



DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

PARAMEDIC CLASS 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 class file (documents 1-4 below), including this checklist (PH-3857), have been **reviewed, approved and signed** by the Consultant.
- Scan completed class file as a PDF and save **in the following format:**
Class# - Program - Instructor (Example: Class 123456 – Vol State Community College – Smith)
- Email class file to the Consultant for submission to the State Office.
IMPORTANT NOTE: The email should contain one PDF file for the Class and a PDF file for **each** Student in that class.

EACH LINE must be initialed (or marked N/A) to confirm review/completion. (*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) _____ **Student Enrollment:**
 - _____ Total number of Students Enrolled
 - _____ Total number of Students Completing
- 3) _____ **Course Approval Form** (PH-2792)
- 4) _____ **Copy of Completed Course Outline**

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

CONSULTANT SIGNATURE: _____ **DATE:** _____