

## 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 Phor	hone #		E-mail address	
1. Prerequisite: <i>Current</i> Standard First Aid Instructor with experience teaching the Workplace Standard First-Aid with CPR-C. Certification Date:					
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. <b>Co-Teach Reports</b> 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 Print	Name			Signature	ID # Tel #
<ol> <li>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.</li> </ol>					
For Office Use Only I certify that the individual identified above is ready to be appointed as a Standard First Aid Examiner.					
Program Manager	Program Manager Print Name Signature				

70 Melissa St, Fredericton, NB, E3A 6W1 Tel: 506-455-5762 Fax: 506-450-7946 Email: info@lifesavingnb.ca www.lifesavingnb.ca