

EMR CLASS / STUDENT FOLDER CHECKLIST

(Print Legibly or Type)

Training Agency: _____

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

- Ensure each student is aware of the online application and payment option available at www.lars.tn.gov.
- Ensure each student, when applying online, is aware of the need to print the **application summary page** to be submitted with their student file.
- Ensure all paper documents, including this checklist (PH-3855), have been **reviewed, approved and signed** by the Consultant.
- Scan completed class documents 1-3 below and this completed checklist as a PDF file and save **in the following format: Class# - Program - Instructor (Example: Class 123456 – Vol State Community College – Smith)**
- Scan each student file (documents 5-7 below) as a separate PDF file and save **in the following format: Class# - Last, First, MI (Example: Class 123456 – Doe, John A.)**
- Email the **PDF file for the Class** and a **PDF file for each Student**, to the Consultant for submission to the State Office.

EACH LINE must be INITIALED (or marked N/A) to confirm completion of contents and application submission. *(Student Enrollment section requires initials and numbers)*

- 1) _____ **Exam Cover Sheet:** (PH-3459)
 - _____ Names Entered In Alpha Order
 - _____ Social Security Number Complete
 - _____ PATT Number Complete
 - _____ Folder Status Complete (if applicable)
- 2) _____ **Course Approval Form** (PH-2792)
- 3) _____ **Copy of Completed Course Outline**
- 4) _____ **Student Enrollment:**
 - _____ Total *number* of Students Enrolled
 - _____ Total *number* of Students Completing
- 5) _____ **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, dated and all questions answered.
- 6) _____ **Skills Verification Form** (PH-3677)
 - _____ Identifying Information is Complete
 - _____ Skills have been Completed, Marked, Initialed and Dated
 - _____ CPR Expiration completed
 - _____ Form Signed by Student and Instructor/Coordinator
- 7) _____ **Declaration of Citizenship Form** (PH-4183A)
 - _____ Form Notarized
 - _____ Required ID document(s) included

INSTRUCTOR’S SIGNATURE _____ **DATE** _____

CONSULTANT’S SIGNATURE _____ **DATE** _____