

Lifesaving Society Distance Recertification Form

INFORMATION - Please print clearly

NAME:		MEMBER #:
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE: ()	ALT. PHONE: ()	FAX: ()
EMAIL:	DOB:	YY/MM/DD

CONDITIONS - Please read and complete

- | General Conditions - Applies to all recertifications | Completed |
|--|--------------------------|
| 1. I understand the roles and responsibilities that apply to my certification(s) and am in good standing with the Lifesaving Society. | <input type="checkbox"/> |
| 2. I have read, understand and agree to adhere to the Lifesaving Society Code of Conduct(s) that apply to my certification(s). | <input type="checkbox"/> |
| 3. I have reviewed and understand policies and procedures applicable to my certification(s). | <input type="checkbox"/> |
| 4. I have completed Mandatory Updates (as required). | <input type="checkbox"/> |
| 5. I have and use all required Lifesaving Society literature and materials applicable to my certification(s).
<i>Note: Refer to Policies and Procedures for required literature and materials.</i> | <input type="checkbox"/> |
| 6. I have read, understood and completed the conditions above for the recertification(s) I have requested. | <input type="checkbox"/> |
| Instructor Recertification Conditions | |
| 7. I have completed a self-assessment for the level of competency applicable to my instructor certification(s) and created or updated my development plan identifying goals for professional development.
<i>Note: Individuals recertifying more than one (1) instructor certification are only required to complete a self-assessment of the highest level of leadership competency being recertified.</i>
<i>Note: Go to www.lifesaving.org to access Leadership Competency Assessment Forms and Development Plan.</i> | <input type="checkbox"/> |

Note: Electronic communications are the main means by which the Society communicates to members. It is mandatory for Lifesaving Society instructors to remain subscribed to electronic communications such as Ripples. Instructors should also be signed up for members only section of the website to access program toolkits.

SIGNATURE: _____ **DATE:** _____

Continued on page 2.

Award and Fee Table - Please check off the appropriate boxes

Certification		Request Recertification	Recertification Fee
Leadership - Level 1 Competency	Boat Operator Accredited Training Instructor	<input type="checkbox"/>	\$15.00
Leadership - Level 2 Competency	Education and Proficiency Instructor	<input type="checkbox"/>	\$15.00
	SwimAbilities Instructor	<input type="checkbox"/>	\$10.00
	Lifesaving Sport Coach 1	<input type="checkbox"/>	\$10.00
	Officials Instructor	<input type="checkbox"/>	\$10.00
Leadership - Level 3 Competency	First Responder Instructor	<input type="checkbox"/>	\$35.00

	Community Official	<input type="checkbox"/>	\$5.00
	Pool Official	<input type="checkbox"/>	\$10.00
	Meet Manager and Referee	<input type="checkbox"/>	\$15.00
	SEE Auditor	<input type="checkbox"/>	\$25.00
	Aquatic Safety Inspector	<input type="checkbox"/>	\$25.00
	Aquatic Safety Auditor	<input type="checkbox"/>	\$25.00
	Aquatic Supervisor Training	<input type="checkbox"/>	\$20.00
	Aquatic Management Training	<input type="checkbox"/>	\$20.00

Total:			\$
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PAYMENT INFORMATION

<input type="checkbox"/> Debit (in person) <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Invoice P/O #	
Credit Card #:	Expiry Date: MM/YY
Name on Credit Card:	Phone number (associated with CC):

Please submit completed form to the Society.

FOR OFFICE USE ONLY

DATE PROCESSED:	PROCESSED BY:
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