![Logo, company name

Description automatically generated]()

**AMS Healthcare**

**2023 History of Medicine Project Grant – Signature Page**

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

**Principal Investigator Details**

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| **Name** |  | | **Credentials** | |  |
| **Job title** |  | | **Host Institution** | |  |
| **City** |  | | **Province** | |  |
| **Email** |  | | **Phone** | |  |
|  | | | | | |
|  |  | I am a Canadian citizen or permanent resident. | | | |
|  |  | I am employed as a health professional in Canada by a health care organization/ health authority/ provincial/national government. | | | |
|  | I am a researcher with an academic appointment at a Canadian university or affiliated research institution or hold an appointment (with research responsibilities) at an affiliated hospital/research centre/institute. | | | |
|  |  | I am employed by a health professions organization, eg., CMA, CNA, MCC, or a health professions regulatory body located in Canada. | | | |
|  | | | | | |
| **Signature** |  | | | **Date** |  |

**Host Institution**

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

**Project Team Members**

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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** |  |

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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** |  |

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