



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross Recertification

(Revised 2025)

*This test sheet for Recertification exam
candidates only.*

Side 1: Please record each candidate's name
and contact information accurately.

	Team search	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge – 400 m or yd.	Two-person rescue 1: multiple victims	Two-person rescue 2: submerged victim	Assistant lifeguard situations	Result
	8	10	11	12	13	15	16	17	
1 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/> Bronze Cross Date earned: _____ Location: _____									
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/> Bronze Cross Date earned: _____ Location: _____									
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/> Bronze Cross Date earned: _____ Location: _____									
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/> Bronze Cross Date earned: _____ Location: _____									

☐ Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

☒ – Satisfactory Performance
X – Fail

Total Pass
for Exam

☐ Total Fail
for Exam ☐

Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal Code _____	Individual who examined the candidates Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
Exam Information Exam Date: _____ YY MM DD Facility name (e.g. name of pool) _____ Telephone _____	Individual who apprenticed on the exam Apprentice's name _____ ID# _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. **Retain one copy for your records.** Do not send cash by mail.



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Side 2: Please record each candidate's name
and contact information accurately.

	Team search	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge – 400 m or yd.	Two-person rescue 1: multiple victims	Two-person rescue 2: submerged victim	Assistant lifeguard situations	Result
	8	10	11	12	13	15	16	17	
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/>									
Bronze Cross Date earned: _____ Location: _____									
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/>									
Bronze Cross Date earned: _____ Location: _____									
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/>									
Bronze Cross Date earned: _____ Location: _____									
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
Prerequisites checked: <input type="checkbox"/>									
Bronze Cross Date earned: _____ Location: _____									

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Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).



– Satisfactory Performance

X – Fail

Total Pass
for Exam

☐

Total Fail
for Exam

☐

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the sheet.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam Date: _____
YY MM DD

Individual who examined the candidates

Same as Side 1 ☐ (sign below) or

Examiner's name

ID#

E-mail address

()
Telephone

Signature

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