

**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** |  |
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|  |  | 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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| **Project role** |  |
| **Signature** |  | **Date** |  |

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| **Name** |  | **Credentials** |  |
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| **Project role** |  |
| **Signature** |  | **Date** |  |

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| **Signature** |  | **Date** |  |