

SUBJECT: **EMS CONTINUING EDUCATION (CE) PROVIDER  
APPROVAL AND PROGRAM REQUIREMENTS**

REFERENCE NO. 1013

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### CHANGE LOG

<b>Published Date</b>	<b>Status</b>	<b>Section and Subsection Affected</b>	<b>Description of Change(s)</b>
01/01/2024	Redate & Resign	NA	<ul style="list-style-type: none"><li>• No significant changes</li></ul>