

**American Association of Nurse Anesthesiology
Membership Mailing List Rental Instructions
Research Purposes Only**

Version 8-27-24

The American Association of Nurse Anesthesiology 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 resident or an employee/associate of a big research project, we require an endorsement letter or email 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.

**American Association of Nurse Anesthesiology
Membership Mailing List Rental Instructions
Research Purposes Only**

Version 8-27-24

IMPORTANT:

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.

(1) Type of Media	(2) Sequence of List
The names can be generated using pressure-sensitive labels, which are peel-stick.	The names can be generated in either sequence below: <ul style="list-style-type: none"> • Zip Code order • Alpha order based on last name <p><u>Phone numbers/Email addresses</u> are NOT available for rental</p>

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

(4) 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.

(5) 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 Anesthesiology
Membership Mailing List Rental Instructions
Research Purposes Only**

Version 8-27-24

FEE SCHEDULE

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

One Time Use	Fees
Set-up fee	\$300.00
Number of label addresses	\$0.25 Each
Duplicate set of label addresses*	\$0.15 Each
Customization of label request (i.e., demographic characteristics, credentials, specific zip codes)	\$0.05 Each

Additional Charges	
Easy Peel® labels (Material fee)	\$10.00 per 500 addresses
Federal Express/UPS**	\$30.00 unless acct # is provided
Rush charge***	\$50.00

*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 add \$500.

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 WILL ONLY BE SHIPPED BY FEDERAL EXPRESS OR UPS.

**American Association of Nurse Anesthesiology
Membership Mailing List Rental**

Version 8-27-24

RUSH
(Check here for rush service: \$50 fee)

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: _____

**American Association of Nurse Anesthesiology
Membership Mailing List Rental**

Version 8-27-24

ORDER FORM
For Research Purposes Only
Page 2 / 5

FEE CALCULATION
(see outlined charges above)

	Fee	Quantity	Subtotal
Set-up fee	\$300		
Number of addresses	\$0.25 Each		
Duplicate set of addresses Indicate ___ # of sets	\$0.15 Each		
Customization of label request (i.e., demographic characteristics, specific zip codes, etc.)	\$0.05 Each		
Easy Peel® labels (Material fee)	\$10.00 per 500 addresses		
Federal Express or UPS shipping (standard overnight delivery)	\$30 unless acct # is provided		
Rush charge	\$50		
External entity fee (If NOT an AANA member, please add \$500.)	\$500		
Total*			

*AANA reserves the right to confirm the fee calculations.

PAYMENT

Credit Card (online only)

Instructions for payment online will be emailed to the primary researcher after survey approval and fee confirmation. Approved requests will NOT be filled without RECEIPT OF FULL PAYMENT for the service and a signed survey agreement. Payment will not be processed until the survey has been approved.

NOTE: Electronically submit all required materials in one email to researchsurvey@aana.com. You will be notified by email once your application has been approved. The survey policy and fees will be applied based on the policy and fee schedule that is currently posted online on the day of your submission.

If you have any questions, please contact researchsurvey@aana.com or 847-655-1170, option 2.

**American Association of Nurse Anesthesiology
Membership Mailing List Rental**

Version 8-27-24

ORDER FORM
For Research Purposes Only
Page 3 / 5

Selection Criteria for the Labels¹

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)
_____ Resident	(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 Criteria²: (For (a) and (b), choose only one option within each.)

a. _____ State of Residence (Live) or _____ State of Membership (Work)³

b. _____ All States or _____ Specific State(s): _____

_____ Female Only _____ Male Only

c. _____ 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 Anesthesiology
Membership Mailing List Rental**

Version 8-27-24

- Veterans Administration
- U.S. Public Health Service
- Owner/partner of CRNA-only group
- Owner/partner of joint CRNA/physician group
- Owner/partner of locum tenens agency
- Independent contractor for locum tenens agency
- Independent contractor for joint CRNA/physician group
- Independent contractor for physician-only group
- Independent contractor for CRNA-only group
- Independent contractor for hospital
- Independent contractor for surgicenter
- Independent contractor for various arrangements
- Independent contractor for office/clinic
- Other employment arrangement/source of income

- d. Primary Position Description (51% or greater time in these areas)
 Practice Education Management Research Other
- e. Highest Level of Education
 Diploma/Certificate Baccalaureate Master's Doctorate

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.

**American Association of Nurse Anesthesiology
Membership Mailing List Rental**

Version 8-27-24

ORDER FORM
For Research Purposes Only

Page 4 / 5

Primary Investigator(s)	
Expected Survey Period (i.e., your survey deployment and end dates)	
Research Title (Grant # / Source, if applicable)	
Method for Your Survey Delivery	
Purpose of Labels	

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 email 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 email 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.

***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 Anesthesiology
Membership Mailing List Rental**

Version 8-27-24

Order Form

For Research Purposes Only
Page 5 / 5

MAILING SURVEY AGREEMENT

- 1) In placing this order for membership information from the American Association of Nurse Anesthesiology, 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