



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

**PARAMEDIC CRITICAL CARE  
CLASS FOLDER CHECKLIST**

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

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

**Program Director 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 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 (PH 3459):**

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

\_\_\_\_\_ **Verification of Critical Care Paramedic Training (PH-4239) (Alpha order)**

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

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

\_\_\_\_\_ **Course Approval Form**

**I/C SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**R/C SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_