



Title	Date
Discipline/Version	CDE Credit Hours

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

- ☐ PDF Attached
- ☐ YouTube Link:
- ☐ Other:

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

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PROQA 5.1.1.56



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EL PASO-TELLER COUNTY

9-1-1 AUTHORITY