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Before the Course

- 1. Check Instructor Currency**
Instructors must hold a current certification for the course they are teaching.
- 2. Complete Updates**
Ensure instructors have completed all relevant updates (ex. the 2024 First Aid update). Mandatory updates can be found on our [Program Updates](#) page.
- 3. Check Candidate Prerequisites**
Use '[Find A Certification](#)' to confirm candidate prerequisites on or before the first day. Prerequisites met by other certifying bodies must have a scanned copy included with the test sheet. Awards cannot be processed without prerequisites!




Include a Member ID#

Include the candidate's Lifesaving Society Member ID in addition to the other information for more accurate test sheet processing.

The following information must be included on the test sheet:

- 1. Candidate Information:**
 - ☐ Name (First and Last)
 - ☐ Gender
 - ☐ Full mailing address with postal code
 - ☐ Date of birth
 - ☐ Phone number and **email**
 - ☐ If a prerequisite is required, proof of non-Society awards must be attached. A legible photocopy is preferred.
- 2. Course Information:**
 - ☐ Total number of passes and fails
 - ☐ Course/Exam date
 - ☐ Facility (where course took place)
- 3. Instructor/Examiner Information:**
 - ☐ Name (First and Last)
 - ☐ Member ID
 - ☐ Phone number and **email**
 - ☐ Signature
- 4. Affiliate Information:**
 - ☐ Affiliate name
 - ☐ Full Affiliate (Payee) Address with Postal Code
 - ☐ Phone number



LIFESAVING SOCIETY®
The Lifeguarding Experts

Basic First Aid Test Sheet

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

		Prerequisites Checked	Awareness Items Introduced	Introduction to First Aid	First Aid in the Workplace	Transportation of Workers	Personal Protection and Prevention of Disease Transmission	First Aider Communication	Anatomy and Physiology for First Aiders	Assessment Skills: Scene Assessment	Assessment Skills: Primary Assessment	AED Knowledge and Operation	CPR with AED (adult, child, infant, Two Rescuer)	Obstructed Airway (conscious and unconscious)	Anaphylaxis	Major Bleeding	Wounds	Spinal Injury	Burns	Critical Incident Stress	Emergency Scene Management	Test Score (%)	Result (pass/fail)
NAME	<input type="text"/>	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F																				
DATE OF BIRTH YY / MM / DD	<input type="text"/>																						
ADDRESS	<input type="text"/>																						
CITY	<input type="text"/>	P.C.	<input type="text"/>	PH.	<input type="text"/>																		
E-MAIL	<input type="text"/>																						
NAME	<input type="text"/>	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F																				
DATE OF BIRTH YY / MM / DD	<input type="text"/>																						
ADDRESS	<input type="text"/>																						
CITY	<input type="text"/>	P.C.	<input type="text"/>	PH.	<input type="text"/>																		
E-MAIL	<input type="text"/>																						
NAME	<input type="text"/>	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F																				
DATE OF BIRTH YY / MM / DD	<input type="text"/>																						
ADDRESS	<input type="text"/>																						
CITY	<input type="text"/>	P.C.	<input type="text"/>	PH.	<input type="text"/>																		
E-MAIL	<input type="text"/>																						
NAME	<input type="text"/>	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F																				
DATE OF BIRTH YY / MM / DD	<input type="text"/>																						
ADDRESS	<input type="text"/>																						
CITY	<input type="text"/>	P.C.	<input type="text"/>	PH.	<input type="text"/>																		
E-MAIL	<input type="text"/>																						

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

P Pass
F Fail
 Total Pass for Exam
 Total Fail for Exam

INSTRUCTOR INFORMATION		EXAMINER INFORMATION	
INSTRUCTOR'S NAME	<input type="text"/>	ID#	<input type="text"/>
E-MAIL	<input type="text"/>	PH.	<input type="text"/>
SIGNATURE	<input type="text"/>	SIGNATURE	<input type="text"/>

COURSE INFORMATION	
YY / MM / DD	<input type="text"/>
FACILITY NAME	<input type="text"/>
AFFILIATE NAME	<input type="text"/>

E-Mail (Awards@LifeSaving.org) completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for affiliate records. Do not send cash by mail.

Lifesaving Society Alberta and Northwest Territories

Canada's Drowning Prevention Charity | Reg. Charity No. 11912 9021 RR0001 | 13123 – 156 Street NW | Edmonton, Alberta Canada | T5V 1V2 | T: 780-415-1755 | F: 780-427-9334 | experts@LifeSaving.org | www.LifeSaving.org



Interim Cards

Provide all successful candidates with an interim card. These are valid for two (2) months. Interim cards are only valid if they are legible and filled in completely. Contact the Lifesaving Society for fillable interim cards.

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After the Course

- 1. Use the Right Form**
Current forms are available on our [‘Test Sheets’](#) page.
For test sheets with check boxes for course held, please submit separate sheets for each course.
 - 2. Complete the Test Sheet**
Be thorough and fill out every test sheet completely, even duplicate information. Missing and incorrect information are the most common reasons for processing delays.
 - 3. Submit your Test Sheet**
Completed test sheets are to be submitted within two (2) weeks of the end of the course. Test sheets are processed in the order they are received - the faster we get them, the faster candidates get their digital awards!
 - Digitally submit test sheets to awards@lifesaving.org



Use Fillable Forms!

Handwritten, scanned, and faxed test sheets can be difficult to read, increasing processing time and potential errors. Fillable PDF forms are available on the [‘Test Sheets’](#) page of www.LifeSaving.org