

Request



for CNO Mailing Labels



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Home and business mailing addresses of members of the College of Nurses of Ontario's (CNO) will only be provided where a member has given consent for release to third parties for the purpose of:

- Research in nursing or nursing related issues;
- Information on continuing education opportunities; or
- Information from nursing organizations, e.g., unions, professional associations, etc.

Guidelines and Instructions:

1. Please complete all applicable sections. (Please print.)
2. Where applicable, the following documents must be received by CNO along with the completed form:
 - Project outline or research protocol;
 - Sample copy of the information being sent to CNO members, e.g., questionnaires, cover letter, etc.
 - Approval from the pertinent Ethics Review Board; and
 - Privacy and security policies associated with the project. Declaration that the confidentiality of the members will be protected, data compiled will not be released for commercial or other purposes, and that the release of such information does not reflect implicit or explicit endorsement or support of CNO.
3. Return the "Request for CNO Mailing Labels" form, along with accompanying documentations by mail or fax to:
College of Nurses of Ontario
Information Management
101 Davenport Road
Toronto, ON M5R 3P1
Fax: 416 928-6507
4. 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 at 416 928-0900 ext. 6998 or send an email to stats@cnomail.org.
5. Requests for data may be denied if:
 - CNO deems the request inappropriate;
 - Not all required documents are received;
 - The form is incomplete; or
 - The request is made under false pretences.
6. Once the request is assessed and approved by CNO, an agreement form will be sent to you. Please sign the form confirming the requested data, estimated time for completion and approximate cost.
7. The fee structure is as follows:
 - For Profit Organization:
 - \$5000 intellectual property charge
 - \$300 flat rate
 - \$200 per hour in excess of two hours
 - Not-For Profit Organization:
 - \$300 flat rate
 - \$100 per hour in excess of two hours
 - Students in Post-Graduate Program Conducting Research in Nursing:
 - \$300 flat rate

Standard courier charges: \$10 within Ontario; \$25 outside Ontario. (When charges exceed the listed amounts, the actual charge will apply.)

Five percent GST will be added to the total amount.

Section One: Requestor Information

Last Name

First Name

Organization/Affiliation

Department

Position/Title

Name of Professor/Principal Investigator (if applicable)

Mailing Address

Mailing Address

Telephone Number

Fax Number

E-mail Address

Section Two: Request on Behalf of Another Party

Last Name

Mailing Address

First Name

Organization/Affiliation

Telephone Number

Department

Fax Number

Position/Title

E-mail Address

Section Three: Mailing List Request

1. Provide information on the criteria you require, including sample size.

2. Please provide me with the following mailing labels: Home Business

Section Four: Project Details

1. Title of project: _____

2. Provide a brief statement of the purpose or objective of the project (please attach project outline or research protocol, and sample copy of the information being sent to members. e.g. questionnaires, etc. with this form):

3. Describe the benefits to be derived from the project: _____

4. If the purpose of the project involves the completion of a survey, describe the methodology used to design the survey and to analyze its results.

5. How do you plan to publish or disseminate your project? What is the expected date?

6. Does this project require an ethics review and approval? Yes No

- a. If yes, please attach a copy of the approval for this project.
- b. If no, please explain why an ethics review is not necessary.

7. What measures are in place to protect the confidentiality of CNO's mailing list (where applicable, please provide privacy and security policies with this form)?

8. Is this project funded by an outside body? Yes No

a. If yes, provide information on the funding source.

Section Five: Agreement

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

Signature

Date