



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

**CERTIFIED FIRST NATION HEALTH
 MANAGER PROGRAM (CFNHMP)
 REGISTRATION FORM**

| | | | | | |
|---|--|---|---------------------|--|--|
| First Name: | | Last Name: | | FNHMA Member #: | |
| Organization Name: | | | Position: | | |
| Street Address: | | | | | |
| City: | | Province: | | Postal Code: | |
| Telephone: | | | | | |
| Email: | | | | | |
| Fees: | | Select your course(s): | | Online session start dates: | |
| Online Format <input type="checkbox"/> FNHMA Member \$750 <input type="checkbox"/> Non-Member \$925 Intensive Format <input type="checkbox"/> FNHMA Member \$2,300 <input type="checkbox"/> Non-Member \$2,475 | | <input type="checkbox"/> 100 – Health Issues and Systems <input type="checkbox"/> 200 – Leadership and Strategy <input type="checkbox"/> 300 - Health Management Services 1 <input type="checkbox"/> 400 - Health Management Services 2 <input type="checkbox"/> 500 - Professionalism, Ethics and Cultural Awareness | | <input type="checkbox"/> Spring (May 13, 2019) <input type="checkbox"/> Fall (September 17, 2018) <input type="checkbox"/> Winter (January 21, 2019) | |
| Total Course Fee with taxes included: | | | | | |
| <i>Tax is based on your province of residence. Please select one (GST/HST# 811344852):</i> | | | | | |
| <input type="checkbox"/> QC, AB, SK, MB, BC, NWT, NV, YK (with 5% GST added)\$ | | <input type="checkbox"/> PEI, (with 14% HST added) | | \$ | |
| <input type="checkbox"/> ON, NB, NFLD, (with 13% HST added) | | <input type="checkbox"/> GST/HST exempt (no tax added)* | | \$ | |
| <input type="checkbox"/> NS, (with 15% HST added) | | <i>* Please include proof of tax exemption at time of application (A letter of exemption from your employer and/or a copy of your status card – you must have an on-reserve mailing address)</i> | | | |
| <input type="checkbox"/> I have enclosed a cheque payable to "FNHMA" | | | | | |
| Card Number: | | | Expiry Date: | Cardholder Signature: | |
| | | | / | | |
| Name on Card: | | | | Amount Paid: | |
| <p>Registration deadline is 5 days before the term start date. Payment must be received prior to the course start date. Participants may cancel and receive a refund minus a \$200 administration fee up to 10 days after the course start date. Refunds will not be available more than 10 days into the course. I have read and understand the aforementioned policies:</p> | | | | | |
| Signature: | | | | Date: | |

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