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**AMS Healthcare**

**Fellowships in Compassion and Artificial Intelligence**

**LOI Submission – Signature Page**

|  |  |
| --- | --- |
| **Project title** |  |

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
|  |
| **Career****Stage** |  | Early career researcher/scholar working in an academic setting. |
|  | Mid-career researcher/scholar working in an academic setting. |
|  | 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. |
|  |
| **Stream** |  | I wish my project to be considered for the technology and compassionate care stream. |
|  |  | I wish my project to be considered for the technology, wellbeing and mental health during COVID, and compassionate care stream. |
|  |
| **Time** |  | Percentage of your time will be dedicated to this fellowship. |
|  |
| **Signature** |  | **Date** |  |

**Host Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Signature** |  | **Date** |  |

**Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Signature** |  | **Date** |  |

**Mentor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Signature** |  | **Date** |  |

**Others**

|  |  |
| --- | --- |
| **Role**  |  |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **Role**  |  |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Signature** |  | **Date** |  |

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| --- | --- |
| **Role**  |  |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Signature** |  | **Date** |  |



