



LIFESAVING SOCIETY®  
The Lifeguarding Experts

### Instructor/Examiner - First Aid Programs

- AEC / Lifesaving First Aid Instructor/Examiner (16-Hour)
- AEC / Lifesaving First Aid Instructor/Examiner (32-Hour)

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

	Date of Birth Y/M/D	Prerequisites Checked	Lifesaving Society	Teaching	Communication	Class Management	Planning	Evaluation	Result
			1	2	3	4	5	6	
<b>1</b>	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
<b>2</b>	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
<b>3</b>	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
<b>4</b>	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
<b>5</b>	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
<b>6</b>	Sex M F								
Name									
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/Clinic       Total Fail for Course/Clinic

**Instructor Trainer Information**

Instructor Trainer's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

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Instructor Trainer's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Awards information**

Awards issued by affiliate

Awards not issued

**Course/Clinic 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 \_\_\_\_\_

