



Title Chief Complaint Selection	Date 04/22/2022
CDE Discipline Medical	CDE Credit Hours .5

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 _____

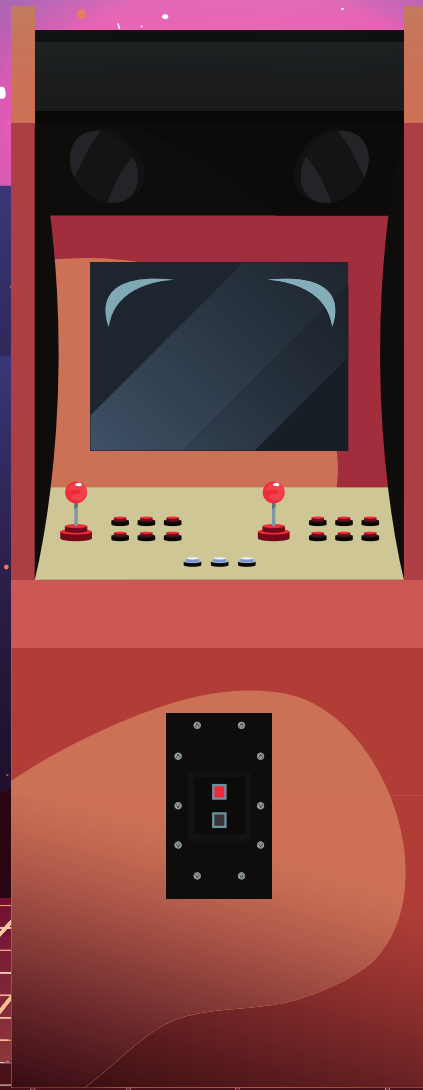
Agency



CHIEF COMPLAINT SELECTION

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