

## First Aid 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

|   |                     |
|---|---------------------|
| <input type="checkbox"/> First Aid Instructor Certification | Certification date: |
|---|---------------------|

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

|  |            |
|--|------------|
| Level: <input type="checkbox"/> Standard First Aid | Exam date: |
| Affiliate:   | Location:  |

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

|                  |            |
|------------------|------------|
| Course location: | Exam date: |
|------------------|------------|

### Apprenticeship *Successful apprenticeship on one Standard First Aid exam with an Examiner Mentor*

|  |            |
|--|------------|
| Level: <input type="checkbox"/> Standard First Aid | 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 **First Aid 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.**



**For Office Use**

|                   |              |             |
|-------------------|--------------|-------------|
| Payment received: | Date issued: | Entered by: |
|-------------------|--------------|-------------|

**Examiner Certification Fee**

|  |  |
|--|--|
| Name:  | Email:   |
| Mailing Address:   | City and Province:   |
| Postal Code:   | Phone number:  |
| Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Money order<br><input type="checkbox"/> Purchase order # | <input type="checkbox"/> Visa <input type="checkbox"/> Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX |
| Credit Card #:   | Cardholder's name:   |
| Expiry date:   | CVV number (3 digits)  |
| Cardholder's signature:  |  |

**PLEASE SUBMIT WITH COMPLETED EXAMINER TRAINING RECORD**

| Quantity | Item                       | Price   | Total |
|----------|----------------------------|---------|-------|
|          | Examiner Certification fee | \$37.50 |       |

|                    |  |
|--------------------|--|
| <b>Grand Total</b> |  |
|--------------------|--|

Fee applies to each examiner training record submitted

**Prices effective until December 31, 2025**