

# Nurse Renewal Check Service Agreement and Site Contact Form

College of Nurses of Ontario  
101 Davenport Rd., Toronto, ON M5R 3P1  
www.cno.org

Telephone: 416 928-0900  
Toll-free (Canada): 1 800 387-5526



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

THE STANDARD OF CARE.

## Part 1: Service Agreement

\_\_\_\_\_ requests to participate in the Nurse Renewal Check service.  
(Name of Organization)

This service involves the confidential exchange of specific membership data between the organization mentioned above and the College of Nurses of Ontario (CNO) to monitor the renewal status of members.

We understand and agree with the following terms and conditions:

1. The responsibility to populate the data spreadsheet, consistent with the data template CNO supplied, belongs to the participating site.
2. The quality of data entry at the site level impacts on the quality and accuracy of the reports generated by CNO.
3. All data will be electronic and will be exchanged via disc or e-mail between the participating site and CNO. All courier costs associated with disc exchange will be the responsibility of the participating site.
4. Verification reports are a "snapshot in time" and do not reflect the registration activity that may have occurred immediately following each data run.
5. It is the responsibility of each participating site to understand their obligations as when employing nurses with a Temporary Registration and monitor the expiry date.
6. You can run this service at any time as required.
7. Only standardized reports will be made available.
8. Sites are requested to contact a CNO Customer Service Coordinator at 1 800 387-5526 ext. 7653 (416 928-0900 in Toronto) for any dispute between an e-mail report and a member's understanding of their renewal status.
9. The information provided in Nurse Renewal Check status reports is for the exclusive use of the participating site and is not for distribution or communication beyond the site.

Date \_\_\_\_\_ Name \_\_\_\_\_

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## Part 2: Site Contact information

### Primary contact information Nursing Facility

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Telephone number (primary)

\_\_\_\_\_  
First name

\_\_\_\_\_  
E-mail address (primary)

\_\_\_\_\_  
Facility address

\_\_\_\_\_  
Apt/unit#                      City

\_\_\_\_\_  
Province                      Postal Code

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### Secondary contact information HR/Info Systems

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Telephone number (primary)

\_\_\_\_\_  
First name

\_\_\_\_\_  
E-mail address (primary)

\_\_\_\_\_  
Facility address

\_\_\_\_\_  
Apt/unit#                      City

\_\_\_\_\_  
Province                      Postal Code