



DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

**PARAMEDIC CRITICAL CARE
CLASS FOLDER CHECKLIST**

Training Agency: _____

Class Number: _____

Program Director Name: (Print Legibly or Type) _____

A separate class folder will be provided for each class being submitted in the appropriate color folder. The original documents listed below will be included in the folder. (Colored folder will be provided by EMS Consultant)

INSTRUCTOR’S RESPONSIBILITY:

- Instructor will ensure the class documents listed below are present and ready for the class file folder that will be provided by the consultant.
- **Instructor will inform students that the online application and payment option is available at www.lars.tn.gov**
- Please ***INITIAL EACH LINE*** for verification (*Student Enrollment section* requires initials *and* numbers) and ***ensure each batch of documents is in alpha order.***

_____ **File Folder Label 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

_____ **Student Enrollment:**

- _____ *Total number of Students Enrolled*
- _____ *Total number of Students Completing*

_____ **Verification of Critical Care Paramedic Training Forms in Alpha order** (PH-4239)

_____ **Declaration of Citizenship** (PH-4183A)

- _____ Form Notarized
- _____ Required ID document(s) included

_____ **Criminal Background:** (*if Applicable*)

- _____ Criminal Background Disclosure (PH-3856)
- _____ Certified Copies of Court Records

_____ **Course Approval Form**

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

CONSULTANT SIGNATURE: _____ **DATE:** _____