



## Notification of CE Provider Program Change

As codified in Title 22 of the California Code of Regulations ([§ 100395](#)), REMSA "shall be notified within thirty (30) calendar days of any change in [CE Provider] name, address, telephone number, program director, clinical director or contact person." Failure to provide notification of these changes, either intentionally or unintentionally, may result in suspension or revocation of CE Provider approval.

**CE Provider #33-** \_\_\_\_\_

**CE Provider name:** \_\_\_\_\_

**Type of change** (Check all that apply then provide corresponding information below):

- |                                      |                            |                         |
|--------------------------------------|----------------------------|-------------------------|
| 1. Provider name _____               | 2. Provider Address _____  | 3. Provider phone _____ |
| 4. Program Director _____            | 5. Clinical Director _____ | 6. Contact person _____ |
| 7. Instructors (add or remove) _____ |                            |                         |

1. Previous CE Provider name: \_\_\_\_\_

**New CE Provider name:** \_\_\_\_\_

2. Previous address: \_\_\_\_\_

**New address:** \_\_\_\_\_

3. Previous phone number: \_\_\_\_\_

**New phone number:** \_\_\_\_\_

4. Previous Program Director: \_\_\_\_\_

**New Program Director:** \_\_\_\_\_

*\*Resume must be attached to / submitted with this form. Qualifying education and experience must be clearly documented*

5. Previous Clinical Director \_\_\_\_\_

**New Clinical Director:** \_\_\_\_\_

*\*Resume must be attached to / submitted with this form. Qualifying experience and licensure must be clearly documented*

6. Previous contact person: \_\_\_\_\_

**New contact person:** \_\_\_\_\_

7. Instructors (to be removed): \_\_\_\_\_

**Instructors (to be added):** \_\_\_\_\_

*\*If adding staff, resumes must be attached to this form*

Current CE Program

Director signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email this form to [CEprovider@rivco.org](mailto:CEprovider@rivco.org) or  
print and mail to:

CE Program Coordinator  
Riverside County EMS Agency  
450 E. Alessandro Blvd  
Riverside, CA 92508