

For Office Use

Payment received:

BRONZE EXAMINER TRAINING RECORD

Examiner Candidate Information			1	
Name			Lifesaving Society ID #	
Permanent Address				
City	Province			Postal Code
Phone ()	Bus. Phone ()		Fax ()
Email			Date of Birth YYYY / MM / DD	
Prerequisite		1		
☐ Lifesaving Instructor certification Ce			tification date:	
Teaching Experience: experien	ced Lifesaving Instructor o	n a mini	imum of one Bro	onze Medallion or Bronze Cross
Level: ☐ Bronze Medallion ☐ Bronze Cross			Exam date:	
Level: Bronze iviedalilon	☐ Bronze Cross		Exam date:	
Affiliate:	☐ Bronze Cross		Exam date: Location:	
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Affiliate: Examiner Course: successful cor Course location: Apprenticeship: successful appre Level: Bronze Medallion	npletion of the Lifesaving S enticeship on one Bronze M		Examiner course Exam date: or or Bronze Cross Location:	
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Affiliate: Examiner Course: successful con Course location: Apprenticeship: successful appre Level: Bronze Medallion Examiner Mentor's name: Examiner Mentor Verification I approve the examiner candidate	npletion of the Lifesaving S enticeship on one Bronze M Bronze Cross	ledallion miner M	Examiner course Exam date: or or Bronze Cross Location: Exam date:	exam with an Examiner Mentor Tonze Examiner.

Date issued:

Entered by: