



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

**ADVANCED 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) (*not applicable if licensed as a TN EMT-Basic*)

_____ 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
_____ Criminal Background Disclosure (PH-3856)

Course Skills Evaluation Sheet for AEMT Level (PH-3805) AND

Course Skills Evaluation Sheet for EMT-Basic Level (PH-3786) (*not applicable if licensed as a TN EMT-Basic*)

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

Medical Statement (PH-0130) (*not applicable if licensed as a TN EMT-Basic*)

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

Verification of High School Education (PH-2388) (*not applicable if licensed as a TN EMT-Basic*)

_____ Identifying Information Complete
_____ Form Signed by Student and Instructor

Good Moral Character

_____ Two (2) Original Letters within preceding Twelve (12) months

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: _____