

The Lifeguarding Experts

EXAMINER TRAINING RECORD – STANDARD FIRST AID EXAMINER

Last Name First Given Name				Birth Date YY/MM/DD
Permanent Address				
014	Davidos	D 1 - 1	0-1-	Life and the Continue ID # (15 Known)
City	Province	Postal Code		Lifesaving Society ID # (If Known)
Home Phone #	Business Phone #		E-mail address	
Home I home #	Dusiness Friorie #	Tione # E mail address		
1. Prerequisite: Current Standard First Aid Instructor with experience teaching the Workplace Standard First-Aid with CPR-C.				
Cartification Data:				
Certification Date:				
2. Exam Standards Clinic:				
I certify that the individual identified above has successfully completed a Lifesaving Society Examination Standards Clinic.				
Clinic Trainer: Lifesaving Society ID #:				
Trainer Signature:				
3. Co-Teach Reports Standard First Aid Examiner candidates must co-teach at least one full course. Co-teach must be done with a current and experienced Standard First Aid examiner. Please contact the Lifesaving Society office prior to your co-teaching.				
Co-Teach – WORKPLACE STANDARD FIRST AID WITH CPR-C I certify that the individual identified above has successfully co-taught a WORKPLACE STANDARD FIRST AID course. In my opinion he/she				
is capable of examining candidates at this level.				
Location:				
ExaminerPrint N	lame		Signature	ID #
				Tel #
4. Payment and Approval				
When all above areas are complete, send this Examiner Training Record to the Lifesaving Society Office at 201-11 Austin Street, St. John's, NL A1B 4C1.				
For Office Use Only I certify that the individual identified above is ready to be appointed as a Standard First Aid Examiner.				
Program Manager	Print Name		Cimakur	Date
	PHILLINAINE		Signature	