



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

**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 **INITIALS 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’S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONSULTANT’S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_