

PARAMEDIC STUDENT FOLDER CHECKLIST

(Print Legibly or Type)

Student Name: _____

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

- Ensure student file (paper documents 1-5 below), for above named student, are present and **properly completed** as described. **NOTE:** Document 3 is *not* required if student is already licensed in TN.
- Ensure student file, including this checklist (PH-4240), 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) GOOD MORAL CHARACTER LETTERS - 2 original letters completed within preceding twelve (12) months.

- _____ Letters from 2 medical professionals to include original signature of writer (*typed/electronic signatures are not acceptable*) AND date; Writer **MUST** indicate professional title (i.e. RN, Paramedic, etc.).

3) DECLARATION OF CITIZENSHIP (PH-4183A) (*not applicable if submitted with prior TN EMS license application*)

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

4) PRACTICAL SKILLS EVALUATION SHEET (PH-3806)

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

5) CRIMINAL HISTORY (*required only IF "yes" is indicated on online summary page or paper application*)

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

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: _____