



LIFESAVING SOCIETY

The Lifeguarding Experts

LIFESAVING EXAMINER TRAINING RECORD

Bronze Medallion OR Bronze Cross OR Distinction

Last Name		First Name		Birth Date YY/MM/DD	
Permanent Address					
City		Province	Postal Code		Lifesaving Society ID # (If Known)
Home Phone #	Business Phone #		E-mail address		

1. **Prerequisite:** *Current Lifesaving Instructor* with experience teaching the applicable award: Bronze Medallion (for Bronze Medallion Examiner), Bronze Cross (for Bronze Cross Examiner) or Distinction (for Distinction Examiner).
 Certification Date: _____

2. **Exam Standards Clinic**
 I certify that the individual identified above has successfully completed a Lifesaving Society Examination Standards Clinic.
 Clinic Trainer: _____ Lifesaving Society ID #: _____
 Clinic Location: _____ Clinic Date: _____
 Trainer Signature: _____

3. **Co-Teach Reports:** BRONZE MEDALLION Examiner candidates must successfully co-teach at least one Bronze Medallion course. BRONZE CROSS Examiner candidates must successfully co-teach at least one Bronze Cross course. DISTINCTION Examiner candidates must successfully co-teach at least one Distinction course. Please contact the Lifesaving Society office prior to your co-teach.

Co-Teach – BRONZE MEDALLION, BRONZE CROSS OR DISTINCTION
 I certify that the individual identified above has successfully co-taught on a Bronze Medallion Bronze Cross Distinction course. In my opinion he/she is capable of examining candidates at this level.
 Location: _____ Exam Date: _____
 Examiner _____ ID # _____
Print Name Signature Tel #

Co-Teach – BRONZE MEDALLION, BRONZE CROSS OR DISTINCTION
 I certify that the individual identified above has successfully co-taught on a Bronze Medallion Bronze Cross Distinction course. In my opinion he/she is capable of examining candidates at this level.
 Location: _____ Exam Date: _____
 Examiner _____ ID # _____
Print Name Signature Tel #

4. **Payment and Approval**
 When all above areas are complete, send this Examiner Training Record to the Lifesaving Society Office
 201-11 Austin St., St. John's, NL A1B 4C1.

For Office Use Only
 I certify that the individual identified above is ready to be appointed as a Bronze Medallion Bronze Cross Distinction Examiner.
 Program Manager _____ Date _____
Print Name Signature