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

COURSE REGISTRATION FORM

Course 300 Intensive
Nov 24 to 28, 2025
Saskatoon, SK

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 - Saskatoon, SK**	**Course Pre-Readings Available: Oct 24, 2025** **5 Day on site session: Nov 24 to 28, 2025 Post session activities completed: Jan 11, 2025**

☐ 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 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:**

Mail: 211 Akwesasne International Rd., Akwesasne, ON, K6H 0G5
Toll Free: 1-844-218-0440 **Phone**: 613-599-6070 **Fax:** 613-319-8092
Membership/Education Coordinator: chelsea.thornton@fnhma.ca **Website:** www.fnhma.ca