

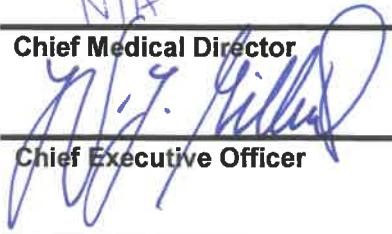
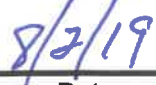


THIS IS TO CERTIFY THAT

**ARROWHEAD REGIONAL MEDICAL CENTER'S
HUMAN RESOURCES POLICIES & PROCEDURES**

HAS BEEN REVIEWED AND UPDATED

AS NEEDED

	
Department Manager	Date
N/A	
Department Chair	Date
N/A	
Chief Nursing Officer	Date
N/A	
Chief Medical Director	Date
	
Chief Executive Officer	Date
Chair, Board of Supervisors	Date