





## Aquatic Emergency Care

- Original  
 Recertification

**Side 2:** Please print each candidate's name and contact information legibly.

			Date of Birth	1	2	3	4	5	6	7	8	9,10	11	15	20	21	22	24	25	23	26	27	29	30	31	33	34	35	36	37	38	40	42	42A	41	32	39	Result			
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Check box if there are more candidates on the reverse side of this page.  Satisfactory Performance **F** Fail Total Pass for Exam  Total Fail for Exam

<b>Affiliate information</b> Affiliate _____ Telephone _____		<b>Exam information</b> Exam date: _____ Year    Month    Day _____ ( ) _____ Facility name _____ Telephone _____	
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		<b>Examiner information</b> Examiner's name _____ ID# _____ E-mail _____ ( ) _____ Telephone _____ Signature _____	