



DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF EMERGENCY MEDICAL SERVICES

**PARAMEDIC  
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.

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

\_\_\_\_\_ 2 Letters that include original signature of Writer (*typed/electronic signatures are not acceptable*)

**CRIMINAL HISTORY** (*if Yes marked on application*)

\_\_\_\_\_ Certified Copies of Court Records Enclosed

\_\_\_\_\_ Criminal Background Disclosure (PH-3856)

**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

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

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

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

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