

SUBJECT: **PROVIDER AGENCY MEDICAL DIRECTOR  
NOTIFIATION OF CONTROLLED DRUG  
PROGRAM IMPLEMENTATION**

REFERENCE NO. 702.1

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## CHANGE LOG

Published Date	Status	Section and Subsection Affected	Description of Change(s)
04/01/2025	Redate & Resign	Not applicable	<ul style="list-style-type: none"><li>• No significant changes</li></ul>