



Pool Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Candidate #	Gender	Date of birth	Prerequisites checked										Result	
			Object recovery	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team			
			6b	6c	6d	8b	11a	11b	11d	12a	12b			
1	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
2	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
3	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
4	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											

Check this 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 Exam

Total Fail for Exam

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Exam Information

Exam date: _____
YY MM DD

Facility name (e.g., name of pool) _____ Telephone _____

Individual who examined the candidates

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



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Side 2: Please record each candidate's name and contact information accurately.

Candidate #	Gender	Date of birth	Prerequisites checked									Result
			Object recovery	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	
			6b	6c	6d	8b	11a	11b	11d	12a	12b	
5	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____									
			Last name	Address		City		E-mail		Phone		
			First name	Address		City		E-mail		Phone		
			Address		City		E-mail		Phone			
6	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____									
			Last name	Address		City		E-mail		Phone		
			First name	Address		City		E-mail		Phone		
			Address		City		E-mail		Phone			
7	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____									
			Last name	Address		City		E-mail		Phone		
			First name	Address		City		E-mail		Phone		
			Address		City		E-mail		Phone			
8	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____									
			Last name	Address		City		E-mail		Phone		
			First name	Address		City		E-mail		Phone		
			Address		City		E-mail		Phone			

Check this box if there are more candidates on the reverse side of this page.
 - Satisfactory Performance
 - Fail
 Total Pass for Exam
 Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ () _____ Telephone _____ Signature _____
Exam Information Exam date: ____ YY ____ MM ____ DD	