

**EMT CLASS FOLDER CHECKLIST**

(Print Legibly or Type)

**Training Agency:** \_\_\_\_\_

**Class Number:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

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- Ensure each student is aware of the online application and payment option available at [www.lars.tn.gov](http://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-3945), 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.
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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 is 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**
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**INSTRUCTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONSULTANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_