



CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM INTENSIVE SPONSOR REGISTRATION FORM

First Name:		Last Name:		FNHMA Member #:	
Organization Name:			Position:		
Preferred Contact/Shipping Address:					
City:		Province:		Postal Code:	
Telephone:			Email:		
Please select:		Select your course:		Intensive session schedule:	
☐ Candidate Member ☐ Non-Member		☐ 300 – Effective Programs & Services - Edmonton, AB		Course Pre-Readings Available: Feb 2, 2026 5 Day on site session: Mar 2 -6, 2026 Post session activities completed: Apr 19, 2026	
☐ I am sponsored			Sponsor Name:		
I am committed to completing the course I am registering for. I agree to let FNHMA share a pass or fail grade with my sponsor at course completion. Signature: _____ Date: _____					
Registration deadline is Wednesday before the in-person course start date. Payment must be received or sent prior to the course start date. Participants may cancel and receive a refund minus a \$200 administration fee up to 30 days before the course start date. The request submitted up to 5 days before the first day of the in-class session starts will result in a refund of 50%. No refund will be given after 4 days before the first day of the in-class session starts.					
I have read and understand the policies mentioned above: Signature: _____ Date: _____					