



LIFESAVING SOCIETY

The Lifeguarding Experts

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)
Home Phone #	Business Phone #		E-mail address		

1. **Prerequisite:** *Current National Lifeguard Instructor* certification with experience teaching National Lifeguard Certification Date: _____

2. **Exam Standards Clinic**
 Successful completion of a Lifesaving Society Examination Standards Clinic.
 Clinic Location: _____ Clinic Date: _____

3. **Teaching Experience** Appointment as an examiner requires successful teaching of at least one National Lifeguard course.
National Lifeguard Course → Location: _____ Exam Date: _____

4. **Co-Examination Reports** National Lifeguard Examiner candidates must co-exam at least one exam. Co-exams must be done with a current and experienced National Lifeguard Examiner. Please contact your Area Chair 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: _____
 Examiner _____ ID # _____
 Print Name Signature Tel # _____

Co-Exam #2
 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: _____
 Examiner _____ ID # _____
 Print Name Signature Tel # _____

5. **Area Chair Approval**
 I certify that the individual identified above is ready to be appointed as a **National Lifeguard Examiner**.
 Area Chair _____ Date _____
 Print Name Signature



CO-EXAM or CO-TEACH REPORT

(Please complete one evaluation report for each co-exam or co-teach completed)

To be completed by the Co-examiner or Co-instructor Candidate

Instructions for co-examiner or co-instructor:

- 1. Complete the Co-examiner or Co-instructor section and conduct the co-exam or co-teach.
2. Review the feedback with the supervising examiner and sign the form.
3. On completion of two successful co-exams, forward the completed co-exam reports and your completed Examiner Training record to your Area Chair.

Form section for Co-examiner/Co-instructor Candidate with fields for Last name, First name, Lifesaving Society ID#, Home phone, Business phone, Mobile phone, and E-mail address.

To be completed by the Supervising Examiner

Instructions for supervising examiner:

- 1. Complete this evaluation by providing clear and concise comments under each section.
2. Review feedback with co-examiner / co-instructor.
3. Sign this form to acknowledge evaluation.
4. If candidate is successful sign the candidate's Training Record. If unsuccessful, do not sign the Training Record.

Form section for Supervising Examiner with fields for Last name, First name, Lifesaving Society ID#, Home phone, Business phone, Mobile phone, and E-mail address.

How many exams have you conducted at this level? [] 0 [] 1-4 [] 5-9 [] 10+

Exam or course details

Table for Exam or course details with columns for Level examined/taught, # examined, # passed, Date of exam/course, Location of exam/course, Name of facility, and City.

Please indicate and give specific comments on the areas in which the co-examiner/co-instructor actively prepared and participated before, during and after the exam or course.

- [] Resuscitation [] Rescues [] Spinals [] First Aid [] Skill evaluation [] Final Evaluation
[] Other (please specify):

Table for Communication and Teaching with columns for Excellent, Good, Satisfactory, Unsatisfactory, and N/A, and rows for communication, feedback, and lesson/core plan usage.

Comments:

Evaluation, Knowledge and Resources	Excellent	Good	Satisfactory	Unsatisfactory	N/A
1. Applies <i>Must Sees</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Records performance of candidates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use of teaching manual/award guide during exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to plan and evaluate rescue situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Played role in notification of successful/unsuccessful candidates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Leadership	Excellent	Good	Satisfactory	Unsatisfactory	N/A
1. Had a good rapport with class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Represented the Lifesaving Society in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prepared to assist with the exam / course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Safety	Excellent	Good	Satisfactory	Unsatisfactory	N/A
1. Conducted in a safe environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Aware of entire class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Gain knowledge of relevant health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Final Recommendation
<input type="checkbox"/> I recommend that this candidate continue their training. <ul style="list-style-type: none"> <input type="checkbox"/> Do more co-examinations/co-teaching. <input type="checkbox"/> Take a more active role in the preparation and planning before, during and after the exam/course.
<input type="checkbox"/> I recommend this candidate for appointment as an Examiner. In my judgement, he or she possesses the knowledge, ability, teaching and communication skills, good understanding of the standards and the leadership abilities to conduct an exam or course.
Comments:

VALIDATION					
Level examined or taught			# examined	# passed	
Date of exam or course	year / month / day	Location of exam/course	Name of facility	City	
The co-exam or co-teach experience was conducted as recorded on this report and the results of the evaluation were discussed between the Supervising Examiner and the Co-examiner or Co-instructor candidate.					
Co-examiner or Co-instructor name		Signature		Date	
Supervising Examiner name		Signature		Date	