



LIFESAVING SOCIETY®
The Lifeguarding Experts

First Aid Programs 2019 Mandatory Update

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

Date of Birth		Prerequisites checked	Review and understand the Mandatory Update implementation timeline	Download and/or order all required updated literature and program materials	Review and understand changes to first aid program content	Review and understand changes to policies and procedures	Review and understand changes to resources	Completed
1	M F							
Address		Year						
City		Month						
Postal Code		Day						
Email		Phone						
2	M F							
Address		Year						
City		Month						
Postal Code		Day						
Email		Phone						
3	M F							
Address		Year						
City		Month						
Postal Code		Day						
Email		Phone						
4	M F							
Address		Year						
City		Month						
Postal Code		Day						
Email		Phone						
5	M F							
Address		Year						
City		Month						
Postal Code		Day						
Email		Phone						
6	M F							
Address		Year						
City		Month						
Postal Code		Day						
Email		Phone						
7	M F							
Address		Year						
City		Month						
Postal Code		Day						
Email		Phone						

Check Box if there are more candidates on the reverse side of this page.

This test sheet is Page _____ of _____ pages.

Awards Information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		Update Information Date _____ YY MM DD Facilitator Name: _____ Facility Name _____ Telephone _____
Payment Information <input type="checkbox"/> Update Fees Attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to:		
Affiliate Name _____ Telephone _____ Street Address _____		
City _____ Prov _____ PC _____		



LIFESAVING SOCIETY®
The Lifeguarding Experts

First Aid Programs 2019 Mandatory Update

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

		Date of Birth	Prerequisites checked	Review and understand the Mandatory Update implementation timeline	Download and/or order all required updated literature and program materials	Review and understand changes to first aid program content	Review and understand changes to policies and procedures	Review and understand changes to resources	Completed
8	M F								
Address		Year							
City		Postal Code							
Email		Phone							
9	M F								
Address		Year							
City		Postal Code							
Email		Phone							
10	M F								
Address		Year							
City		Postal Code							
Email		Phone							
11	M F								
Address		Year							
City		Postal Code							
Email		Phone							
12	M F								
Address		Year							
City		Postal Code							
Email		Phone							
13	M F								
Address		Year							
City		Postal Code							
Email		Phone							
14	M F								
Address		Year							
City		Postal Code							
Email		Phone							

This test sheet is Page _____ of _____ pages. Please complete Awards and Payment information Sections on Side 1 of test sheet.	Total Number of Participants _____
	Update Information Date _____ YY MM DD Facilitator Name: _____ Facility Name _____ Telephone _____