



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"/> 500 – The Professional First Nation Health Manager - Saskatoon, SK | Course Pre-Readings Available: May 11, 2026 5 Day on site session: Jun 1 - 4, 2026 Post session activities completed: Jul 19, 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:** _____