



**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**

<input type="checkbox"/> National Lifeguard Instructor certification	Certification date:
--	---------------------

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

Option: <input type="checkbox"/> Pool <input type="checkbox"/> Waterpark <input type="checkbox"/> Surf <input type="checkbox"/> 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: <input type="checkbox"/> Pool <input type="checkbox"/> Waterpark <input type="checkbox"/> Surf <input type="checkbox"/> Waterfront	Location:
Examiner Mentor's name:	Exam date:

**Examiner Mentor Verification:** *to be completed by Examiner Mentor*

<i>I approve the examiner candidate identified above for certification as a <b>National Lifeguard Examiner.</b></i>	
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:



LIFESAVING SOCIETY

*The Lifeguarding Experts*

**EXAMINER CERTIFICATION FEE**

Name:			Email:				
Mailing address:							
City		Prov.		Postal code			
Phone:							
Payment:	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 <input type="checkbox"/>
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	\$35.00	
Fee applies to each examiner training record submitted.		<b>TOTAL</b>	

PRICES EFFECTIVE UNTIL DECEMBER 31, 2023

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