TN Department of **Health**

DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

ADVANCED EMERGENCY MEDICAL TECHNICIAN
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 below 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
         _____ PATT Number Complete

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

_____ **Copy of Completed Course Outline**

INSTRUCTOR SIGNATURE _____ **DATE** _____

CONSULTANT SIGNATURE _____ **DATE** _____