



First Nations Health Managers Association Intensive/Sponsor
Association des gestionnaires de santé des Premières Nations

CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM (CFNHMP) REGISTRATION FORM

First Name:	Last Name:	FNHMA Member #:
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Organization Name:	Position:
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Preferred Contact/Shipping Address:

City:	Province:	Postal Code:	Telephone:
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Email:

Previous course taken (if applicable):

Please choose one:	Select your course:* <i>only check 1 box</i>	
<input type="checkbox"/> FNHMA Member <input type="checkbox"/> Non-Member <small>*Become a member or renew now by visiting our website or contact us at the email below.</small>	<input type="checkbox"/> 100 – First Nations Health Landscape <i>January 22 to 26, 2024 Winnipeg, MB</i>	<input type="checkbox"/> 200 – High Performing Strategic Organizations <i>March 4 to 8, 2024 Winnipeg, MB</i>

<input type="checkbox"/> I am sponsored	Sponsor Name:
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I am committed to completing the course I am registering for.

I agree to let FNHMA share a mid-course check in of my progress in the course with my sponsor.

I agree to let FNHMA share a pass or fail grade with my sponsor at course completion.

Signature: _____ Date: _____

Registration Policy: deadline is before course start date. Payment Policy: Sponsor will be invoiced for all students that take the courses.

Withdrawal Policy: withdrawal before receiving “welcome email & binder” a full refund minus a \$200 administration fee will be given. Voluntary withdrawal submitted 5 days before in-class session starts will result in a refund of 50%. No refund will be given after Voluntary withdrawal deadline has passed.

I have read and understand the policies mentioned above:

Signature: _____ Date: _____