

FORM B

Health System Supervisor

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

SECTION 1: PERSONAL INFORMATION

First Name

Middle Initial

Last Name

SECTION 2: ROLE AT HOST HEALTH SYSTEM ORGANIZATION

Host Health System Organization Name

Name of Position / Title

The percentage of the NPA's time that will be committed to the proposed program of work with the organization will be:

☐	60-100% for Stream A (doctoral)
☐	70-100% for Stream B (postdoctoral)

SECTION 3: NPA EMPLOYEE ATTESTATION

I confirm that the NPA:

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

SECTION 4: 30% CASH CONTRIBUTION COMMITMENT

By accepting a fellow, the host health system organization commits to contributing 30% of the fellowship award value as cash partnership funding, payable either via transfer agreement to the awardee's academic institution or by direct payment to the awardee if the host organization is the institution paid.

I confirm that my organization will contribute the required 30% partnership cash funding towards the award and has a mechanism to pay the funding to the awardee:

☐	Yes
☐	No

SECTION 5: HEALTH SYSTEM SUPERVISOR DECLARATION & SIGNATURE

By signing below, I confirm all declarations above, certify the accuracy of the information provided, and commit to supervising and mentoring the awardee for the full duration of the fellowship.

Signature

Date