



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

**EMERGENCY MEDICAL RESPONDER  
INITIAL CLASS FOLDER CHECKLIST**

**Training Agency:** \_\_\_\_\_

**Class Number:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

A separate class folder will be provided for each class being submitted in the appropriate color folder. The following original documents will be included in the folder:

**INSTRUCTOR'S RESPONSIBILITY-** Instructors will ensure the following class and student documents are present and ready for the class file folder that will be provided by the consultant. Please initial each area for verification.

\_\_\_\_\_ **File Folder-Label** (only) (consultant will provide file folder) with the following information:

- \_\_\_\_\_ Class Number
- \_\_\_\_\_ Education Institution
- \_\_\_\_\_ Instructor's Name

\_\_\_\_\_ **Exam Cover Sheet:**

- \_\_\_\_\_ Names Entered In Alpha Order
- \_\_\_\_\_ Social Security Number Complete

\_\_\_\_\_ **Application** (batched in alpha order):

- \_\_\_\_\_ Personal Information Complete
- \_\_\_\_\_ Date of Birth Exceeds 17 Years
- \_\_\_\_\_ Level of Certification/Licensure is Correct
- \_\_\_\_\_ Check Criminal History (*if marked Yes*)
  - \_\_\_\_\_ Criminal Background Disclosure (PH-3856)
  - \_\_\_\_\_ Certified Court Records Enclosed

\_\_\_\_\_ **Skills Check-Off** (with course completion and attendance documentation) (Alpha order)

\_\_\_\_\_ **Course Approval Form** (PH-2792)

\_\_\_\_\_ **Copy of Completed Course Outline**

**INSTRUCTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONSULTANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_