



LIFESAVING SOCIETY
The Lifeguarding Experts

- CPR-Health Care Provider
- Automated External Defibrillation

(Revised 2024)

Side 1: Please record each candidate's name and contact information accurately.

	CPR-HCP							AED		Result	
	One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation		One- and two-rescuer AED
	1	2	3	4	5	6	7		1	2	
1 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											

Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

– Satisfactory Performance
 – Fail

Total Pass for Exam Total Fail for Exam

Please complete all sections below

Payment Information Exam fees attached Exam fees not attached
Send invoice or receipt to:
Host name (Affiliate) _____ Telephone _____
Street address _____
City _____ Prov. _____ Postal Code _____

Emergency or Standard First Aid Instructor information
Instructor's name _____ ID# _____
E-mail address _____
Telephone _____ Signature _____

Exam Information Exam is: Original OR Recert
Exam Date: _____
YY MM DD
Facility name (e.g. name of pool) _____ Telephone _____

For CPR-HCP, this section to be completed by the CPR-HCP Examiner. For AED, this section to be completed by the Emergency or Standard First Aid Instructor who evaluated the AED candidates.
Examiner's name _____ ID# _____
E-mail address _____
Telephone _____ Signature _____



LIFESAVING SOCIETY
The Lifeguarding Experts

- CPR-Health Care Provider
 Automated External Defibrillation

(Revised 2024)

Side 2: Please record each candidate's name and contact information accurately.

	CPR-HCP							AED		Result	
	One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation		One- and two-rescuer AED
	1	2	3	4	5	6	7		1	2	
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____											

Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

– Satisfactory Performance
 – Fail

Total Pass for Exam Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the sheet.

Host name (Affiliate) () Telephone _____	Please complete Instructor and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.
Exam Information Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Exam Date: _____ YY MM DD Facility name (e.g., name of pool) () Telephone _____	For CPR-HCP, this section to be completed by the CPR-HCP Examiner. For AED, this section to be completed by the Emergency or Standard First Aid Instructor who evaluated the AED candidates. Examiner's name _____ ID# _____ E-mail address _____ () Telephone _____ Signature _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for your records. Do not send cash by mail.