



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
**DIVISION OF EMERGENCY MEDICAL SERVICES**  
HERITAGE PLACE, METRO CENTER  
227 FRENCH LANDING, SUITE 303  
NASHVILLE, TN 37243  
TELEPHONE: 615-741-2584

**INITIAL EMT BASIC-IV  
CLASS FOLDER CHECK LIST**

**Institution:** \_\_\_\_\_

**Class Number:** \_\_\_\_\_ **Instructor Name:** \_\_\_\_\_

**INSTRUCTORS SUBMIT ORIGINAL DOCUMENTATION:**

Instructors will ensure the following class file documents are present and ready for review by the EMS consultant.

**CLASS FOLDER: (colored folder to be provided by EMS Consultant)**

A separate class folder will be provided for each class being submitted. Please initial each area for verification. The following original documents will be included in the folder:

- \_\_\_\_\_ A Label with the Following:
  - Class Number
  - Instructor's Name
  - Education Institution
  
- \_\_\_\_\_ Exam Cover Sheet
  - Name Completed in Alpha Order
  - Social Security Number Completed
  
- \_\_\_\_\_ Class Approval Form
  
- \_\_\_\_\_ Copy of Completed Course Outline

**I/C SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**R/C SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_