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

COURSE REGISTRATION FORM

Course 100 Intensive
Oct 20-24, 2025
Thunder Bay, ON

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**	☐ **100 – First Nations Health Landscape - Thunder Bay, ON**	Course Pre-Readings Available: Sep 20, 2025 Virtual Orientation: Oct 15, 2025 5 Day on site session: Oct 20-24 2025 Post session activities completed: Dec 7, 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 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:**

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