

First Aid Examiner Training Record

Examiner Candidate Information

Name:	Lifesaving Society ID #:
Permanent Address:	City:
Province:	Postal Code:
Phone #:	Business Phone #:
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	Exam date:
Examiner Mentor's name:	Location:

Examiner Mentor Verification *To be completed by Examiner Mentor*

I certify that the examiner candidate identified above is ready to be certified as a **First Aid Examiner**

Name:	Lifesaving Society ID #:
Signature:	Date:

When this training record is complete, send it with the applicable certification fee and completed Examiner Training Record to the Lifesaving Society office.

For Office Use

Payment received:	Date issued:	Entered by:
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