

## National Lifeguard 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"/> National Lifeguard Instructor Certification	Certification date:
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### Teaching Experience *Experienced National Lifeguard Instructor on a minimum of one National Lifeguard course*

Option: <input type="checkbox"/> Pool <input type="checkbox"/> Waterpark <input type="checkbox"/> Surf <input type="checkbox"/> Waterfront	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 National Lifeguard exam with an Examiner Mentor*

Option: <input type="checkbox"/> Pool <input type="checkbox"/> Waterpark <input type="checkbox"/> Surf <input type="checkbox"/> Waterfront	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 **National Lifeguard 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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