

# National Lifeguard 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

|  | National Lifeguard Instructor Certification | Certification date: |
|--|---|---------------------|
|--|---|---------------------|

#### Teaching Experience Experienced National Lifeguard Instructor on a minimum of one National Lifeguard course

| Option: Devol Devol Vaterpark Surf Devaterfront | Exam date: |  |
|---|------------|--|
| Affiliate:                                      | Location:  |  |

#### Examiner Course Successful completion of the Lifesaving Society Examiner course

Course location: Exam date:

#### Apprenticeship Successful apprenticeship on one National Lifeguard exam with an Examiner Mentor

| Option: Devol Devol Vaterpark Surf Devaterfront | 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 National Lifeguard 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: | Payment received: | Date issued: | Entered by: |
|--|-------------------|--------------|-------------|
|--|-------------------|--------------|-------------|

# **Examiner Certification Fee**

| Name:   | Email:                      |  |
|---|-----------------------------|--|
| Mailing Address:                                | City and Province:          |  |
| Postal Code:                                    | Phone number:               |  |
| Payment: Cheque Money order<br>Purchase order # | Uvisa Debit MasterCard AMEX |  |
| 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