



Examiner Candidate Information

Name		Lifesaving Society ID #	
Permanent Address			
City	Province	Postal Code	
Phone ()	Bus. Phone ()	Fax ()	
Email		Date of Birth YYYY / MM / DD	

Prerequisite

<input type="checkbox"/> First Aid Instructor certification	Certification date:
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Teaching Experience: *experienced First Aid Instructor on a minimum of one Standard First Aid course*

Level: <input type="checkbox"/> Standard First Aid	Exam date:
Affiliate:	Location:

Examiner Course: *successful completion of the Lifesaving Society Examiner course*

Course location:	Exam date:
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Apprenticeship: *successful apprenticeship on one Standard First Aid exam with an Examiner Mentor*

Level: <input type="checkbox"/> Standard First Aid	Location:
Examiner Mentor's name:	Exam date:

Examiner Mentor Verification: *to be completed by Examiner Mentor*

<i>I approve the examiner candidate identified above for certification as a First Aid Examiner.</i>	
Name:	Lifesaving Society ID #:
Signature:	Date:

When this training record is complete, send with the applicable certification fee to the Lifesaving Society office.

For Office Use		
Payment received:	Date issued:	Entered by: