Request to Disseminate Survey/Information by Individual or Organization

Name or person requesting survey distribution:

Contact person/organization Email:  
Telephone #:

Title of study/project/information:

Name of person’s affiliated organization:

Date of request:

Is the organization a non-profit?

What is the organization’s mission?

Is the organization’s mission aligned with MSNO’s mission?

Is the person requesting for graduate (nursing) studies?

Has the study/project been approved by organization’s IRB?

IRB approval # and organizations:

Is the person requesting to promote their own organization’s programs and services?

Has the person or organization supported school nursing in Massachusetts?

Is the person requesting survey/info distribution an MSNO member (not required)?

How would disseminating survey/information benefit MSNO members?

Will requester agree to acknowledge MSNO in publications from study?

Requester is asking for distribution of information via:

- newsletter
- website
- virtual meeting
- on ground meeting
- other:

Form updated 4.26.2020
Sample of brief description of request to be considered for inclusion in MSNO communications (no more than 3-4 sentences, including contact information for person requesting):

To be completed by MSNO Executive Committee Member & shared with Executive Committee

Decision by MSNO Executive Committee to disseminate survey:

Date of decision:

Person posting survey/info via MSNO newsletter:

Person posting survey/info via School Nurse Net:

Person posting survey/info via MSNO website:

Other: