



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR
Department of Education

High School Certification

REQUEST FOR EXTERNAL CREDIT (Royal Life Saving Society)

Student Information

Student Name:	_____	MCP #:	_____
School Name:	_____	Date of Birth	_____

The following courses/programs must be completed to be eligible for the designated credit.
Please indicate successful completion of these courses/programs.

<input type="checkbox"/>	Bronze Medallion
<input type="checkbox"/>	Bronze Cross
<input type="checkbox"/>	National Lifeguard
<input type="checkbox"/>	Aquatic Emergency Care (or Lifesaving Standard First Aid)
<input type="checkbox"/>	Physical Education 1299

Please send or fax this form as well as a copy of the appropriate certification for each course/program.

Note: This form as well as the copy of the transcript of certification must be received by the Department of Education directly from the Royal Life Saving Society