



# Waterpark Recertification

Revised 2022

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	Sprint challenge	Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result	
			6a	6b	8a	8b	11a	11b	11c	11d	12		
1 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Year												
	Month	<b>Prerequisites</b> National Lifeguard Waterpark Date earned: _____ Location: _____											
	Day												
2 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Year												
	Month	<b>Prerequisites</b> National Lifeguard Waterpark Date earned: _____ Location: _____											
	Day												
3 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Year												
	Month	<b>Prerequisites</b> National Lifeguard Waterpark Date earned: _____ Location: _____											
	Day												
4 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Year												
	Month	<b>Prerequisites</b> National Lifeguard Waterpark Date earned: _____ Location: _____											
	Day												

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

### Exam Information

Exam date: YY MM DD

Facility name (e.g., name of waterpark) Telephone ( )

### Individual who examined the candidates

Examiner's name ID#

E-mail address

( ) Telephone Signature



# Waterpark Recertification

Revised 2022

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	
			Sprint challenge	Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team			
			6a	6b	8a	8b	11a	11b	11c	11d	12			
5	M F	Year Month Day	Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____											
			Last name	Address		City		E-mail		Phone		Prerequisites		
			First name	Address		City		E-mail		Phone		Prerequisites		
			Address		City		E-mail		Phone		Prerequisites			
6	M F	Year Month Day	Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____											
			Last name	Address		City		E-mail		Phone		Prerequisites		
			First name	Address		City		E-mail		Phone		Prerequisites		
			Address		City		E-mail		Phone		Prerequisites			
7	M F	Year Month Day	Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____											
			Last name	Address		City		E-mail		Phone		Prerequisites		
			First name	Address		City		E-mail		Phone		Prerequisites		
			Address		City		E-mail		Phone		Prerequisites			
8	M F	Year Month Day	Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____											
			Last name	Address		City		E-mail		Phone		Prerequisites		
			First name	Address		City		E-mail		Phone		Prerequisites		
			Address		City		E-mail		Phone		Prerequisites			

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.

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