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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 additional focus of “wellbeing and mental health of healthcare providers, patients and caregivers to address the challenges of living and working through the COVID-19 pandemic.” |
|  |
| **Time** |  | Percentage of your time that 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** |  |

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

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



