



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 NLS Instructor* certification with experience teaching National Lifeguard
 Certification Date: _____

2. **Exam Standards Clinic:**
 I certify that the individual identified above has successfully completed a Lifesaving Society Examination Standards Clinic.
 Clinic Trainer: _____ Lifesaving Society ID #: _____
 Clinic Location: _____ Clinic Date: _____
 Trainer Signature: _____

3. **Co-Examination Reports** NLS Examiner candidates must co-exam 2 exams. Co-exams must be separate exams and should be evaluated by different examiners. Co-exams must be done with a current and experienced NLS 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 an NLS 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 an NLS exam. In my opinion he/she is capable of examining candidates at this level.
 Location: _____ Exam Date: _____
 Examiner _____ ID # _____
Print Name Signature Tel #

4. **Area Chair Approval**
 I certify that the individual identified above is ready to be appointed as an NLS 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						
<i>Instructions for co-examiner or co-instructor:</i> 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.						
Last name		First name		Lifesaving Society ID#:		
()	()	()		()		
Home phone		Business phone		Mobile phone		
E-mail address:						
To be completed by the Supervising Examiner						
<i>Instructions for supervising examiner:</i> 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.						
Last name		First name		Lifesaving Society ID#:		
()	()	()		()		
Home phone:		Business phone		Mobile phone		
E-mail address:						
How many exams have you conducted at this level? <input type="checkbox"/> 0 <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+						
Exam or course details						
Level examined/taught		# examined		# passed		
Date of exam/course		Location of exam/course		City		
year / month / day		Name of facility				
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.						
<input type="checkbox"/> Resuscitation <input type="checkbox"/> Rescues <input type="checkbox"/> Spinals <input type="checkbox"/> First Aid <input type="checkbox"/> Skill evaluation <input type="checkbox"/> Final Evaluation <input type="checkbox"/> Other (please specify):						
Communication and Teaching		Excellent	Good	Satisfactory	Unsatisfactory	N/A
1. Co-examiner/co-teacher communicates well with candidates.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Offers constructive feedback to candidates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Uses exam/course outline and/or lesson/core plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	