



FORM A

Nominated Principal Applicant

Applicant Eligibility Declaration: Health System Impact Fellowship
Canadian Institutes of Health Research (CIHR)

SECTION 1: PERSONAL INFORMATION

First Name

Middle Name

Last Name

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SECTION 2: CITIZENSHIP & ACADEMIC INSTITUTION

Citizenship / Residency Status

☐ Canadian Citizen	☐ Permanent Resident	☐ Protected Person (s.95(2) IRPA Canada)	☐ Citizen of Another Country
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[CIHR eligible](#) Academic Institution

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SECTION 3: TRAINEE STATUS

Will you meet CIHR's definition of a [trainee](#) by the award start date?

☐ Yes
☐ No

SECTION 4: STREAM SELECTION

Which stream are you applying under?

☐	Stream A, I am currently enrolled full-time in a doctoral degree at a CIHR-eligible academic institution and have not previously held an HSI doctoral award.
☐	Stream B, I have obtained (or will obtain by the award start date) a doctoral degree (PhD or DrPH) in HSPR or a related field and have not previously held an HSI post-doctoral award.

Stream A (Doctoral) only: Doctoral Studies Enrollment Date

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Stream B (Postdoctoral) only: Date Doctoral Degree Obtained (or expected to be obtained)

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SECTION 5: FIELD OF STUDY

Field of Study of Doctoral Degree

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SECTION 6: INDEPENDENT RESEARCH POSITION

Do you currently hold, or are you on leave from, an [independent research](#) position?

☐	No, I do not hold and am not on leave from an independent research position.
☐	Yes, I currently hold or am on leave from an independent research position.

SECTION 7: INDIGENOUS INVOLVEMENT

Will this application involve First Nations, Inuit and/or Métis People?

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☐	No
☐	Yes, I understand that additional eligibility requirements apply and I will attach the required documentation (see <i>Eligibility Criteria</i> and <i>How to Apply</i>).

SECTION 8: EMPLOYMENT STATUS

Note: The NPA cannot be a current or past employee, or a current owner or shareholder of the proposed host health system organization, unless the special case exception applies (see [FAQ](#)).

I attest that:

☐	I am NOT a current or past employee, and NOT a current owner or shareholder of the proposed host health system organization.
☐	I may fall within the special case exception as defined in the FAQ .
☐	I am a current or past employee or a current owner or shareholder of the proposed host health system organization

SECTION 9: HEALTH SYSTEM SUPERVISOR

Do you confirm that your identified health system supervisor is an executive-level [decision maker](#) within the health system organization?

☐	Yes
☐	No

SECTION 10: HOST HEALTH SYSTEM ORGANIZATION INFORMATION

Host Health System Organization Name

Location of Host Health System Organization (City,
Province, Country)

SECTION 11: APPLICANT DECLARATION & SIGNATURE

By signing below, I certify that all information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in withdrawal.

Signature

Date