

EMT STUDENT FOLDER CHECKLIST

(Print Legibly or Type)

Student Name: _____

Class Number: _____ **Instructor Name:** _____

- Ensure student file (paper documents 1-8 below), for above named student, is present and **properly completed** as described.
- Ensure student file, including this checklist (PH-3944), have been **reviewed, approved and signed** by the Consultant.
- Scan each student file separately as a PDF and save **in the following format:**
Class# - Last, First, MI (Example: Class 123456 – Doe, John A.)
- Email student file to the Consultant for submission to the State Office.

EACH LINE must be initialed (or marked N/A) to confirm completion and application submission.

1) **APPLICATION**

- _____ **Application Summary Page** (Online) –When applying online, print and submit the summary page that is available at the completion of the online application process **OR**
- _____ **Application/Fee Form** (PH-2397) - If unable to apply online, submit the paper application; it must be signed and dated and all questions answered.

2) **COURSE SKILLS EVALUATION SHEET** (PH-3786)

- _____ Identifying information is complete
- _____ Skills have been completed, marked, initialed and dated
- _____ Form signed by Student and Instructor/Coordinator

3) **MEDICAL STATEMENT** (PH-0130)

- _____ Identifying information is complete
- _____ Signature and license number of Physician completed
- _____ Applicant has signed form

4) **VERIFICATION OF HIGH SCHOOL EDUCATION** (PH-2388)

- _____ Identifying information complete
- _____ Form signed by Student and Instructor

5) **DECLARATION OF CITIZENSHIP** (PH-4183A)

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

6) **PRACTICAL EXAMINATION**

- _____ Practical Evaluation enclosed with “Pass” or “Fail” clearly indicated on form

7) **CRIMINAL HISTORY** (*required only IF “yes” is indicated on online summary page or paper application*)

- _____ Criminal Background Disclosure Form (PH-3856) enclosed
- _____ Certified copies of court records enclosed

8) _____ **STATEMENT OF LICENSURE LEVEL FORM** (PH-4291)

By signing below I affirm that the student indicated above has successfully completed all didactic, lab clinical and/or field internship in accordance with NHTSA educational standards.

INSTRUCTOR SIGNATURE: _____ DATE: _____

CONSULTANT SIGNATURE: _____ DATE: _____