



Pool Recertification

(Revised 2025)

*This test sheet for Recertification exam
candidates only.*

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

	Object recovery	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
	6b	6c	6d	8b	11a	11b	11d	12a	12b	
1 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
Prerequisites checked: <input type="checkbox"/>										
National Lifeguard Pool Date Earned: _____ Location: _____										
2 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
Prerequisites checked: <input type="checkbox"/>										
National Lifeguard Pool Date Earned: _____ Location: _____										
3 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
Prerequisites checked: <input type="checkbox"/>										
National Lifeguard Pool 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.

Object recovery

6b

Sprint challenge

6c

Endurance challenge

6d

Scanning & observation

8b

Mgmt: distressed or drowning victim

11a

Mgmt: submerged, non-breathing victim

11b

Mgmt: injured victim

11d

Lifeguard situation: single guard

12a

Lifeguard situations: team

12b

Result

4

Name

Gender ☐ M ☐ F

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Pool Date Earned: _____ Location: _____

5

Name

Gender ☐ M ☐ F

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Pool Date Earned: _____ Location: _____

6

Name

Gender ☐ M ☐ F

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Pool 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
☐ – 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)

Individual who examined the candidates Same as Side 1 ☐ (sign below) or

Examiner's name

ID#

Exam Information

Exam Date: _____
YY MM DD

E-mail address

()

Telephone

Signature

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