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| --- | --- |
| **Title**  Helmet Removal in Trauma Patients-Now you know | **Date**  06/02/2020 |
| **CDE Number**  M-2005002 | **CDE Credit Hours**  .5 HRS |

I verify that I read and am familiar with the contents of this document.

Please return this to your agency’s training coordinator for CDE credit. If you have any questions please contact us at [911training@elpasoteller911.org](mailto:911training@elpasoteller911.org)

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_**

**Signature                                                                                          DATE**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency**