



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	<input type="text"/>	Total Fail	<input type="text"/>
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Instructor information		Course information	
Instructor's name _____ ID # _____		Completion date: _____ Year _____ Month _____ Day _____	
E-mail address _____		Course location _____ Phone _____	
Signature _____ Phone _____		Payment Information Program Fees <input type="checkbox"/> Attached <input type="checkbox"/> Invoice <input type="checkbox"/> Purchase Order # _____	
		Affiliate name _____ Phone _____	

Return completed test sheet to the Lifesaving Society Branch Office promptly after the course. **Retain copies for your records.**