



LEADERSHIP RECERTIFICATION
APPLICATION FOR COURSE CREDIT

Complete and return this application to the Lifesaving Society Ontario at least three weeks prior to the start of course. This application will be reviewed and a photocopy will be returned to you indicating the credit value assigned. Please contact the office if you have not received this confirmation before the start of your course.

Contact Information

Name: _____

Address: _____

Telephone Number: _____ Email: _____

Course Information

Course Title: _____

Affiliate: _____ Contact Person: _____

Address: _____

Telephone Number: _____ Email: _____

Course Dates: Start: _____ Finish: _____

This course is being submitted for credit towards recertification of (circle one): Lifesaving Instructor *or* Specialized Instructor.

Credit Cards Needed: _____

List the instructors and/or examiners who will be teaching/evaluating this course, along with their current certifications:

Name	Certifications
_____	_____
_____	_____

Course Content

Number of Hours: Theory _____ Practical _____ Exam _____

Purpose of Course:

Describe the method of instruction:

Outline Course Content: Theory:

Outline Course Content: Practical:

Describe how the candidates will be evaluated:

Will a certification be issued: YES NO

If yes, what is the name of the certification? _____

Please use this space to provide any additional information you feel would assist us in determining the credit value of this course.

REMEMBER TO SEND A COPY OF YOUR MASTER SHEET AFTER THE COURSE

OFFICE USE ONLY

Date: _____ Credit Value Assigned: _____

Reviewed By: _____ Confirmation Sent: _____