



*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 #:
-------------	------------	-----------------

Organization Name:	Position:
--------------------	-----------

Preferred Contact/Shipping Address:

City:	Province:	Postal Code:	Telephone:
-------	-----------	--------------	------------

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"/> <b>100 – First Nations Health Landscape</b> <i>January 22 to 26, 2024 Winnipeg, MB</i> <input type="checkbox"/> <b>200 – High Performing Strategic Organizations</b> <i>March 4 to 8, 2024 Winnipeg, MB</i>

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

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: \_\_\_\_\_