LIFESAVING SOCIETY®
The Lifeguarding Experts

Bronze 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

❑ Lifesaving Instructor Certification	Certification date:

Teaching Experience *Experienced Lifesaving Instructor on a minimum of one Bronze Medallion or Bronze Cross*

Level: ❑ Bronze Medallion ❑ Bronze Cross	Exam date:
Affiliate:	Location:

Examiner Course *Successful completion of the Lifesaving Society Examiner course*

Course location:	Exam date:

Apprenticeship *Successful apprenticeship on one Bronze Medallion or Bronze Cross exam with an Examiner Mentor*

Level: ❑ Bronze Medallion ❑ Bronze Cross	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 **Bronze 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:

LIFESAVING SOCIETY, 70 Melissa Street, Fredericton (N.B.) E3A 6W1

Tel : 506-455-5762 | Email: info@lifesavingnb.ca