



**LIFESAVING SOCIETY®**  
The Lifeguarding Experts

Automated External Defibrillation  
**AED Provider**

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  
 AED Maintenance  
 & Follow up  
 Written Exam %  
 AED Provider

		Date of Birth	1a	1b	2a	2b	2c	3	4	5	Result
1											
Address		Year									
City Postal code		Month	Prerequisites:								
Phone		Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____ Agency: _____								
E-mail											
2											
Address		Year									
City Postal code		Month	Prerequisites:								
Phone		Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____ Agency: _____								
E-mail											
3											
Address		Year									
City Postal code		Month	Prerequisites:								
Phone		Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____ Agency: _____								
E-mail											
4											
Address		Year									
City Postal code		Month	Prerequisites:								
Phone		Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____ Agency: _____								
E-mail											
5											
Address		Year									
City Postal code		Month	Prerequisites:								
Phone		Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____ Agency: _____								
E-mail											
6											
Address		Year									
City Postal code		Month	Prerequisites:								
Phone		Day	<input type="checkbox"/> CPR or First Aid (current) Level: _____ Date earned: _____ Agency: _____								
E-mail											

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

<b>Instructor information</b>		<b>Course information</b>		<input type="checkbox"/> Course <input type="checkbox"/> Recert	
Instructor's name _____		Completion date: _____ <small>Year    Month    Day</small>		Course Location _____	
E-mail address _____		ID # _____		Phone _____	
Signature _____		Phone _____		<b>Payment Information</b> Program Fees <input type="checkbox"/> Attached <input type="checkbox"/> 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.**