

# Bronze Examiner Training Record

#### **Examiner Candidate Information**

Name:	Lifesaving Society ID #:
Permanent Address:	City:
Province:	Postal Code:
Phone #:	Business Phone #:
Email:	Date of Birth (YYYY/MM/DD):

#### Prerequisite

Lifesaving Instructor Certification	Certification date:
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### Teaching Experience Experienced Lifesaving Instructor on a minimum of one Bronze Medallion or Bronze Cross

Level: 🗖 Bronze Medallion 🗖 Bronze Cross	Exam date:
Affiliate:	Location:

Examiner Course Successful completion of the Lifesaving Society Examiner course

Course location:

Exam date:

Apprenticeship Successful apprenticeship on one Bronze Medallion or Bronze Cross exam with an Examiner Mentor

Level: 🗖 Bronze Medallion 🗖 Bronze Cross	Exam date:		
Examiner Mentor's name:	Location:		

#### Examiner Mentor Verification To be completed by Examiner Mentor

□ I certify that the examiner candidate identified above is ready to be certified as a **Bronze Examiner**.

Name:	Lifesaving Society ID #:
Signature:	Date:

#### When this training record is complete, send it with the applicable certification fee to the Lifesaving Society office.

LIFESAVING SOCIETY, 400 Consumers Road, Toronto, ON M2J 1P8



## For Office Use

Payment received:	Date issued:	Entered by:
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## **Examiner Certification Fee**

Name:			Email:			
Mailing Addre	ess:		City and Province:			
Postal Code: Phone number:						
Payment:	<ul><li>Cheque</li><li>Purchase order #</li></ul>	Money order	Visa	🗖 Debit	MasterCard	
Credit Card #:			Cardholder	's name:		
Expiry date:		CVV number (3 digits)				
Cardholder's	signature:					

#### PLEASE SUBMIT WITH COMPLETED EXAMINER TRAINING RECORD

Quantity	ltem	Price	Total
	Examiner Certification fee	\$37.50	

Grand Total

Fee applies to each examiner training record submitted

Prices effective until December 31, 2025

LIFESAVING SOCIETY, 400 Consumers Road, Toronto, ON M2J 1P8

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