if applicable)

First Name:

Last Name:

Organization/Affiliation:

Department:

Position/Title:

Mailing Address:

Telephone Number:

Fax Number:

E-mail Address:

### Section Three: Project Details and Data Request

Title of project and intended use of data:

Provide a brief statement of the purpose or objective of the project for which the data is being requested (where applicable, please attach project outline or research protocol with this form):

List the data you are requesting with a rationale for each request (consult the data guide for a list of available variables):

Please indicate years you wish the data to cover:

Other Comments:

### Section Four: Agreement

I certify that the information submitted is accurate and the data requested will be used for the purpose stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date