

**Diabetes Care Program of Nova Scotia
Application for Access to Data
for
Administrative Planning Purposes**

For DCPNS use only

Date received:

Request #:

Name:
Position:
Organization:
Address:
Telephone:
Fax:
E-mail:

Please complete the following:

1. Describe how the data will be used:
2. Describe the expected audience for the results of the project:
3. Describe the format in which the data is required (paper, electronic), with details about the file format or table format:
4. The use of DCPNS data for the above stated purpose is supported by (check one):
 - Nova Scotia Department of Health
 - District Health Authority # ____ (specify number)

Specify contact name and phone number for Nova Scotia Department of Health or District Health Authority: