LIFESAVING SOCIETY®
The Lifeguarding Experts

Instructor Test Sheet - Original or Recert

PAGE 1 OF ____

COURSES	O	R		O	R
Lifesaving Instructor / Examiner	☐	☐	Officials Instructor / Examiner	☐	☐
Swim Instructor / Examiner	☐	☐	Coach Level 1	☐	☐
Education Proficiency Instructor / Examiner	☐	☐	BOAT instructor / Examiner	☐	☐
SwimAbilities Instructor / Examiner	☐	☐	Swiftwater Rescue Instructor / Examiner	☐	☐
Lifesaving First Aid Instructor Course			National Lifeguard Instructor Course	☐	☐
16 Hour	☐	☐	BOAT Rescue for First Responder	☐	☐
32 Hour	☐	☐			

* Please print each candidate's name and contact information legibly.

	Prerequisites Checked	1 Planning	2 Evaluating	3 Presentation Skills	4 Lifesaving Society Knowledge	5 Curriculum Knowledge	6 Leaner Characteristics	7 Health and Safety	8 Facilitating and Mentoring	9 Ethnics and Valuing Diversity	10 Communicating	11 Teamwork and Collaboration	12 Problem Solving and Decision Making	13 Skill Demonstration	Result
NAME DATE OF BIRTH YY / MM / DD GENDER ☐ M ☐ F ADDRESS CITY P.C PH. E-MAIL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
☐ Society Support Recommended															
NAME DATE OF BIRTH YY / MM / DD GENDER ☐ M ☐ F ADDRESS CITY P.C PH. E-MAIL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
☐ Society Support Recommended															
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☐ Society Support Recommended															
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☐ Society Support Recommended															

✓ Satisfactory Performance **F** Fail Total Pass _____ Total Fail _____

TRAINER (1) INFORMATION		TRAINER (2) INFORMATION	
TRAINER'S NAME	ID#	TRAINER'S NAME	ID#
E-MAIL	PH.	E-MAIL	PH.
SIGNATURE		SIGNATURE	

COURSE INFORMATION	
YY / MM / DD	
FACILITY NAME	PH.
AFFILIATE NAME	PH.

Mail completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for affiliate records. Do not send cash by mail.

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The Lifeguarding Experts

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PAGE ____ OF ____

Course Information
EXAM DATE YY / MM / DD
AFFILIATE NAME
TRAINER (1) NAME
SIGNATURE
TRAINER (2) NAME
SIGNATURE

	Prerequisites Checked	Planning	Evaluating	Presentation Skills	Lifesaving Society Knowledge	Curriculum Knowledge	Leaner Characteristics	Health and Safety	Facilitating and Mentoring	Ethnics and Valuing Diversity	Communicating	Teamwork and Collaboration	Problem Solving and Decision Making	Skill Demonstration	Result
		1	2	3	4	5	6	7	8	9	10	11	12	13	
NAME	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DATE OF BIRTH YY / MM / DD GENDER ☐ M ☐ F															
ADDRESS															
CITY P.C PH.															
E-MAIL	☐ Society Support Recommended														
NAME	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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This page may be used for additional Leadership Candidates.