



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

**EMERGENCY MEDICAL TECHNICIAN
CLASS FOLDER CHECKLIST**

Training Agency _____

Class Number _____

Instructor Name _____

A separate class folder will be provided for each class being submitted in the appropriate color folder. The following original documents will be included in the folder (**Colored folder will be provided by EMS Consultant**):

INSTRUCTOR'S RESPONSIBILITY

Instructors will ensure that the following class documents are present and ready for the class file folder that will be provided by the consultant. Please initial each area for verification.

_____ **File Folder-Label** (only) (consultant will provide file folder) **with the following information:**

_____ Class Number

_____ Education Institution

_____ Instructor's Name

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

_____ Names Entered In Alpha Order

_____ Social Security Number Complete

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

_____ **Copy of Completed Course Outline**

INSTRUCTOR'S SIGNATURE _____ **DATE** _____

CONSULTANT'S SIGNATURE _____ **DATE** _____