



Pool

Revised 2012

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

Prerequisites checked	* Items are instructor-evaluated										† Items are mandatory during recert										Result
	1*	2a*	2b*	2c*	2d*	2e*	2f*	3*	4*	5a*	5b*	*5c	6*	7*	8*	9a*	9b*	9c*	9d*	10	
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>1</p> <p>Last name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>First name</p> <p>Address</p> <p>City Prov. Postal Code</p> <p>E-mail</p> <p>Phone</p> </div> <div style="width: 25%;"> <p>Gender</p> <p>Date of birth</p> <p>Year</p> <p>Month</p> <p>Day</p> </div> <div style="width: 45%;"> <p>Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: NLS Date earned: Location:</p> </div> </div>																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>2</p> <p>Last name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>First name</p> <p>Address</p> <p>City Prov. Postal Code</p> <p>E-mail</p> <p>Phone</p> </div> <div style="width: 25%;"> <p>Gender</p> <p>Date of birth</p> <p>Year</p> <p>Month</p> <p>Day</p> </div> <div style="width: 45%;"> <p>Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: NLS Date earned: Location:</p> </div> </div>																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>3</p> <p>Last name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>First name</p> <p>Address</p> <p>City Prov. Postal Code</p> <p>E-mail</p> <p>Phone</p> </div> <div style="width: 25%;"> <p>Gender</p> <p>Date of birth</p> <p>Year</p> <p>Month</p> <p>Day</p> </div> <div style="width: 45%;"> <p>Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: NLS Date earned: Location:</p> </div> </div>																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>4</p> <p>Last name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>First name</p> <p>Address</p> <p>City Prov. Postal Code</p> <p>E-mail</p> <p>Phone</p> </div> <div style="width: 25%;"> <p>Gender</p> <p>Date of birth</p> <p>Year</p> <p>Month</p> <p>Day</p> </div> <div style="width: 45%;"> <p>Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: NLS Date earned: Location:</p> </div> </div>																					

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

Instructor information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam information

Exam date: _____ Exam is: Original **OR** Recert

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

Awards information Awards issued by affiliate Awards not issued

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



Pool
Revised 2012

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

Prerequisites checked	* Items are instructor-evaluated										† Items are mandatory during recert										Result	
	1*	2a*	2b*	2c*	2d*	2e*	2f*	3*	4*	5a*	5b*	*5c	6*	7*	8*	9a*	9b*	9c*	9d*	10		
5 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																					
		Prereq.: Original: < Bronze Cross Standard 1st Aid NLS		Date earned: _____		Location: _____		Prereq.: Recert: NLS		Date earned: _____		Location: _____										
		6 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																			
				Prereq.: Original: < Bronze Cross Standard 1st Aid NLS		Date earned: _____		Location: _____		Prereq.: Recert: NLS		Date earned: _____		Location: _____								
				7 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																	
Prereq.: Original: < Bronze Cross Standard 1st Aid NLS						Date earned: _____		Location: _____		Prereq.: Recert: NLS		Date earned: _____		Location: _____								
8 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																					
		Prereq.: Original: < Bronze Cross Standard 1st Aid NLS				Date earned: _____		Location: _____		Prereq.: Recert: NLS		Date earned: _____		Location: _____								

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

Host name (Affiliate)

Telephone

Exam information

Exam date: _____ Exam is: Original **OR** Recert
YY MM DD

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

Telephone

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name

ID#

E-mail address

Telephone

Signature

Please complete Instructor, Awards and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.