

## Bronze Examiner Training Record

### Examiner Candidate Information

Name:	Lifesaving Society ID #:
Permanent Address:	City:
Province:	Postal Code:
Phone #:	Business Phone #:
Email:	Date of Birth (YYYY/MM/DD):

### Prerequisite

<input type="checkbox"/> Lifesaving Instructor Certification	Certification date:
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### Teaching Experience *Experienced Lifesaving Instructor on a minimum of one Bronze Medallion or Bronze Cross*

Level: <input type="checkbox"/> Bronze Medallion <input type="checkbox"/> Bronze Cross	Exam date:
Affiliate:	Location:

### Examiner Course *Successful completion of the Lifesaving Society Examiner course*

Course location:	Exam date:
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### Apprenticeship *Successful apprenticeship on one Bronze Medallion or Bronze Cross exam with an Examiner Mentor*

Level: <input type="checkbox"/> Bronze Medallion <input type="checkbox"/> Bronze Cross	Exam date:
Examiner Mentor's name:	Location:

### Examiner Mentor Verification *To be completed by Examiner Mentor*

☐ I certify that the examiner candidate identified above is ready to be certified as a **Bronze Examiner**.

Name:	Lifesaving Society ID #:
Signature:	Date:

**When this training record is complete, send it with the applicable certification fee to the Lifesaving Society office.**

## For Office Use

Payment received:	Date issued:	Entered by:
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## Examiner Certification Fee

Name:	Email:
Mailing Address:	City and Province:
Postal Code:	Phone number:
Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Purchase order #	<input type="checkbox"/> Visa <input type="checkbox"/> Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Credit Card #:	Cardholder's name:
Expiry date:	CVV number (3 digits)
Cardholder's signature:	

## PLEASE SUBMIT WITH COMPLETED EXAMINER TRAINING RECORD

Quantity	Item	Price	Total
	Examiner Certification fee	\$40.00	

<b>Grand Total</b>	
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Fee applies to each examiner training record submitted

**Prices effective until December 31, 2026**