LIFESAVING SOCIETY
The Lifeguarding Experts

LIFESAVING SOCIETY
LEADERSHIP RECERTIFICATION CREDIT FORM

Surname _____ Given name _____ Birth date (yy mm dd) _____

Street _____ Apt. # _____ ID # _____

City/Town _____ Prov _____ Postal code _____ Home phone _____

Email _____ Bus. phone _____ Ext. _____

Please ✔ the awards you wish to recertify	Instructor	Examiner	Inst. Trainer
Swim		✗	
Lifesaving			
Standard First Aid			✗
Airway Management			✗
CPR-HCP			✗
National Lifeguard			
Aquatic Supervisor		✗	

For office use - date card(s) issued: _____

CREDIT RECORD

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Did you remember to:

Enclose validated credit form totaling three credits.

Calculate the recertification fee based on the number of awards you wish to recertify.

Enclose cheque, money order, or credit card authorization by the card holder (Visa, MasterCard) for the recertification fee.

Send to the LIFESAVING SOCIETY -11 Austin Street ,P.O. Box 8065, Stn A, St. John's , Newfoundland A1B 3M9 . Ph: 709-576-1953 Fax: 709-738-1475 Email: info @lifesavingnl.ca Web: www.lifesavingnl.ca

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CREDIT CARD PAYMENT AUTHORIZATION 2017

You may submit your credit form and payment by e-mail to *info@lifesavingnl.ca* as follows:

- Refer to the current Credit List to ensure your credits are valid for the awards you wish to recertify.
- Complete the credit form information above identifying a minimum total of 3 credits.
- Calculate the payment amount: The 2017 fee is $30.00 for the first leadership award recertified plus $7.45 for each additional leadership award recertified at the same time to a maximum of $50.00.
- Find your credit card for payment. We recommend you call us with your credit card details.
- Save a copy of the credit form to your tablet or computer.
- Email the saved credit form to *info@lifesavingnl.ca*.

I authorize the Lifesaving Society to charge my credit card as follows:

Visa   MasterCard   AMEX

_____
Name on Credit Card

_____
Card number   Exp date

_____
Payment amount (optional)
(we will calculate at the time of processing)

_____
Date submitted

OFFICE USE ONLY

Date transaction processed

Authorization # _____   Processed by