



LIFESAVING SOCIETY®
The Lifeguarding Experts

Education and Proficiency Instructor

Side 1: Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Lifesaving Society	Education and Proficiency - Program Streams	Delivery Model	Roles and Responsibilities	What Now	Result
			2	3	4	5	6	
1 Name Sex M F Address City Postal code E-mail Telephone								
2 Name Sex M F Address City Postal code E-mail Telephone								
3 Name Sex M F Address City Postal code E-mail Telephone								
4 Name Sex M F Address City Postal code E-mail Telephone								
5 Name Sex M F Address City Postal code E-mail Telephone								
6 Name Sex M F Address City Postal code E-mail Telephone								

Check box if there are more candidates on the reverse side of this page.
This test sheet is page ___ of ___ pages.

Satisfactory Performance **F** Fail Total Pass for Course Total Fail for Course

Instructor Trainer Information

Instructor Trainer's Name ID#
 ()
 Telephone Signature

Instructor Trainer's Name ID#
 E-mail
 ()
 Telephone Signature

Awards information

- Awards issued by affiliate
- Awards not issued

Course Information

Start Date: End Date:
 YY MM DD YY MM DD
 Facility name Telephone

Payment information

Exam fees attached
 Exam fees not attached
 Send invoice or receipt to _____)
 Affiliate Telephone
 Address
 City Province Postal code

