

NATIONAL LIFEGUARD EXAMINER TRAINING RECORD

Examiner Candidate Information

Name		Lifesaving Society ID #	
Permanent Address	-		
City	Province	Postal Code	
Phone ()	Bus. Phone ()	Fax ()	
Email		Date of Birth YYYY / MM / DD	

Prerequisite

	National Lifeguard Instructor certification	Certification date:
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Teaching Experience: experienced National Lifeguard Instructor on a minimum of one National Lifeguard course (in an NLS option you hold)

Option: 🗖 Pool	Waterpark	🛛 Surf	Waterfront	Exam date:
Affiliate:				Location:

Examiner Course: successful completion of the Lifesaving Society Examiner course

Course location:	Exam date:

Apprenticeship: successful apprenticeship on one National Lifeguard exam ((in an NLS option you hold) with an Examiner Mentor

Option: 🖵 Pool	Waterpark	🛛 Surf	Location:	
Examiner Mentor's name:				Exam date:

Examiner Mentor Verification: to be completed by Examiner Mentor

I approve the examiner candidate identified above for certificat	ion as a National Lifeguard Examiner .
Name:	Lifesaving Society ID #:
Signature:	Date:

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

For Office Use		
Payment received:	Date issued:	Entered by:



		EXA	MINER CER	TIFICA	TION FEE			
Name:				Email:				
Mailing address:				I				
City			Prov.			Postal code	9	
Phone:								
Payment: Cheque	e Mone	ey order	Purchase order #	VISA	Debit	Master	rCard	AMEX
Credit Card #				Cardholde	r's name			
Expiry date		CVV number (3 digits)	Cardholde	r's signature			
				•				
	PL	EASE SUBMI	WITH COMPLETE	d examin	ER TRAINING	RECORD.		
QUANTITY			ITEM				PRICE	TOTAL
	Examiner ce	rtification fee					\$37.50	
Fee applies to e	ach examiner t	raining record	submitted.				TOTAL	

PRICES EFFECTIVE UNTIL DECEMBER 31, 2024

400 Consumers Road, Toronto, Ontario M2J 1P8 Phone: 416-490-8844 Fax: 416-490-8766 E-Mail: experts@lifeguarding.com Web site: www.lifesavingsociety.com Online Store: www.lifeguarddepot.com