LIFESAVING SOCIETY
The Lifeguarding Experts

EXAMINER TRAINING RECORD – STANDARD FIRST AID EXAMINER

Last Name	First Given Name	Birth Date YY/MM/DD

Permanent Address			

City	Province	Postal Code	Lifesaving Society ID # (If Known)

Home Phone #	Business Phone #	E-mail address

1. **Prerequisite:** *Current* Standard First Aid Instructor with experience teaching the Workplace Standard First-Aid with CPR-C.

   Certification Date: _____

2. **Exam Standards Clinic:**

   I certify that the individual identified above has successfully completed a Lifesaving Society Examination Standards Clinic.

   Clinic Trainer: _____ Lifesaving Society ID #: _____

   Clinic Location: _____ Clinic Date: _____

   Trainer Signature: _____

3. **Co-Teach Reports** Standard First Aid Examiner candidates must co-teach at least one full course. Co-teach must be done with a current and experienced Standard First Aid examiner. Please contact the Lifesaving Society office prior to your co-teaching.

   Co-Teach – WORKPLACE STANDARD FIRST AID WITH CPR-C

   I certify that the individual identified above has successfully co-taught a WORKPLACE STANDARD FIRST AID course. In my opinion he/she is capable of examining candidates at this level.

   Location: _____ Exam Date: _____

   Examiner _____ _____ ID #_____
   Print Name Signature

   Tel #_____

4. **Payment and Approval**

   When all above areas are complete, send this Examiner Training Record with the $30.00 certification fee to the Lifesaving Society Office at 70 Melissa St, Fredericton, NB, E3A 6W1.

   For Office Use Only

   I certify that the individual identified above is ready to be appointed as a Standard First Aid Examiner.

   Program Manager _____ _____ Date_____
   Print Name Signature

70 Melissa St, Fredericton, NB, E3A 6W1
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Email: info@lifesavingnb.ca
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