The American Association of Nurse Anesthetists makes lists available of member’s names and addresses to researchers interested in mailing research surveys to AANA members. Membership mailing list rental is available only for AANA-approved research surveys. The purpose of the survey and draft survey instrument **MUST BE** submitted with your order. AANA reserves the right to refuse fulfillment of any mailing list rental order.

**REQUIRED DOCUMENTS**

To qualify the mailing list rental, the following documents must be submitted with your order for approval:

1) Completed Research Mail Label Order form

2) Copy of official notice of your approved IRB

3) Documentation of Research Methodology to include: purpose, hypothesis, methods, anticipated analysis plan and plan for dissemination of the results

4) Copy of the survey instrument

5) Copy of the cover letter that will be sent to the survey recipients

6) If you are an AANA member, provide your membership number on the application.

7) If you are a student or an employee/associate of a big research project, we require an endorsement letter or e-mail from the research advisor/dean/director of the college/company that indicates the instrument and study have been reviewed and approved by your director.

**PLEASE NOTE**

- PHONE ORDERS ARE NOT ACCEPTED.
- UP TO 20 BUSINESS DAYS AFTER RECEIPT OF AGREEMENT IS NECESSARY TO COMPLETE AND SHIP ALL REGULAR ORDERS.
- UP TO 7 BUSINESS DAYS AFTER RECEIPT OF AGREEMENT IS NECESSARY TO COMPLETE AND SHIP ALL RUSHED ORDERS.
- PAYMENT MUST BE RECEIVED PRIOR TO SHIPMENT OF YOUR ORDER.
AVAILABLE INFORMATION
To ensure you complete the order form correctly, it is important to understand the type of media and information available. This chart explains how to fill out each category on the first page of the order form.

<table>
<thead>
<tr>
<th>(1) Type of Media</th>
<th>(2) Sequence of List</th>
</tr>
</thead>
<tbody>
<tr>
<td>The names can be generated using pressure-sensitive labels, which are peel-stick.</td>
<td>The names can be generated in either sequence below:</td>
</tr>
<tr>
<td></td>
<td>- Zip Code order</td>
</tr>
<tr>
<td></td>
<td>- Alpha order based on last name</td>
</tr>
<tr>
<td></td>
<td><strong>Phone numbers/Email addresses are NOT available for rental</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(3) Member Types</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certified:</strong></td>
<td>There are approximately 5,200 members in this category.</td>
</tr>
<tr>
<td></td>
<td>* Passed exam within 2 years – practicing – voting member</td>
</tr>
<tr>
<td><strong>Recertified:</strong></td>
<td>There are approximately 31,600 members in this category.</td>
</tr>
<tr>
<td></td>
<td>* Passed exam over 2 years ago – practicing – voting member</td>
</tr>
<tr>
<td><strong>Non-recertified:</strong></td>
<td>There are approximately 40 members in this category.</td>
</tr>
<tr>
<td></td>
<td>* Practicing but working at obtaining CE (Continuing Education) credits – voting member</td>
</tr>
<tr>
<td><strong>Life:</strong></td>
<td>There are approximately 540 members in this category.</td>
</tr>
<tr>
<td></td>
<td>* Life members typically are not practicing – voting member</td>
</tr>
<tr>
<td><strong>Student:</strong></td>
<td>There are approximately 5,900 student members.</td>
</tr>
<tr>
<td></td>
<td>* Currently enrolled in a Nurse Anesthesia Program</td>
</tr>
<tr>
<td><strong>Graduate:</strong></td>
<td>There are approximately 50 graduate members.</td>
</tr>
<tr>
<td></td>
<td>* Graduate – has not passed exam yet</td>
</tr>
<tr>
<td><strong>Inactive:</strong></td>
<td>There are approximately 1,300 inactive members.</td>
</tr>
<tr>
<td></td>
<td>* Not practicing</td>
</tr>
</tbody>
</table>

**Selection Criteria:**
Members of the AANA are automatically members in their state of residence or the state they work, if different. Your order may be based on a state of membership (where they work) or the state of residence (where they live). Please do not leave this section blank. If you do so, state of residence criteria will automatically be generated for your order.

**State/Zip Code Selection:** The selection of members can be based on specified states (faster generating time) or zip codes. Zip codes must be listed in numerical order.

**Random Selection Method:**
Your sample will be selected by a random selection mechanism through a computer. The selection algorithm is based on a uniform distribution. That is, there is an equal probability for each one in the targeted pool to be selected. The targeted sample pool will be defined by you in the order form.
American Association of Nurse Anesthetists
Membership Mailing List Rental Instructions
Research Purposes Only

Version 2-1-17

FEE SCHEDULE

The following fee schedule established by the AANA Board of Trustees determines the charges for your lists and services:

<table>
<thead>
<tr>
<th>One Time Use</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up fee</td>
<td>$50.00</td>
</tr>
<tr>
<td>Number of label addresses</td>
<td>$0.25 Each</td>
</tr>
<tr>
<td>Duplicate set of label addresses*</td>
<td>$0.15 Each</td>
</tr>
<tr>
<td>Customization of label request (i.e., demographic characteristics, credentials, specific zip codes)</td>
<td>$0.05 Each</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Charges</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy Peel® labels (Material fee)</td>
<td>$10.00 per 500 addresses</td>
</tr>
<tr>
<td>Federal Express/UPS**</td>
<td>$30.00 unless acct # is provided</td>
</tr>
<tr>
<td>Rush charge***</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

*Second usage of mailing list file must be indicated at time of original order.

**Your order will be sent by FedEx or UPS standard overnight delivery for a $30.00 shipping fee. Buyer must supply his/her Federal Express or UPS account number to waive this fee.

External Entity Fees: If you are NOT an AANA member, please contact Dr. Lorraine Jordan, Sr. Director of AANA Research, at ljordan@aana.com for the fees for the service.

RUSH ORDERS***

A $50.00 CHARGE WILL BE APPLIED TO ORDERS REQUESTING RUSH SERVICE. RUSH ORDERS WILL BE PROCESSED AND SHIPPED WITHIN 7 BUSINESS DAYS. SHIPMENT OF RUSH ORDERS IS REQUIRED TO BE SHIPPED BY FEDERAL EXPRESS OR UPS.
Research Survey Help Desk

If you have any questions regarding the survey application, please contact:

Bonnie Lowth
AANA research survey helpdesk
(847) 655-1171 or researchsurvey@aana.com

Application Submission

Submit ALL the required materials along with your payment to:

Bonnie Lowth
Research Division
American Association of Nurse Anesthetists
222 S. Prospect Ave., Park Ridge, IL 60068-4001

Or

Submit all required materials in one e-mail to researchsurvey@aana.com, and fax your payment information to the AANA’s secure fax at: 847-692-6968 (Attn: Bonnie Lowth)

You will be notified by e-mail once your survey has been approved.
ORDER FORM
For Research Purposes Only

Page 1 / 5

Name: __________________________________________

Title and Affiliated Institute/Company: ______________________________________________

Address: ________________________________________________________________________

City: _______________________________________State: _____ Zip: ____________________

Day Phone Number with Area Code (______)_____________ Email Address: _____________________

Are you an AANA member?  ______       Your AANA Membership Number: __________________

Customer Type: (Please check only one.)

 _____ AANA Member       _____ Corporation       _____ External Entity

Shipping Name & Address (No P.O. boxes. Please include phone # for delivery):

Name: __________________________________________________________________________

Address: ________________________________________________________________________

City: _______________________________________State: _____ Zip: ____________________

Phone: __________________________________________________________________________

We will ship your order via UPS or FedEx. If you wish to waive the shipping fee, please provide your UPS or FedEx account number:

FedEx: __________________________________________________________________________

UPS: __________________________________________________________________________
**ORDER FORM**
For Research Purposes Only

**FEE CALCULATION**
(see outlined charges above)

<table>
<thead>
<tr>
<th></th>
<th>Fee</th>
<th>Quantity</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up fee</td>
<td>$50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of addresses</td>
<td>$0.25</td>
<td>Each</td>
<td></td>
</tr>
<tr>
<td>Duplicate set of addresses</td>
<td>$0.15</td>
<td>Each</td>
<td></td>
</tr>
<tr>
<td>Indicate ___ # of sets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customization of label request (i.e., demographic characteristics, specific zip codes, etc.)</td>
<td>$0.05</td>
<td>Each</td>
<td></td>
</tr>
<tr>
<td>Easy Peel® labels (Material fee)</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rush charge</td>
<td>$50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External entity fee</td>
<td>To be determined.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*AANA reserves the right to confirm the fee calculations.

**Payment Information:**

Credit Card Type: _________________________________________________________________

Name on Card: __________________________________________________________________

Billing Address (if different from the shipping address):
________________________________________________________________________________

Number: ___________________________    Exp: _______    Sec Code: ______

Signature: _____________________________________________________________________
Selection Criteria for the Labels

1. How many labels would you like? ________________
   If you want a duplicate set, input here for how many sets: ______

2. Sequence of List for the Labels: (choose only one)
   _____ Zip Code   _____ Alphabetical By Last Name   _____ N/A

3. Desired Member Types for the Labels: (Select all that apply)
   _____ Certified   (Passed exam within past 2 years – practicing – voting member)
   _____ Recertified   (Passed exam over 2 years ago – practicing – voting member)
   _____ Non-Recertified   (Practicing but working at obtaining CEs – voting member)
   _____ Student   (Currently enrolled in a nurse anesthesia program)
   _____ Graduate Associate   (Graduate – has not passed exam yet)
   _____ Life   (Life Members typically are not practicing – voting member)
   _____ Inactive   (Not practicing)

NOTE: Choosing any of the following items may dramatically decrease the email addresses that we can provide. Because these items are not required to be answered on the membership profile, we can only provide those names who have given this information to us. We recommend that you refrain from narrowing down your list whenever possible.

4. Selection Criteria: (For (a) and (b), choose only one option within each.)
   a. _____ State of Residence (Live) or ______ State of Membership (Work)
   b. _____ All States or _____ Specific State(s): ______________________________________________
      ______________________________________________
      ______________________________________________
   c. _____ Female Only   _____ Male Only
   d. _____ Primary Employment Arrangement/Source of Income (the employment arrangement that provides the greatest portion of income): (Select all that apply)
      __Employee of hospital
      __Employee of office/clinic
      __Employee of freestanding surgical center
      __Employee of surgicenter in other institution
      __Employee of college/university
      __Employee of joint CRNA/physician group
      __Employee of CRNA-only group
      __Employee of physician-only group
      __Army
      __Navy
      __Air Force
American Association of Nurse Anesthetists
Membership Mailing List Rental

1. Veterans Administration
2. U.S. Public Health Service
3. Owner/partner of CRNA-only group
4. Owner/partner of joint CRNA/physician group
5. Owner/partner of locum tenens agency
6. Independent contractor for locum tenens agency
7. Independent contractor for joint CRNA/physician group
8. Independent contractor for physician-only group
9. Independent contractor for CRNA-only group
10. Independent contractor for hospital
11. Independent contractor for surgicenter
12. Independent contractor for various arrangements
13. Independent contractor for office/clinic
14. Independent contractor for various arrangements
15. Independent contractor for hospital
16. Independent contractor for various arrangements
17. Independent contractor for hospital
18. Independent contractor for various arrangements
19. Independent contractor for hospital
20. Independent contractor for various arrangements

Other employment arrangement/source of income

5. Other Describe Variable(s): (Customization of Label Fee Will Apply)
Input your selection instructions below: (e.g., specific zip codes, ages, graduation years, etc.)
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

1 The sample will be randomly selected from the pool of your selection criteria. Members that opted out of mass communication will not be included.
2 Due to demand, AANA cannot guarantee that we will be able to meet your list preferences. Whenever possible, please provide a broad list selection upon application.
3 Work addresses are limited. If you choose that option, AANA cannot guarantee a sufficient quantity, and will complete the order with home contact information.
ORDER FORM  
For Research Purposes Only

<table>
<thead>
<tr>
<th>Purpose of Labels :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Title (Grant # / Source, if applicable):</td>
</tr>
<tr>
<td>Primary Investigator(s):</td>
</tr>
<tr>
<td>Method for Your Survey Delivery:</td>
</tr>
<tr>
<td>Expected Survey Period (i.e., your survey deployment and end dates)</td>
</tr>
</tbody>
</table>

**Order Requirements:**
The mailing labels can only be used for mailing a hardcopy survey, OR to send an invitation letter using the U.S Mail to recruit a member to an electronic survey site*. You must **NOT disclose, transfer, or retain** any portion of the addresses and the use of the survey data information to identify any individual who participated in the survey.

*If you direct a member to an electronic survey site through this mailing label method, you must comply with the following:

1. Your electronic survey instrument and survey invitation letter(s) must be approved by AANA first. AANA reserves the right to **affirm** that the approved instrument, and the survey is closed according to the approved schedule.
2. You agree that the e-mail address of the respondent cannot be retrieved **using any method** (e.g. through a letter or website, survey platform, etc.)
3. You **cannot use the mailing labels to collect AANA member email addresses, and then send your electronic survey through the email addresses.**
4. Your electronic survey link must be printed on a hardcopy format such as a letter or postcard, and then mailed to the recipients using the labels ordered.
5. You must provide **documentation** to AANA indicating that your electronic survey platform has **no ability to retrieve e-mail addresses or any identified information** (such as telephone number, IP addresses, etc.) from the respondents.
6. If you would like the AANA to prepare, send and collect data from an electronic survey, which typically will produce a better response rate, do not use this form. Please refer to the AANA electronic survey application form at: [http://www.aana.com/resources2/research/Pages/Survey-Requests.aspx](http://www.aana.com/resources2/research/Pages/Survey-Requests.aspx)

***AANA reserves the right to refuse fulfillment of any mailing list order if the AANA does not approve the purposes or context of the research.***

Name:____________________________Signature:________________________________________

Date:______________________________Please sign the Agreement based on the requirements above
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS
MAILING SURVEY AGREEMENT

1) In placing this order for membership information from the American Association of Nurse Anesthetists, I hereby agree that the list I receive will be used for the purpose listed on this order form. I agree that the list I receive will be solely for this purpose and will not be shared with any other individual, party or company. Finally, I agree not to duplicate the information on the labels and will use the information only once for a single mailing of the materials included in this order. I will not use the information for telemarketing or phone contact of any individual on this list.

2) I have read the instruction of the order document and will comply with all the requirements for the order.

3) I will not use, disclose, transfer, or retain any portion of the addresses and the use of the survey data information to identify any individual who participated in the survey.

4) In placing this order for membership information, I agree that the approval of this order does not imply any endorsement of the research or/and its findings by the AANA. In addition, the survey contents, development and findings are the sole responsibility of the individual conducting the survey.

5) In placing this order for membership information, I agree that a final abstract of the findings and documentation of the results will be submitted to AANA at researchsurvey@aana.com within one month at the completion of the study.

6) AANA reserves the right to affirm that the approved instrument and survey is closed according to the approved schedule.

7) AANA may share the submitted report and findings. The researcher will receive full credit for their work.

Name: __________________________________________________________

Signature: ________________________________________________________ Date _____________________

For Staff Only

Research Director Approval: ____________________________ Date ____________ Initials ____________

Survey Processed: ____________ By ____________ Date ____________ Initials ____________