Select One: ☐ **Critical Care Paramedic**   ☐ **Community Paramedic**

<u>CLASS / STUDENT FOLDER CHECKLIST</u>

(Print Legibly or Type)

Training Agency: _____

Class Number: _____   **Program Director 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 all paper documents, including this checklist (PH-4245), have been **reviewed, approved and signed** by the Consultant.

- Scan completed class documents 1-2 below and this completed checklist as a PDF file and save in the following format:
  Class# - Program - Instructor (Example: Class 123456 – Vol State Community College – Smith)

- Scan <u>each</u> student file (documents 4-6 below) as a separate PDF file and save **in the following format:**
  Class# - Last, First, MI (Example: Class 123456 – Doe, John A.)

- Email the **PDF file for the Class** and **a PDF file for <u>each</u> Student** to the Consultant for submission to the State Office.

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

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

2) _____ **Course Approval Form**

3) _____ **Student Enrollment:**
   - _____ *Total <u>number</u> of Students Enrolled*
   - _____ *Total <u>number</u> of Students Completing*

4) _____ **Application**
   - _____ **Application Summary Page** (Online) –When applying online, print and submit the summary page that is available at the completion of the online application process **OR**
   - _____ **Application/Fee Form** (PH-2397) - If unable to apply online, submit the paper application; it must be signed, dated and all questions answered.

5) _____ **Verification of Training Forms in Alpha order** (PH-4239)

6) _____ **Declaration of Citizenship** (PH-4183A) *(not applicable if submitted with prior TN EMS license application)*
   - _____ Form Notarized
   - _____ Required ID document(s) included

7) _____ **Criminal Background:** *(required only IF "yes" is indicated on online summary page or paper application)*
   - _____ Criminal Background Disclosure (PH-3856)
   - _____ Certified Copies of Court Records

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

CONSULTANT SIGNATURE: _____ **DATE:** _____