

Instructor Test Sheet - Original

PAGE 1 OF ____

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|----------------------------------------|--------------------------|---------------------------------------------|--------------------------|
| COURSES | 0 | | 0 |
| Lifesaving Instructor / Examiner | <input type="checkbox"/> | Officials Instructor / Examiner | <input type="checkbox"/> |
| Swim Instructor / Examiner | <input type="checkbox"/> | Coach Level 1 | <input type="checkbox"/> |
| National Lifeguard Instructor Course | <input type="checkbox"/> | BOAT instructor / Examiner | <input type="checkbox"/> |
| Lifesaving First Aid Instructor Course | <input type="checkbox"/> | Swiftwater Rescue Instructor / Examiner | <input type="checkbox"/> |
| 16 Hour | <input type="checkbox"/> | BOAT Rescue for First Responder | <input type="checkbox"/> |
| 32 Hour | <input type="checkbox"/> | Education Proficiency Instructor / Examiner | <input type="checkbox"/> |
| | | SwimAbilities Instructor / Examiner | <input type="checkbox"/> |

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

		Prerequisites Checked	1	2	3	4	5	6	7	8	9	10	11	12	13	Result
NAME																
DATE OF BIRTH YY / MM / DD		GENDER <input type="checkbox"/> M <input type="checkbox"/> F														
ADDRESS																
CITY		P.C.		PH.												
E-MAIL																
NAME																
DATE OF BIRTH YY / MM / DD		GENDER <input type="checkbox"/> M <input type="checkbox"/> F														
ADDRESS																
CITY		P.C.		PH.												
E-MAIL																
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CITY		P.C.		PH.												
E-MAIL																
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ADDRESS																
CITY		P.C.		PH.												
E-MAIL																

✓ Satisfactory Performance F Fail Total Pass _____ Total Fail _____

TRAINER (1) INFORMATION		TRAINER (2) INFORMATION	
TRAINER'S NAME	ID#	TRAINER'S NAME	ID#
E-MAIL	PH.	E-MAIL	PH.
SIGNATURE		SIGNATURE	

COURSE INFORMATION	
YY / MM / DD	
FACILITY NAME	PH.
AFFILIATE NAME	PH.

Mail 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.

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PAGE ____ OF ____

Course Information	
EXAM DATE YY / MM / DD	
AFFILIATE NAME	
TRAINER (1) NAME	
SIGNATURE	
TRAINER (2) NAME	
SIGNATURE	

Prerequisites Checked	Planning	Evaluating	Presentation Skills	Lifesaving Society Knowledge	Curriculum Knowledge	Learner Characteristics	Health and Safety	Facilitating and Mentoring	Ethics and Valuing Diversity	Communicating	Teamwork and Collaboration	Problem Solving and Decision Making	Skill Demonstration	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13	

NAME	
DATE OF BIRTH YY / MM / DD	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	
CITY	P.C. PH.
E-MAIL	

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CITY	P.C. PH.
E-MAIL	

This page may be used for additional Leadership Candidates.