



LIFESAVING SOCIETY®
The Lifeguarding Experts

Automated External Defibrillation AED Responder

Permanent cards are mailed directly to successful candidates.
Please ensure addresses are legible and complete.

		AED Knowledge General	AED Knowledge Special Consideration	AED Use & Operation General	AED Use & Operation Prompts	AED Use & Operation Troubleshooting	One Rescuer AED	Two Rescuer AED	Written Exam AED Responder	
1 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____	Date of Birth	1a	1b	2a	2b	2c	3	4		Result
	Year									
	Month	Prerequisites:								
	Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
		Agency: _____								
2 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____	Year									
	Month	Prerequisites:								
	Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
		Agency: _____								
	3 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____	Year								
Month		Prerequisites:								
Day		<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
		Agency: _____								
4 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____		Year								
	Month	Prerequisites:								
	Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
		Agency: _____								
	5 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____	Year								
Month		Prerequisites:								
Day		<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
		Agency: _____								
6 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____		Year								
	Month	Prerequisites:								
	Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
		Agency: _____								

Check box if there are more candidates on reverse side or attached.

This test sheet is page ____ of ____ pages.

Satisfactory Performance

F - Fail

Total Pass

Total Fail

Instructor information

Instructor's name _____

ID # _____

E-mail address _____

Signature _____

Phone _____

Course information

Course

Recert

Completion date:

____ Year ____ Month ____ Day

Course location _____

Phone _____

Affiliate information

Affiliate name _____

Phone _____



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8 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____	Year									
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	Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
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	9 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____	Year								
Month		Prerequisites:								
Day		<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
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10 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____		Year								
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	Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____								
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	11 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____	Year								
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12 Name _____ Address _____ City _____ Postal code _____ Phone _____ E-mail _____		Year								
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Satisfactory Performance

F - Fail

Total
Pass

Total
Fail

Instructor information

Instructor's name _____ ID # _____

E-mail address _____

Signature _____ Phone _____

Course information

Course Recert

Completion date: _____ Year _____ Month _____ Day _____

Course location _____ Phone _____

Affiliate information

Affiliate name _____ Phone _____