LIFESAVING SOCIETY®
The Lifeguarding Experts

AED - PAD
(Public Access Defibrillation)

	Date of Birth	Knowledge - General 1	Assessment 2	One Rescuer CPR - Adult & Child 3	Knowledge - AED 4	AED Use & Operation - General 5a	AED Use & Operation - Prompts 5b	One Rescuer AED - Adult & Child 6	Result
1 Name Address City Postal code Phone E-mail	Year Month Day								
2 Name Address City Postal code Phone E-mail	Year Month Day								
3 Name Address City Postal code Phone E-mail	Year Month Day								
4 Name Address City Postal code Phone E-mail	Year Month Day								
5 Name Address City Postal code Phone E-mail	Year Month Day								
6 Name Address City Postal code Phone E-mail	Year Month Day								

❒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 is: ❒Original OR ❒Recert

Completion date: _____ (Year) _____ (Month) _____ (Day)

Course location Phone

Payment information

Program fees ❒Attached ❒Invoice

Purchase order #

Affiliate name Phone

Return completed test sheet to the Lifesaving Society Branch Office promptly after the course. **Retain copies for your records**. Do not send cash by mail.