

EXAMINER TRAINING RECORD – NATIONAL LIFEGUARD

Last Name First Given Name							Birth Date YY/MM/DD
Permanent Address							
City Province Postal Code							Lifesaving Society ID # (If Known)
ony				1 0510			
Home Phone #		Business	Phone #		E-mail address		1
1. Prerequisite: <i>Current</i> National Lifeguard Instructor certification with experience teaching National Lifeguard. Certification Date:							
2. Exam Standards Clinic:							
I certify that the individual identified above has successfully completed a Lifesaving Society Examination Standards Clinic.							
	Clinic Trainer:						
Clinic Location: Clinic Date Trainer Signature:							
should be evaluated by different examiners. Co-exams must be done with a current and experienced National Lifeguard Examiner. Please contact the Lifesaving Society office prior to your co-exam. Co-Exam #1 I certify that the individual identified above has successfully co-examined a National Lifeguard exam. In my opinion he/she is capable of examining candidates at this level. Location: Exam Date: ID # Tel # Tel # Tel # Tel # Tel # Tel # Location: Exam Date: Exam Date: ID # Tel # Location: Exam Date: Exam Date: Tel #							
Examiner							ID #
	Print N	lame			Signature		Tel #
4. Payment and Approval When all above areas are complete, send this Examiner Training Record with the \$15.00 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 National Lifeguard Examiner.							
Program Mana	ger	Print Nar	ne		Sign	ature	Date
							70 Melissa St, Fredericton, NB, E3A 6W1 Fel: 506-455-5762 Fax: 506-450-7946

Email: info@lifesavingnb.ca www.lifesavingnb.ca