



*First Nations Health Managers Association*  
*Association des gestionnaires de santé des Premières Nations*

Hybrid/Sponsor

**CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM (CFNHMP) REGISTRATION FORM**

|                    |                   |                        |
|--------------------|-------------------|------------------------|
| <b>First Name:</b> | <b>Last Name:</b> | <b>FNHMA Member #:</b> |
|--------------------|-------------------|------------------------|

|                           |                  |
|---------------------------|------------------|
| <b>Organization Name:</b> | <b>Position:</b> |
|---------------------------|------------------|

**Preferred Contact/Shipping Address:**

|              |                  |                     |                   |
|--------------|------------------|---------------------|-------------------|
| <b>City:</b> | <b>Province:</b> | <b>Postal Code:</b> | <b>Telephone:</b> |
|--------------|------------------|---------------------|-------------------|

**Email:**

**Previous course taken (if applicable):**

| <b>Please choose one:</b>  | <b>Select your course:*</b> <i>only check 1 box</i>  | <b>Select your session:*</b> <i>only check 1 box</i>   |
|--|--|--|
| <input type="checkbox"/> <b>FNHMA Member</b><br><br><input type="checkbox"/> <b>Non-Member</b>         | <input type="checkbox"/> <b>100 – First Nations Health Landscape</b><br><input type="checkbox"/> <b>200 – High Performing Strategic Organizations</b><br><input type="checkbox"/> <b>300 – Effective Programs &amp; Services</b><br><input type="checkbox"/> <b>400 – Efficient Organizations</b><br><input type="checkbox"/> <b>500 – The Professional First Nations Health Manager</b> | <input type="checkbox"/> <b>Winter</b><br><input type="checkbox"/> <b>Spring</b><br><input type="checkbox"/> <b>Fall</b> |
| <small>*Become a member or renew now by visiting our website or contact us at the email below.</small> | <small>*If you want to take more than two courses, approval is needed, please email your request to <a href="mailto:chelsea.thornton@fnhma.ca">chelsea.thornton@fnhma.ca</a></small>   | <small>* Not all courses run in each session, please check on our website for course dates.</small>                      |

|  |                      |
|--|----------------------|
| <input type="checkbox"/> <b>I am sponsored</b> | <b>Sponsor Name:</b> |
|--|----------------------|

**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:** must be received or sent prior to course start date.  
**Withdrawal Policy:** Withdrawal before receiving "welcome email & textbooks" a full refund minus a \$200 administration fee will be given. Withdrawal after the course start date but before week 5 will result in a refund of 50%. No Refund shall be given after week 5.  
**I have read and understand the policies mentioned above:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_