



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

COURSE REGISTRATION FORM

Course 400 Intensive
Feb 23 to 27, 2026
Saskatoon, SK

CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM INTENSIVE SPONSOR REGISTRATION FORM

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|--|--|--|---------------|---|--|
| 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: | |
| <input type="checkbox"/> Candidate Member <input type="checkbox"/> Non-Member | | <input type="checkbox"/> 400 – Efficient Organizations - Saskatoon, SK | | Course Pre-Readings Available: Jan 23, 2026 5 Day on site session: Feb 23 to 27, 2026 Post session activities completed: Apr 12, 2026 | |
| <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 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: _____ | | | | | |

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