



**LIFESAVING SOCIETY**

**LEADERSHIP RECERTIFICATION CREDIT FORM**

*Surname*

*Given Name*

*Date of Birth*

*Street/PO Box*

*Apt. #*

*City/Town*

*Province*

*Postal Code*

*Home phone*

*Email*

*Business phone*

**Please ✓ the Instructor awards you wish to recertify**

	<b>Instructor</b>	<b>Examiner</b>	<b>Instructor Trainer</b>
<b>Swim</b>			
<b>Lifesaving</b>			
<b>Boat Rescue</b>			
<b>BOAT</b>			
<b>First Aid</b>			
<b>Automated External Defibrillation</b>			
<b>Advanced First Aid</b>			
<b>NLS</b>			
<b>CPR</b>			
<b>Other</b>			

For office use – date card(s) issued:

# Credit Record

Course \_\_\_\_\_ Credit Value \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

Course \_\_\_\_\_ Credit Value \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

Course \_\_\_\_\_ Credit Value \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

## Did you remember to:

- Enclose validated credit card totaling three credits?
- Calculate the recertification fee based on the number of awards you wish to recertify?  
(Examiner recert is free if sent with instructor recert credits)
- Enclose money order, cheque or credit card authorization by the card holder (Visa or MasterCard) for the recertification fee?
- Send to the LIFESAVING SOCIETY, 11 Austin Street, PO Box 8065, Station A, St. John's, NL A1B 3M9  
Tel: 709-576-1953 Fax: 709-738-1475 Email: [lifeguard@nl.rogers.com](mailto:lifeguard@nl.rogers.com) Web: [www.lifesavingnl.ca](http://www.lifesavingnl.ca)