

**ADVANCED 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.

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

**COURSE SKILLS EVALUATION SHEET FOR AEMT** (PH-3805) **AND**  
**COURSE SKILLS EVALUATION SHEET FOR EMT** (PH-3786) (*not applicable if already 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 already 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 already licensed as a TN EMT-Basic*)

- \_\_\_\_\_ Identifying Information Complete
- \_\_\_\_\_ Form Signed by Student and Instructor

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

- \_\_\_\_\_ 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: \_\_\_\_\_