Request
for CNO Data

Before completing this form, review CNO's Registration Totals at a Glance and Statistical Reports to determine if the data is already available.

Guidelines and Instructions

1. Please complete all applicable sections.

2. Return the form by e-mail to stats@cnomail.org.

3. CNO will acknowledge your request after receiving it. If you do not receive an acknowledgment within five business days, please contact us by e-mail at stats@cnomail.org.

4. Please review the Privacy Code at www.cno.org/privacy to understand how your personal information will be used.

5. Requests for data may be denied if:

   a. CNO deems the request inappropriate
   b. CNO is not able to provide the requested information
   c. CNO does not receive all required documentation
   d. The form is incomplete and/or
   e. The request is made under false pretenses.

6. Once the request has been assessed and approved by CNO, an agreement form will be e-mailed to you. Sign and return the form to confirm the request specifications, estimated time for completion and approximate cost.

6. The fee structure is as follows:

   For-Profit Organization:
   - $500 flat rate (less than 2 hours)
   - $200 per hour in excess of two hours

   Not-For-Profit Organization:
   - $200 flat rate (less than 2 hours)
   - $100 per hour in excess of two hours

   Students Conducting Research in Nursing:
   - $200 flat rate

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

7. Please review the Privacy Code at www.cno.org/privacy to understand how your personal information will be used.

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: Project Details and Data Request

1. Title of project and intended use of data:

2. Provide a brief statement of the purpose or objective of the project for which the data is being requested (where applicable, attach a project outline, a research protocol or approval from a relevant ethics review board with this form):

3. List the data you are requesting, including the years you wish the data to cover:

4. Do you intend to share this data with other external parties? If so, with who do you intend to share this data with?

5. Is this project funded by an outside body?

                  Yes →   Please provide information about the funding source in the box below.

                  No