



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											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
2											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
3											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
4											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
5											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
6											
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 **F** - 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 _____

Exam Information

Exam date: _____

YY MM DD

Facility name (e.g., name of pool) _____ Telephone _____

Individual who examined the candidates

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



LIFESAVING SOCIETY
The Lifeguarding Experts

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	Team search	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge - 400 m or yd.	Two-person rescue 1: multiple victims	Two-person rescue 2: submerged victim	Assistant lifeguard situations	Result
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 **F** - 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.

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