



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

**ADVANCED EMERGENCY MEDICAL TECHNICIAN  
CLASS FOLDER CHECKLIST**

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

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

**Instructor 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 that the following class 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

\_\_\_\_\_ **Course Approval Form** (PH-2792)

\_\_\_\_\_ **Copy of Completed Course Outline**

**INSTRUCTOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONSULTANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_