Request

for Home & Email Addresses

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

THE STANDARD OF CARE.

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 the form to confirm the request specifications, estimated time for completion and approximate cost.

8. The fee structure is as follows:
   For-Profit Organization:
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   - $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)

RN
RN – Non-Practising*
RPN
RPN – Non-Practising*
NP

b) Nursing Employer

HOSPITAL
Acute Care Hospital
Addiction & Mental Health Centre/Psychiatric Hospital
Complex Continuing Care
Rehabilitation Hospital
Other Hospital

COMMUNITY
Blood Transfusion Centre
Cancer Centre
Children Treatment Centre (CTC)
Client's Environment
Community Health Centre (CHC)
Community Mental Health Program
Diabetes Education Centre (DEC)
Family Health Team (FHT)
Hospice
Home and Community Care Support Services**
Nurse Practitioner Led Clinic
Nursing/Staffing Agency

Physician's Office/Family Practice Unit

b) Nursing Employer (cont'd)

Public Health Unit/Department
Remote Nursing Station
Other Community

LONG-TERM CARE
Long-Term Care Facility
Retirement Home
Other Long-Term Care Facility

OTHER
Colleges/Universities
Correctional Facility
Government/Association/Regulatory Body/Union
Health-Related Business/Industry
Industry (Not Health-Related)
Schools
Spa
Telephone Health Advisory Services
Other

c) Position in Nursing

Advanced Practice Nurse - CNS
Advanced Practice Nurse - Other
Case Manager
Clinical Educator Consultant
Educator/Faculty
Infection Control Nurse
Informatics Analyst
Middle Manager
Nurse Practitioner (NP)
Occupational Health Nurse
Office Nurse
Outpost Nurse

c) Position in Nursing (cont'd)

Policy Analyst
Public Health Nurse
Researcher
Sales/Marketing Representative
Senior Manager
Staff Nurse
Visiting Nurse
Volunteer
Other

d) Area of Practice

Acute Care
Administration
Cancer Care
Cardiac Care
Case Management
Chronic Disease Prevention/Management
Complex Continuing Care
Critical Care
Diabetes Care
Education
Emergency
Foot Care
Geriatrics
Infection Prevention/Control
Informatics
Maternal/Newborn
Medicine
Mental Health/Psychiatric/Addiction
Nephrology
Occupational Health
Palliative Care
Perioperative Care
Policy
Primary Care
Public Health
Rehabilitation

e) Area of Practice (cont'd)

Sales
Surgery
Telehealth Services
Other

f) Nurse language communication preference***

English
French

g) Employment Status

Employed in nursing only
Employed in non-nursing only
Employed in both nursing and non-nursing
Not Employed

h) Employment Location

In Ontario
In and outside Ontario
Outside Ontario

* 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.
** 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