



LIFESAVING SOCIETY

**NATIONAL LIFEGUARD SERVICE
NLS EXAMINER ASSISTANCE REPORT**

*ROUTING: Submit to Branch Office following completion of assistanceship phase of NLS
Examiner status.*

ASSISTING EXAMINER:

Name : _____

Date of Birth : _____ \ _____ \ _____

Address : _____

Telephone : _____ (res)

INSTRUCTIONS FOR SUPERVISING HEAD-EXAMINERS:

- 1. Provide formative feedback to assistant.
- 1. Complete and sign the form.

EXAM #1:

NLS Exam Conducted at _____

Date : _____ \ _____ \ _____

SUPERVISING HEAD-EXAMINER

Name : _____

Address : _____

Telephone : _____ (res) _____ (bus)

Comments : _____

Signature : _____

EXAM # 2:

NLS Exam Conducted at _____

Date : _____ \ _____ \ _____

SUPERVISING HEAD-EXAMINER

Name : _____

Address : _____

Telephone : _____

Comments:

Signature : _____