![Logo, company name

Description automatically generated]()

**AMS Healthcare**

**2023 Postdoctoral Fellowship Award – Signature Page**

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

**Applicant Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Credentials** | |  |
| **Job title** |  | | **Host Institution** | |  |
| **City** |  | | **Province** | |  |
| **Email** |  | | **Phone** | |  |
|  | | | | | |
|  |  | I am a Canadian citizen or permanent resident. | | | |
|  |  | I will commit at least 75% of my time to the research fellowship role proposed in this application. | | | |
|  | I have completed or expect to complete all PhD requirements by the end of December. | | | |
|  |  | I have completed all requirements for the PhD within three (3) years prior to the Submission Deadline of this award. | | | |
|  | | | | | |
| **Signature** |  | | | **Date** |  |

**Host Institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Credentials** | |  |
| **Job title** |  | **Host Institution** | |  |
| **City** |  | **Province** | |  |
| **Email** |  | **Phone** | |  |
| **Signature** |  | | **Date** |  |

*I have the authority to bind the institution.*

**Supervisor**

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

**Other team members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Credentials** | |  |
| **Job title** |  | **Sponsor Institution** | |  |
| **City** |  | **Province** | |  |
| **Email** |  | **Phone** | |  |
| **Project role** |  | | | |
| **Signature** |  | | **Date** |  |

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| --- | --- | --- | --- | --- |
| **Name** |  | **Credentials** | |  |
| **Job title** |  | **Sponsor Institution** | |  |
| **City** |  | **Province** | |  |
| **Email** |  | **Phone** | |  |
| **Project role** |  | | | |
| **Signature** |  | | **Date** |  |

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| --- | --- | --- | --- | --- |
| **Name** |  | **Credentials** | |  |
| **Job title** |  | **Sponsor Institution** | |  |
| **City** |  | **Province** | |  |
| **Email** |  | **Phone** | |  |
| **Project role** |  | | | |
| **Signature** |  | | **Date** |  |