



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Cross Recertification

(Revised 2020)

*This test sheet for Recertification exam candidates only.*

Side 1: Please record each candidate's name, and contact information accurately.

Date of birth	Prerequisites checked										Result	
		8	10	11	12	13	15	16	17			
1	Team search											
Name.....	Year.....	Prerequisites:										
Address.....	Month.....	Bronze Cross Date earned: Location:										
City..... Postal Code.....	Day.....											
E-mail..... Phone.....												
2	Spinal injury management											
Name.....	Year.....	Prerequisites:										
Address.....	Month.....	Bronze Cross Date earned: Location:										
City..... Postal Code.....	Day.....											
E-mail..... Phone.....												
3	Object recovery and transport											
Name.....	Year.....	Prerequisites:										
Address.....	Month.....	Bronze Cross Date earned: Location:										
City..... Postal Code.....	Day.....											
E-mail..... Phone.....												
4	Rescue drill: recover submerged victim											
Name.....	Year.....	Prerequisites:										
Address.....	Month.....	Bronze Cross Date earned: Location:										
City..... Postal Code.....	Day.....											
E-mail..... Phone.....												
5	Endurance challenge - 400 m or yd.											
Name.....	Year.....	Prerequisites:										
Address.....	Month.....	Bronze Cross Date earned: Location:										
City..... Postal Code.....	Day.....											
E-mail..... Phone.....												
6	Two-person rescue 1: multiple victims											
Name.....	Year.....	Prerequisites:										
Address.....	Month.....	Bronze Cross Date earned: Location:										
City..... Postal Code.....	Day.....											
E-mail..... Phone.....												

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance  - Fail Total Pass for Exam  Total Fail for Exam

This is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

**Invoicing Information**

Host name (Affiliate or Organization paying the exam fees) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**Individual who examined the candidates**

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Exam Information**

Exam date: \_\_\_\_\_

YY MM DD

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_



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# Bronze Cross Recertification

(Revised 2020)

*This test sheet for Recertification exam candidates only.*

Side 2: Please record each candidate's name, and contact information accurately.

Date of birth	Prerequisites checked										Result
	8	10	11	12	13	15	16	17			
7											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
8											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
9											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
10											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
11											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
12											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
13											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											

Check box if there are more candidates on the reverse side of this page. This is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.  - Satisfactory Performance  - Fail Total Pass for Exam  Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

<b>Invoicing Information</b>  Host name (Affiliate or Organization paying the exam fees) _____  <b>Exam Information</b> Exam date: ____ YY ____ MM ____ DD	<b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ (_____) _____ Telephone _____ Signature _____
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