

**Fellowship in Compassion and Artificial Intelligence
Letter of Intent – Submission Template**

- Deadline:** 5:00 PM (eastern time) on **Wednesday, April 15, 2020**
- Formatting:** Applicants must **not** change the format of this document in any way other than to bold, underline or italicize words for the purpose of emphasis.
- Submission:** A complete application includes: 1. completed LOI Submission Template (with signatures); 2. an abbreviated curriculum vitae of no more than three (3) pages; 3. Letter of support from the Sponsoring Institution. The complete application must be sent as a single file in PDF format to OSSU@OSSU.ca.
- Note:** Applications that do not follow word limits or formatting instructions will be either truncated or triaged from the competition. Incomplete applications will be triaged from the competition.

Applicant

Name	
Credentials	
Sponsor Institution	
Job title	
Office address	
Telephone	
E-mail	

Supervisor

Name	
Credentials	
Sponsor Institution	
Job title	
Office address	
Telephone	
E-mail	

Mentor (if known)

Name	
Credentials	
Primary Affiliation	
Job title	
Office address	
Telephone	
E-mail	

Career stage – I am a(n):

<input type="checkbox"/>	Early career researcher/scholar working in an academic setting
<input type="checkbox"/>	Mid-career researcher/scholar working in an academic setting
<input type="checkbox"/>	Early or mid-career regulated healthcare professional working in an Ontario health care organization/provincial government, academic setting or a provincial/national health profession organization in Canada

Background of the applicant

Please describe how your previous knowledge and experience is ideally suited to developing expertise and leadership in the impact of digital technologies and artificial intelligence on the delivery of compassionate healthcare. Where possible, include specific references to professional/academic achievements, education, training and/or activities in your abbreviated curriculum vitae that support your description. (200 words maximum)

Description of proposed activities

Please describe the activities/projects you propose to undertake during the term of this award that will improve our understanding of the impact of digital technologies and artificial intelligence on the delivery of compassionate healthcare and how the ensuing benefits and challenges can be leveraged and mitigated respectively. Include a clear description of the deliverables and anticipate outcomes from each activity. (200 words maximum)

Sponsor organization/academic institution

Please describe the accommodations, supports and/or contributions being made by the sponsor organization/academic institution that will help to ensure your success during this fellowship. (200 words maximum)

	What percentage of your time will be dedicated to this fellowship?
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Expectations of the Supervisor and the Mentor

Provide a brief summary of the Supervisor's experience, qualifications, productivity and impact in compassionate care and digital technologies/artificial intelligence. Provide a brief summary of the Mentor's experience, qualifications, productivity and impact in compassionate care and digital technologies/artificial intelligence. Describe the anticipated responsibilities and supporting activities of your Supervisor and your Mentor during this fellowship. (250 words maximum)

Preliminary Budget

Please provide an estimate of the expenses associated with this award. Although not a requirement of this award, please quantify the value of any contributions made by the Sponsoring Institution (eg: release time, project cost, etc).

Budget Item	AMS Funding	Institutional contributions (cash/in-kind)
Salary and Benefits		
Travel		
Communications		
Other: (please specify)		
TOTAL	75,000	

Budget Justification

Signatures

Obtain the necessary signatures. The Mentor may not be known at the time of the LOI, but will be required for the full application stage

The undersigned have read, acknowledge and approve of the statements made in the foregoing application.

APPLICANT		
Name (Print)	Signature	Date
SUPERVISOR		
Name (Print)	Signature	Date
SPONSORING INSTITUTION		
Name (Print)	Job Title	Institution/Organization
Signature	Date	
MENTOR (if known)		
Name (Print)	Signature	Date

