



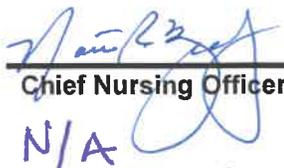
THIS IS TO CERTIFY THAT

ARROWHEAD REGIONAL MEDICAL CENTER'S

SPECIALTY CARE SERVICES

HAS BEEN REVIEWED AND UPDATED

AS NEEDED

 Department Manager	8/2/19. Date
N/A Department Chair (if applicable)	Date
 Associate Hospital Administrator (if applicable)	8/2/17 Date
 Chief Nursing Officer (if applicable)	8/2/19 Date
N/A Chief Medical Officer (if applicable)	Date
 Chief Executive Officer	8/2/19 Date
Chair, Board of Supervisors	Date