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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

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

**Signature                                                                                          DATE**

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

**Printed Name**

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

**Agency**