



DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

**PARAMEDIC
CLASS FOLDER CHECKLIST**

Training Agency: _____

Class Number: _____

Instructor 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: Instructors will ensure the class documents listed below are present and ready for the class file folder that will be provided by the consultant. 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

_____ **Student Enrollment:**

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

_____ **Exam Cover Sheet:** (PH-3459)

- _____ Names Entered In Alpha Order
- _____ Social Security Number Complete

_____ **Course Approval Form** (PH-2792)

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

CONSULTANT SIGNATURE: _____ **DATE:** _____