TN | Department of
Health

DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

AEMT <u>CLASS</u> FOLDER CHECKLIST

(Print Legibly or Type)

Training Agency: _____

Class Number: _____

Instructor Name: _____

- Ensure each student is aware of the online application and payment option available at **www.lars.tn.gov**.
- Ensure each student, when applying online, is aware of the need to print the **application summary page** to be submitted with their student file.
- Ensure class file (documents 1-4 below), including this checklist (PH-3858), have been **reviewed, approved and signed** by the Consultant.
- Scan completed class file as a PDF and save in the following format:
  Class# - Program - Instructor (Example: Class 123456 – Vol State Community College – Smith)
- Email class file to the Consultant for submission to the State Office.
  IMPORTANT NOTE: The email should contain one PDF file for the Class and a PDF file for **each** Student in that class.

<u>EACH</u> <u>LINE</u> must be initialed (or marked N/A) to verify review/completion. (Note: *Student Enrollment section* requires initials *and* numbers)

1) _____ **Exam Cover Sheet:** (PH-3459)
  _____ Names Entered In Alpha Order
  _____ Social Security Number Complete
  _____ PATT Number Complete
  _____ Folder Status is Complete (if applicable)

2) _____ **Student Enrollment:**
  _____ Total *number* of Students Enrolled
  _____ Total *number* of Students Completing

3) _____ **Course Approval Form** (PH-2792)

4) _____ **Copy of Completed Course Outline**

INSTRUCTOR SIGNATURE _____ **DATE** _____

CONSULTANT SIGNATURE _____ **DATE** _____