

**CANADA RESEARCH CHAIR  
AFFILIATED HOSPITAL ATTESTATION FORM**

The Tri-agency Institutional Programs Secretariat reserves the right to ask the University to provide, at any time within the 48 months following a nomination, proof that the recruitment followed the [Canada Research Chairs \(CRC\) Program's requirements for recruiting and nominating a CRC](#).

**Affiliated Hospital:** \_\_\_\_\_

**Name of Nominee:** \_\_\_\_\_  
(family name, given name)

**Nomination Submission Date:** \_\_\_\_\_

**Attestation of Affiliated Hospital Official**

	Yes	No
1. Is the nominee employed outside of Canada at the time of submitting this nomination?		
2. Has the nominee been recruited from abroad within the last 12 months in order to nominate them for this Chair?		
3. Were the requirements for recruitment and nomination followed?		
4. Does the nomination align with the program's commitment to EDI?		
5. Does the nomination align with the Hospital's commitment to EDI?		
6. Is the level of institutional support comparable to other chairholders at the institution?		

By signing below, I certify that the Hospital has followed the [Canada Research Chairs Program's Requirements for recruiting and nominating Canada Research Chairs](#).

\_\_\_\_\_  
**Name (Vice-President, Research or equivalent at Affiliated Hospital)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**