



**AMS Healthcare
2024 History of Medicine Project Grant – Signature Page**

Project title

Principal Investigator Details

Name	<input type="text"/>	Credentials	<input type="text"/>
Job title	<input type="text"/>	Host Institution	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

<input type="checkbox"/>	I am a Canadian citizen or permanent resident.
<input type="checkbox"/>	I am employed as a health professional in Canada by a health care organization/ health authority/ provincial/national government.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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

Name	<input type="text"/>	Credentials	<input type="text"/>
Job title	<input type="text"/>	Host Institution	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
Signature	<input style="width: 80%;" type="text"/>	Date	<input style="width: 20%;" type="text"/>

Project Team Members

Name	<input type="text"/>	Credentials	<input type="text"/>
Job title	<input type="text"/>	Sponsor Institution	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
Project role	<input style="width: 100%;" type="text"/>		
Signature	<input style="width: 80%;" type="text"/>	Date	<input style="width: 20%;" type="text"/>

AMS HISTORY OF MEDICINE/HEALTHCARE PROJECT GRANT

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

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

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

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