****

**AMS Healthcare**

**Leadership in Compassion and Artificial Intelligence Fellowship**

**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. |
|  |
| **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** |  |

**Patient/Caregiver Mentor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Signature** |  | **Date** |  |
| **Justification** for not listing a Patient/ Caregiver Mentor |  |

**Others**

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

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

