



Bronze Examiner Training Record

Examiner Candidate Information

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|--------------------|-----------------------------|
| 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: |
|--------------------------------------------------------------|---------------------|

Teaching Experience *Experienced Lifesaving Instructor on a minimum of one Bronze Medallion or Bronze Cross*

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|----------------------------------------------------------------------------------------|------------|
| 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: |
|------------------|------------|

Apprenticeship *Successful apprenticeship on one Bronze Medallion or Bronze Cross exam with an Examiner Mentor*

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|----------------------------------------------------------------------------------------|------------|
| 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**.

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|------------|--------------------------|
| 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: |
|-------------------|--------------|-------------|

Examiner Certification Fee

| | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: | Email: |
| Mailing Address: | City and Province: |
| Postal Code: | Phone number: |
| Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Purchase order # | <input type="checkbox"/> Money 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 | |

Grand Total

Fee applies to each examiner training record submitted

Prices effective until December 31, 2026