



# Request for Information Release

Please respond **fully** and send completed form to [to datashare@cpso.on.ca](mailto:datashare@cpso.on.ca)

## 1. Requester Information

Date Submitted: \_\_\_\_\_

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

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

### Type of Organization

For more information on our data definitions please refer to our [FAQS](#)

- Health-care Provider       Government Agency       LHIN       Media
- Municipality       University       Research Institution       Hospital

Other > Please specify \_\_\_\_\_

## 2. Defining Your Request

Email addresses and LHIN information are not available for data requests

a) What information regarding active physicians do you want us to provide? Check all that apply:

- CPSO #       Telephone Number       Graduation Year
- Name       Fax Number       Hospital Privileges
- Gender       Primary Practice Address       Specialty
- Municipality       Secondary Practice Address(s)       Language of Practice
- Postal Code       Medical School

Other > Please specify \_\_\_\_\_

b) Do you require \*aggregate data:      Yes      No

\*Information that is provided by the College in summary form such as for examining trends and making comparisons. Examples include: total # of specialists or methadone prescribers in a geographic area, or percentage of physicians over a certain age.)

c) Do you want the above data filtered in any way:      Yes      No

Examples of filtering include: only showing members of a specific specialty, physicians located by postal code, or physicians by type of registration status/class

If yes, please specify \_\_\_\_\_

d) How frequently do you need the data?

- One-time      Annually      Quarterly

### 3. Purpose of Request

The College requires this information to evaluate the intended use of the data you are requesting. In determining whether your request will be approved, there must be a compelling fit between your request and College duties or objects, which determination will be made solely by the College, in its sole discretion ([see link for more information](#)). The College is not obligated to approve any request. The College will not approve requests that are for commercial purposes.

Please indicate the reason for your request:

<p><b>Why are you requesting this data, and what objectives are you trying to meet by using this information?</b></p>
<p><b>How will the information be used? (Please be as specific as possible).</b></p>
<p><b>Who will benefit from this information?</b></p>
<p><b>Who will have access to this data? Is it for public or private usage?</b></p>
<p><b>Are you using the data for research? If so, include information on <i>ethics approval</i>.</b></p>

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### 4. Declarations

- I understand and am aware that *if* my request is approved, I or my organization may be subject to a cost recovery fee (minimum of \$250.00) **prior** to the release of information.
  
- I understand and am aware that if my request is approved, provision of the information will be subject to the signing of a Data Sharing Agreement (DSA), which prohibits the information from being used for purposes other than the approved purpose and may require the information to be kept confidential and will contain other terms and conditions.

Please respond **fully** to avoid processing delays, and send completed form to [datashare@cpsa.on.ca](mailto:datashare@cpsa.on.ca)

References: [FAQs](#); [Privacy Code](#)