

Request



for Home & Email Addresses



Guidelines and Instructions

1. Please complete all applicable sections.
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 (e.g. questionnaires, cover letter, email template, surveys)
 - Approval from relevant Ethics Review Board
 - Privacy and security policies associated with the project
3. Return the form by e-mail to stats@cnomail.org.
4. CNO will acknowledge your request after receiving it. If you do not receive an acknowledgement within five business days, please contact us by e-mail at stats@cnomail.org
5. Please review the Privacy Code at www.cno.org/privacy to understand how your personal information will be used.
6. Requests for home & emailing address lists may be denied if:
 - CNO deems the request inappropriate
 - CNO is not able to provide the requested information
 - CNO does not receive all required documentation
 - The form is incomplete and/or
 - The request is made under false pretenses.
7. Once the request has been assessed and approved by CNO an agreement form will be e-mailed to you. Sign the form to confirm the request specifications, estimated time for completion and approximate cost.
8. The fee structure is as follows:
 - For-Profit Organization:**
 - \$300 per hour (less than two hours)
 - \$200 per hour in excess of two hours
 - Not-For-Profit Organization:**
 - \$300 flat rate (less than 2 hours)
 - \$100 per hour in excess of two hours
 - Students Conducting Research in Nursing:**
 - \$300 flat rate

(If charges exceed the listed amounts, the actual charge will apply.)
Note: All fees are subject to HST (13%).

Section One: Requester Information

First Name:

Last Name:

Organization/Affiliation:

Department:

Position/Title:

Name of Professor/Principal Investigator (if applicable):

Mailing Address:

Telephone 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:

E-mail Address:

Section Three: Home & Email Address List Requirements

1. Select the criteria for your list. CNO does not release any data apart from the name and home/email address for members who have consented to such release. Check all that apply:

a) Type of Nurse(s)	b) Nursing Employer (cont'd)	c) Position in Nursing (cont'd)	e) Area of Practice (cont'd)
RN	Public Health Unit/	Policy Analyst	Sales
RN – Non-Practising*	Department	Public Health Nurse	Surgery
RPN	Remote Nursing Station	Researcher	Telehealth Services
RPN – Non-Practising*	Other Community	Sales/Marketing	Other
NP		Representative	
	<u>LONG-TERM CARE</u>	Senior Manager	f) Nurse language communication preference***
b) Nursing Employer	Long-Term Care Facility	Staff Nurse	English
<u>HOSPITAL</u>	Retirement Home	Visiting Nurse	French
Acute Care Hospital	Other Long-Term Care Facility	Volunteer	
Addiction & Mental Health Centre/		Other	
Psychiatric Hospital	<u>OTHER</u>	d) Area of Practice	g) Employment Status
Complex Continuing Care	Colleges/Universities	Acute Care	Employed in nursing only
Rehabilitation Hospital	Correctional Facility	Administration	Employed in non-nursing only
Other Hospital	Government/ Association/Regulatory Body/Union	Cancer Care	Employed in both nursing and non-nursing
<u>COMMUNITY</u>	Health-Related Business/ Industry	Cardiac Care	Not Employed
Blood Transfusion Centre	Industry (Not Health-Related)	Case Management	
Cancer Centre	Schools	Chronic Disease Prevention/Management	h) Employment Location
Children Treatment Centre (CTC)	Spa	Complex Continuing Care	In Ontario
Client's Environment	Telephone Health	Critical Care	In and outside Ontario
Community Health Centre (CHC)	Advisory Services	Diabetes Care	Outside Ontario
Community Mental Health Program	Other	Education	
Diabetes Education Centre (DEC)	c) Position in Nursing	Emergency	
Family Health Team (FHT)	Advanced Practice Nurse - CNS	Foot Care	
Hospice	Advanced Practice Nurse - Other	Geriatrics	
Home and Community Care Support Services**	Case Manager	Infection Prevention/Control	
Nurse Practitioner Led Clinic	Clinical Educator Consultant	Informatics	
Nursing/Staffing Agency	Educator/Faculty	Maternal/Newborn	
	Infection Control Nurse	Medicine	
Physician's Office/Family Practice Unit	Informatics Analyst	Mental Health/Psychiatric/Addiction	
	Middle Manager	Nephrology	
	Nurse Practitioner (NP)	Occupational Health	
	Occupational Health Nurse	Palliative Care	
	Office Nurse	Perioperative Care	
	Outpost Nurse	Policy	
		Primary Care	
		Public Health	
		Rehabilitation	

* Nurses in the Non-Practising Class are not permitted to practise nursing in Ontario. For more details about the Non-Practising Class, visit [CNO.org](https://www.cno.org).

** Previously Local Health Integration Network (LHIN)

*** The language in which the nurse prefers to receive communications.

2. Describe any additional criteria (i.e., age group(s), employment relationship status (full-time, part-time, casual), internationally-educated nurses, etc.).

Section Four: Project Details

1. Title of project:

2. Briefly state the purpose of the project. Attach the project outline or research protocol, and sample copy of any information being sent to registrants (e.g. questionnaires):

3. What is your targeted sample size? Please note, for email address requests entire member lists will not be provided.

4. Describe the benefits to be derived from the completion of this project:

5. If the project involves a survey, describe the methodology used to design the survey and analyze the results:

6. How do you plan to share the results of your project? What is the expected completion date?

7. Does this project require an ethics review and approval?

- Yes → Please attach a copy of the ethics approval with this form.
- No → Please explain why an ethics review is not necessary.

8. What measures are in place to protect the confidentiality of CNO's Home & Email Address List? (Where applicable, attach privacy and security policies with this form.)

9. Is this project funded by an outside body?

- Yes → Please provide information about the funding source in the box below.
- No