**Graduation Checklist**

**Date**:       **Student Name:**

**CoAEMSP Program Number**:       **Course Number:**

**Paramedic Sponsor/**  **Course Start Date**:

**Program Name**:

**Course Completion Date**:

**All of the following must be verified and documented prior to requesting a certificate of completion for the Paramedic program.**

|  |  |
| --- | --- |
| **Verified** | **Requirement** |
|  | Student has submitted all required paperwork |
|  | Minimum hour and contact requirements for program/state have been met |
|  | Minimum number of required patient contacts have been met and verified in a graduation report format |
|  | Student successfully completed the capstone cognitive examination |
|  | Student has successfully completed a capstone psychomotor assessment |
|  | A final *Professional Affective Behavior Evaluation* has been completed |
|  | Student has completed a *Course Evaluation Final* |
|  | Student has completed clinical site and preceptor evaluations |
|  | Student has completed a *Program Resource Survey-Students* |
|  | Program materials (resource texts) or equipment has been returned |
|  | Student address/email/phone is updated in system |
|  | Student has been instructed on NREMT and/or state licensure process |
|  | The *Terminal Competency Form* has been completed and signed by the program Medical Director |
|  | The Graduate Employment Verification form has been completed |
|  | Place of employment/placement as a Paramedic verified |
|  |  |
| **Additional Campus Specific Requirements** | |
|  |  |
|  |  |
|  |  |

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]

**Program Director Signature: Date:**