

**EMERGENCY MEDICAL TECHNICIAN  
INDIVIDUAL FOLDER CHECKLIST**

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

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

**INSTRUCTORS SUBMIT ORIGINAL DOCUMENTATION:** Instructors will ensure the below student documents are properly completed, present and ready for review by the EMS Consultant. Please **INITIAL EACH LINE** for verification of folder contents and/or online submission.

**STUDENT FOLDER -completed and labeled in the upper right corner with the following:**

\_\_\_\_\_ Name (Last, First, Middle)

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Class Number

**APPLICATION** – One of the documents listed must be submitted

\_\_\_\_\_ Application for Licensure Form (PH-3784) If choosing to submit the paper application, it must be signed and dated and all questions answered before processing will begin.

**OR**

\_\_\_\_\_ Application Summary Page (Online only) If choosing to submit the online application, print and submit the summary page that is available at the completion of the online application process.

**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**

**DECLARATION OF CITIZENSHIP** (PH-4183A)

\_\_\_\_\_ Form Notarized

\_\_\_\_\_ Required ID document(s) included

\_\_\_\_\_ **STATEMENT OF LICENSURE LEVEL FORM** (PH-4291)

**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: \_\_\_\_\_