



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.

Gender

Date of birth

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

1
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Pool

Date earned: _____ Location: _____

2
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Pool

Date earned: _____ Location: _____

3
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Pool

Date earned: _____ Location: _____

4
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Pool

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

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.

Gender

Date of birth

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

5
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year

Month

Day

Prerequisites

National Lifeguard
Pool

Date earned: _____ Location: _____

6
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year

Month

Day

Prerequisites

National Lifeguard
Pool

Date earned: _____ Location: _____

7
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year

Month

Day

Prerequisites

National Lifeguard
Pool

Date earned: _____ Location: _____

8
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year

Month

Day

Prerequisites

National Lifeguard
Pool

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

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 ☐ (sign below) or

Examiner's name

ID#

Exam Information

Exam date: _____
YY MM DD

E-mail address

()
Telephone

Signature