



Pool Recertification

Revised 2025

This test sheet is for recertification exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Prerequisites checked	Object recovery	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
	6b	6c	6d	8b	11a	11b	11d	12a	12b	
1 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name <input type="checkbox"/> M <input type="checkbox"/> F Address <input type="checkbox"/> X City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites								
		National Lifeguard Pool Date earned: _____ Location: _____								
		6b								
		6c								
2 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name <input type="checkbox"/> M <input type="checkbox"/> F Address <input type="checkbox"/> X City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites								
		National Lifeguard Pool Date earned: _____ Location: _____								
		6b								
		6c								
3 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name <input type="checkbox"/> M <input type="checkbox"/> F Address <input type="checkbox"/> X City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites								
		National Lifeguard Pool Date earned: _____ Location: _____								
		6b								
		6c								
4 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name <input type="checkbox"/> M <input type="checkbox"/> F Address <input type="checkbox"/> X City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites								
		National Lifeguard Pool Date earned: _____ Location: _____								
		6b								
		6c								

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

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____
 Street address _____
 City Prov. Postal code _____

Individual who examined the candidates

Examiner's name _____ ID# _____
 E-mail address _____
 Telephone _____ Signature _____

Exam Information

Exam date: _____
 YY MM DD
 Facility name (e.g., name of pool) _____ Telephone _____

Individual who apprenticed on the exam

Apprentice's name _____ ID# _____



Pool Recertification

Revised 2025

This test sheet is for recertification exam candidates only.

Side 2: Please record each candidate's name and contact information accurately.

Candidate #	Gender	Date of birth	Prerequisites checked										Result	
			Object recovery	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team			
			6b	6c	6d	8b	11a	11b	11d	12a	12b			
5	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Year: _____ Month: _____ Day: _____	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											
6	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Year: _____ Month: _____ Day: _____	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											
7	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Year: _____ Month: _____ Day: _____	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											
8	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Year: _____ Month: _____ Day: _____	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											

Check this box if there are more candidates on the reverse side of this page.
 ✓ - Satisfactory Performance X - Fail
 Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information _____ Host name (Affiliate or Organization paying the exam fees)	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or _____ Examiner's name ID#
Exam Information Exam date: _____ YY MM DD	_____ E-mail address _____ () Telephone Signature