

EXAMINER TRAINING RECORD – STANDARD FIRST AID EXAMINER

Last Name First Given Name			Birth Date YY/MM/DD
Permanent Address			
City	Province	Postal Code	Lifesaving Society ID # (If Known)
Home Phone #	Business Phone #	E-mail address	
1. Prerequisite: Current Standard First Aid Instructor with experience teaching the Workplace Standard First-Aid with CPR-C. Certification Date:			
Exam Standards Clinic: I certify that the individual identified above has successfully completed a Lifesaving Society Examination Standards Clinic. Clinic Trainer: Lifesaving Society ID #: Clinic Location: Clinic Date: Trainer Signature:			
3. Co-Teach Reports Standard First Aid Examiner candidates must co-teach at least one full course. Co-teach must be done with a current and experienced Standard First Aid examiner. Please contact the Lifesaving Society office prior to your co-teaching.			
Co-Teach – WORKPLACE STANDARD FIRST AID WITH CPR-C I certify that the individual identified above has successfully co-taught a WORKPLACE STANDARD FIRST AID course. In my opinion he/she is capable of examining candidates at this level.			
Examiner	Name		ID # Tel #
 Payment and Approval When all above areas are complete, send this Examiner Training Record with the \$20.00 certification fee to the Lifesaving Society Office at 70 Melissa St, Fredericton, NB, E3A 6W1. 			
For Office Use Only I certify that the individual identified above is ready to be appointed as a Standard First Aid Examiner.			
Program Manager	Print Name	Signal	ure Date

70 Melissa St, Fredericton, NB, E3A 6W1 Tel: 506-455-5762 Fax: 506-450-7946 Email: info@lifesavingnb.ca www.lifesavingnb.ca