



LIFESAVING SOCIETY

The Lifeguarding Experts

EXAMINER TRAINING RECORD – NATIONAL LIFEGUARD

Last Name		First Given 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 National Lifeguard Instructor* certification with experience teaching National Lifeguard.  
 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-Examination Reports** National Lifeguard Examiner candidates must co-exam 2 exams. Co-exams must be separate exams and should be evaluated by different examiners. Co-exams must be done with a current and experienced National Lifeguard Examiner. Please contact the Lifesaving Society office prior to your co-exam.

**Co-Exam #1**  
 I certify that the individual identified above has successfully co-examined a **National Lifeguard** exam. In my opinion he/she is capable of examining candidates at this level.  
 Location: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Examiner \_\_\_\_\_ ID # \_\_\_\_\_  
Print Name Signature  
 Tel # \_\_\_\_\_

**Co-Exam #2**  
 I certify that the individual identified above has successfully co-examined a **National Lifeguard** exam. 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 at 201-11 Austin Street, St. John's, NL A1B 4C.

**For Office Use Only**  
 I certify that the individual identified above is ready to be appointed as a **National Lifeguard Examiner**.  
 Program Manager \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

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 Newfoundland and Labrador A1B 4C1  
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