



TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF EMERGENCY MEDICAL SERVICES

**EMERGENCY MEDICAL TECHNICIAN  
INDIVIDUAL FOLDER CHECKLIST**

Name: \_\_\_\_\_

Class Number: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

**INSTRUCTORS SUBMIT ORIGINAL DOCUMENTATION:**

Instructors will ensure the following student documents are properly completed, present and ready for review by the EMS Consultant. Please initial each area for verification of folder contents:

**Student Folder -completed and labeled in the upper right corner with the following:**

\_\_\_\_\_ Name (Last, First, Middle)  
\_\_\_\_\_ Social Security Number  
\_\_\_\_\_ Class Number

**Application for Licensure (PH-3937)**

\_\_\_\_\_ Personal Information is Complete  
\_\_\_\_\_ Date of Birth Exceeds 18 Years  
\_\_\_\_\_ Level of Licensure-correct selection is made

**Criminal History (if Yes marked on application)**

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

**Course Skills Evaluation Sheet (PH-3786)**

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

**Medical Statement (PH-0130)**

\_\_\_\_\_ Identifying Information is Complete  
\_\_\_\_\_ Signature and License Number of Physician Completed  
\_\_\_\_\_ Applicant has Signed Form

**Verification of High School Education (PH-2388)**

\_\_\_\_\_ Identifying Information Complete  
\_\_\_\_\_ Form Signed by Student and Instructor

**Practical Examination**

\_\_\_\_\_ Inserted by Consultant

**By signing below I affirm that the student has successfully completed all didactic, lab clinical and/or field internship in accordance with NHTSA educational standards.**

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

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