

First Aid 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"/> First Aid Instructor Certification	Certification date:
---	---------------------

Teaching Experience *Experienced First Aid Instructor on a minimum of one Standard First Aid course*

Level: <input type="checkbox"/> Standard First Aid	Exam date:
Affiliate:	Location:

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

Course location:	Exam date:
------------------	------------

Apprenticeship *Successful apprenticeship on one Standard First Aid exam with an Examiner Mentor*

Level: <input type="checkbox"/> Standard First Aid	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 **First Aid 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:
-------------------	--------------	-------------

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	

Grand Total	
--------------------	--

Fee applies to each examiner training record submitted

Prices effective until December 31, 2026