



Instructor

Revised 2012

- Original
- Recert

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

Date of Birth Y/M/D	Prerequisites Checked	1 Lifesaving Society - General	2 Teaching - Leadership Philosophy and Program Model Design	3 Communication - Feedback	4 Class Management	5 Planning	6 Evaluation	Result
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 Clinic Total Fail for Clinic

Branch Trainer Information

Branch Trainer's Name _____ ID# _____

()
Telephone _____ Signature _____

Branch Trainer's Name _____ ID# _____

E-mail _____
()
Telephone _____ Signature _____

Awards information

Awards issued by affiliate
 Awards not issued

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 _____



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Side 2: Please print each candidate's name and contact information legibly.

Date of Birth Y/M/D	Prerequisites Checked	1	2	3	4	5	6	Result
7								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
8								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
9								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
10								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
11								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
12								
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
 Fail
 Total Pass for Clinic
 Total Fail for Clinic

Clinic Information

Start Date: ___/___/___ End Date: ___/___/___

YY MM DD YY MM DD

name _____ Telephone _____

Please complete Branch Trainer, Awards and Payment information sections on Side 1 of test sheet. Host name, Clinic information, and Branch Trainer sections must be completed on both sides 1 and 2 of the test sheet.

Branch Trainer Information

Branch Trainer's Name _____ ID# _____

E-mail _____

() _____

Telephone _____ Signature _____

Branch Trainer's Name _____ ID# _____

E-mail _____

() _____

Telephone _____ Signature _____