

FORM C

Academic Supervisor

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

SECTION 1: PERSONAL INFORMATION

First Name	Middle Name	Last Name

SECTION 2: ACADEMIC INSTITUTION INFORMATION

Name of Academic Institution

Do you hold an academic appointment with a university-based graduate training program in Canada?

☐	Yes
☐	No

SECTION 3: POSITION AT ACADEMIC INSTITUTION

This information is used to confirm that the academic supervisor holds an independent research appointment at a [CIHR eligible institution](#).

Title / Position at University

SECTION 4: STREAM-SPECIFIC COMMITMENT

Stream A (Doctoral) Only: I confirm that the NPA will be completing their doctoral studies at the same university as the academic supervisor by the start date of the award.

☐	Yes
☐	No

Stream B (Postdoctoral) Only: I confirm that the NPA will secure post-doctoral status at the same university as the academic supervisor by the start date of the award.

☐	Yes
☐	No

SECTION 5: ACADEMIC SUPERVISOR DECLARATION & SIGNATURE

☐	I commit to supervising and mentoring the awardee for the full duration of the fellowship.
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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
