A logo for a medical school

Description automatically generated

**Graduation Checklist**

**Date:**       **Student:**

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

**Program Sponsor:**       **Course Start Date:**

**Level:**  **Course Completion Date:**

All the following must be verified and documented before requesting a certificate of completion for the program.

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| **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** | |
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**Program Director Signature:**  **Date**: