



EXAMINER INFORMATION

Name		Lifesaving Society ID #	
Permanent Address			
City	Province	Postal Code	
Phone ()	Alt. Phone ()		
Email		Date of Birth YYYY / MM / DD	
Do you have a specific Area Chair you would like to review your application?	<input type="checkbox"/> My Area Chair	<input type="checkbox"/> Any Area Chair	<input type="checkbox"/> Other:

EXPERIENCE *(a minimum of 3 exams at any one level is required in order to apply)*

Level	Certification Date	# of exams	Verification
<input type="checkbox"/> Bronze Examiner			
<input type="checkbox"/> First Aid Examiner			
<input type="checkbox"/> National Lifeguard Examiner			

REFERENCE *(Please provide the name of someone the Area Chair may contact, who will be able to provide insight into your mentoring abilities)*

Name:	Position:
Email:	Phone: ()

EXPERIENCE AND SKILLS

After reviewing the Examiner Mentor job description in the Examiner Handbook (page 52), tell us why you feel you would make a good Examiner Mentor.

--	--

Please send completed application to the Lifesaving Society office.

FOR OFFICE USE:	
1. Date application received:	Application sent to:
5. Approved application received:	Examiner Mentor status entered:

FOR AREA CHAIR USE:	
2. Application reviewed <input type="checkbox"/> Applicant ready <input type="checkbox"/> Applicant not ready (follow-up with applicant)	
If not ready, provide reason:	
3. Learning opportunity <input type="checkbox"/> Provided	Date completed:
4. Examiner Mentor assessment <input type="checkbox"/> Approved <input type="checkbox"/> Not approved (follow-up with applicant)	
If not approved, provide reason:	

<i>I certify that the examiner listed above has successfully completed the learning opportunity and Examiner Mentor assessment. My signature below indicates that I am appointing them as an Examiner Mentor.</i>	
Area Chair Name:	Date:
Signature:	