



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

**PARAMEDIC  
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 (**Colored folder will be provided by EMS Consultant**):

**INSTRUCTOR'S RESPONSIBILITY**

Instructors will ensure the following class 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

\_\_\_\_\_ **Practical Skills Evaluation Sheet (PH-3806)**

- \_\_\_\_\_ Identifying Information is Complete
- \_\_\_\_\_ Skills have been Completed, Marked, Initialed and Dated
- \_\_\_\_\_ Form Signed by Student and Instructor/Coordinator

\_\_\_\_\_ **Exam Cover Sheet (PH-3459):**

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

\_\_\_\_\_ **Good Moral Character Letters**

- \_\_\_\_\_ Two (2) Original Letters within preceding Twelve (12) months

\_\_\_\_\_ **Criminal Background (if Applicable)**

- \_\_\_\_\_ Criminal Background Disclosure (PH-3856)
- \_\_\_\_\_ Certified Copies of Court Records

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

**INSTRUCTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONSULTANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_