



**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:		
<b>Please select:</b>		<b>Select your course:</b>		<b>Intensive session schedule:</b>	
<input type="checkbox"/> Candidate Member <input type="checkbox"/> Non-Member		<input type="checkbox"/> 500 – The Professional First Nation Health Manager - Saskatoon, SK		Course Pre-Readings Available: May 4, 2026 5 Day on site session: May 25 - 28, 2026 Post session activities completed: Jul 12, 2026	
<input type="checkbox"/> I am sponsored			Sponsor Name:		
<b>I am committed to completing the course I am registering for.</b> <b>I agree to let FNHMA share a pass or fail grade with my sponsor at course completion.</b> Signature: _____ Date: _____					
Registration deadline is Wednesday before the in-person course start date. Payment must be received or sent prior to course start date. Participants may cancel and receive a refund minus a \$200 administration fee up to 30 days before the course start date. 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: _____					