

**PARAMEDIC STUDENT FOLDER CHECKLIST**

(Print Legibly or Type)

**Student Name:** \_\_\_\_\_

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

- Ensure student file (paper documents 1-5 below), for above named student, are present and **properly completed** as described. **NOTE:** Document 3 is *not* required if student is already licensed in TN.
- Ensure student file, including this checklist (PH-4240), have been **reviewed, approved and signed** by the Consultant.
- Scan each student file separately as a PDF and save **in the following format:**  
***Class# - Last, First, MI (Example: Class 123456 – Doe, John A.)***
- Email student file to the Consultant for submission to the State Office.

EACH LINE must be initialed (or marked N/A) to confirm completion and application submission.

**1) 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 and dated and all questions answered.

**2) GOOD MORAL CHARACTER LETTERS** - 2 original letters completed within preceding twelve (12) months.

- \_\_\_\_\_ Letters from 2 medical professionals to include original signature of writer (*typed/electronic signatures are not acceptable*) AND date; Writer **MUST** indicate professional title (i.e. RN, Paramedic, etc.).

**3) DECLARATION OF CITIZENSHIP** (PH-4183A) (*not applicable if submitted with prior TN EMS license application*)

- \_\_\_\_\_ Form notarized
- \_\_\_\_\_ Required ID document(s) included

**4) PRACTICAL SKILLS EVALUATION SHEET** (PH-3806)

- \_\_\_\_\_ Identifying information is complete
- \_\_\_\_\_ Skills have been completed, marked, initialed and dated
- \_\_\_\_\_ Form signed by Student and Instructor/Coordinator

**5) PRACTICAL EXAMINATION**

- \_\_\_\_\_ Practical Evaluation enclosed with “Pass” or “Fail” clearly indicated on form

**6) CRIMINAL HISTORY** (*required only IF “yes” is indicated on online summary page or paper application*)

- \_\_\_\_\_ Criminal Background Disclosure (PH-3856) enclosed
- \_\_\_\_\_ Certified copies of court records enclosed

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

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

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