R e q u e s t
for NANB Registration Data

NANB
AIINB

Before completing this form, review NANB's **Registration Data webpage** and **Annual 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 data@nanb.nb.ca.

3. NANB 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 data@nanb.nb.ca.

4. Once the request has been assessed and approved by NANB, 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.

The fee structure is as follows:
- $125 + HST (Flat rate for any request)
- Employee time for data extraction beyond one hour is an additional $100 per hour + HST.

(If charges exceed the listed amounts, the actual charge will apply.)
Note: All fees are subject to HST (15%).

Requests for data may be denied if:
a .NANB deems the request inappropriate
b. NANB is not able to provide the requested information
c. NANB does not receive all required documentation
d. The form is incomplete
e. The request is made under false pretenses.
f. The request for data falls outside the scope of NANB's mandate, which is to protect the public interest by regulating the nursing professions bY setting criteria for admission to the profession, setting standards for safe, competent, and ethical practice, and intervening when nurses fail to meet standards. and/or
g. The request is deemed too burdensome, or would divert NANB resources away from our core responsibilities

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?