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| **Nombre del curso:** |  |
| **Módulo:** |  |
| **Nombre del participante:** |  |
| **Nombre del instructor:** |  |
| **Fecha:** |  |

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| **Nombre del Instructor :** |  | **Fecha de elaboración:** |  |
| **Especialidad:** |  |  |  |
| **Curso:** |  |  |  |
| **Tema:** |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tema** | **Pregunta** | **Opción a** | **Opción b** | **Opción c** | **Opción d** | **Respuesta** | **Nivel** |
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