



**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"/> First Aid Instructor certification	Certification date:
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**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:
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**Apprenticeship:** *successful apprenticeship on one Standard First Aid exam with an Examiner Mentor*

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

<b>For Office Use</b>		
Payment received:	Date issued:	Entered by: