Application SBPCR-0002683 - Song-Brown Primary Care Residency

Organization

Arrowhead Regional Medical Center

Grant Preparer List

Grant Preparer List Created by Shirley Wong

Program Director *

Shirley Wong

Program Director Email

spwong87@yahoo.com

Program Type

Obstetrics and Gynecology (OB/GYN)

Select a training program from the **Training Program Title** search list below. If your training program is not listed, check the

Training Program not listed checkbox to add your program's information.

Training Program Title *

Arrowhead Regional Medical Center OBGYN Residency Program

- [x] **Existing Slots**

- [ ] My program is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and

- [x] I am requesting support for an existing primary care residency program of Family Medicine, Internal Medicine, OB/GYN, or Pediatrics.

- [ ] **Teaching Health Center Slots**

- [ ] My program acknowledges that if applying for both THC and Existing funding, we can only apply for a combined total of 11 unique filled first-year slots (5 Existing slots and 6 THC slots), not to exceed the program's total number of filled first-year positions.

- [ ] My program is a community-based ambulatory patient care center, operating a primary care residency program.

- [ ] My sponsoring institution of the residency program is a qualified Teaching Health Center or an educational consortium that includes a health center.

- [ ] **Expansion Slots**

- [ ] My program has received ACGME or AOA approval to permanently expand.

- [ ] My program's approval to expand is effective after July 1, 2024.
- [ ] My program's expansion is for categorical primary care positions.

Contract Administration

Contract Organization Name

San Bernardino County on behalf of Arrowhead Regional Medical Center

Doing Business As

Prefix

Mrs.

Contract Administrator First Name

Tesha

Contract Administrator Last Name

Lerma

Title

Healthcare Program Administrator

Phone 1

(909) 580-6133

Phone 2

Provide a telephone number

Contract Administrator Email

LermaT@armc.sbcounty.gov

Additional Signatory

First Name	Last Name	Title
Andrew	Goldfrach	ARMC CEO

Phone	Email
(909) 580-6150	goldfracha@armc.sbcounty.gov

Grant Agreement Signatory

First Name	Last Name	Phone
Andrew	Goldfrach	(909) 580-6150

Email

goldfracha@armc.sbcounty.gov

Is the Payee Data Record (STD 204) Signatory the same as Grant Agreement Signatory?

○ No ◉ Yes

Payee Data Record (STD 204) Signatory

First Name

Andrew

Last Name

Goldfrach

Phone

(909) 580-6150

Email

goldfracha@armc.sbcounty.gov

Is the legal address for your organization a PO Box?

No

PO Box*

This is the remit to address where payments should be mailed.

Street Address

400 N Pepper Ave

Suite/Dept

City

Colton

State

CA

Zip Code

92324

County

San Bernardino

2026

Should payments be sent to a different address than what is on file with the IRS?

No

Is this address a PO Box?

PO Box

Street Address

Suite/Apt/Dept

City

State

Zip Code

County

Authorized Rep First Name

Authorized Rep Last Name

Authorized Rep Phone

Authorized Rep Email

Program Data

Select the data you will be reporting: *

Student and Graduate data

Would you like to import graduate and training site data from your last application?*

- (•) No
- ( ) Yes

The residency program has been in continuous operation since what year? *

1992

You have chosen expansion funding, which academic year would the filled first-year resident/s start the program?

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic?*

Yes

Executive Summary

Executive Summary*

The residency program in Obstetrics and Gynecology at Arrowhead Regional Medical Center consists of four years of training in an accredited, post-graduate program. The focus of our community-based program is the management of acute and chronic problems with special emphasis on healthcare maintenance and disease prevention. Our graduates are well prepared to provide general obstetric and gynecologic services. They will possess the clinical knowledge, surgical skills and attitudes required to function as board certified obstetrician-gynecologists to ensure the highest quality of patient care.

Funding and Expenditures

Funds Requested

Funding Type (enter all that apply)*

# of Slots Requested	Maximum Amount per Slot	Total Funds Requested
Existing Program Slots*		
5	125,000	625,000.00
Program Expansion Slots*		
	300,000	0.00
Grand Total		
		625,000.00

Provide the residency program expenditures for academic year 2024/25)

Faculty Costs

3,675,605

Residency Stipends

1,392,200

Family Practice Center Costs

0

Other Costs

2,130,450

Total Annual Expenditure

7,198,255.00

Aggregate Resident Data

Enter the following data for the 24/25 academic year:

Total number of ACGME approved residency slots*

15

Total number of filled 1st Year Resident slots*

3

Total number of filled 2nd Year Resident slots

3

Total number of filled 3rd Year Resident slots

5

Total number of filled 4th Year Resident slots

4

Total

15

Provide the race/ethnicity of all residents enrolled in aggregate

American Indian/Native American/Alaska Native

0

Asian-Asian Indian

0

Asian Cambodian

0

Asian Chinese

1

Asian Filipino

1

Asian Indonesian

0

Asian Japanese

0

Asian-Korean

1

Asian-Laotian/Hmong

0

Asian-Malaysian

0

Asian-Other

2

Since you selected "Asian-Other," please provide the race/ethnicity

bangladesh, Taiwanese

Asian-Pakistani

0

Asian-Thai

0

Asian-Vietnamese

0

Black, African American, or African

0

Hispanic or Latino

1

Native Hawaiian or Other Pacific Islander

0

White/Caucasian/European/ Middle Eastern

8

Other - Not listed (Race Ethnicity)

1

Since you selected "Race/Ethnicity Not listed," please provide the race/ethnicity

resident chose other

Total

15

Graduate Data

Instructions:
Enter data in each field for the graduating class for each year shown. If no data for a year, enter "0". Include the number of positions approved and filled for academic years.

AY 2020/21

2

AY 2021/22

3

AY 2022/23

3

AY 2023/24

4

AY 2024/25

2

Required Documents

Name ↑	Modified
Accr_2025 OBGYN ACGME Accreditation Letter.pdf (209 KB)	07/20/2026 3:22 PM

Assurances

Would you or someone in your organization be willing to participate in an interview with HCAI or a contracted HCAI partner to share your story?

Yes

☑ I certify that the information contained herein is true and the most current information available at time of application submission. *