

# Instructor Recertification Test Sheet

PAGE 1 OF \_\_\_\_

- COURSES**
- Lifesaving Instructor / Examiner  R
- Swim Instructor / Examiner
- National Lifeguard Instructor / Examiner
- Lifesaving First Aid Instructor / Examiner

\* 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
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														

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.
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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	

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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This page may be used for additional Leadership Candidates.