



Contract Number

25-362 A-1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach
Telephone Number	(909) 580-6150
Contractor	Saint George's University Limited
Contractor Representative	Lori Lifson-Arloff
Telephone Number	(631) 665-8500 ext. 1214
Contract Term	July 1, 2025 through June 30, 2028
Original Contract Amount	Revenue
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	9182424200
Grant Number (if applicable)	N/A

AMENDMENT NO. 1

WHEREAS, Saint George's University Limited ("University") and San Bernardino County ("County") on behalf of Arrowhead Regional Medical Center ("Medical Center" or "ARMC") entered into an Affiliation Agreement with an effective date of July 1, 2025 ("Agreement") to enable University's medical students to participate in clinical education experiences ("Rotations") at the Medical Center; and

WHEREAS, the Agreement set forth the compensation the University is to provide to the County for the expenses incurred by the Medical Center in providing the Rotations to University's Students; and

WHEREAS, the compensation set forth in the Agreement to be provided by University to the County per student per Rotation encompassed the expenses incurred by the Medical Center in compensating instructors and other administrative expenses; and

WHEREAS, the parties to the Agreement seek to amend the Agreement to clarify the component of the compensation that is attributable to compensation for instructors versus payment for administrative expenses incurred by the Medical Center; and

NOW THEREFORE, effective as of the date this Amendment is fully executed, the Agreement is amended as follows:

1. Section III(B) of the Agreement is deleted in its entirety and replaced with the following:

B. Compensation

For services relating to administration, provision, and coordination of the clinical rotation programs for the University Students at Medical Center, University agrees to pay the Medical Center as follows:

1. The University shall pay the Medical Center \$350.00 per week for each 3rd year Student rotation for teaching services and \$200.00 per week for each 4th year Student rotation for teaching services. Compensation shall be provided by the University to the Medical Center based on the number of Students who rotate on the service.
2. The University shall pay the Medical Center \$100.00 per week for each Student rotation for administrative costs. Compensation shall be provided by the University to the Medical Center based on the number of Students who rotate on the service.
3. Medical Center shall bill University for the foregoing on a quarterly basis. Payment shall be made by University to Medical Center within forty-five (45) days of invoice
4. The University shall also make payment to Medical Center for the following:

Support for ARMC Designated Institutional Official	\$ 30,000 per academic year
ARMC Simulation Lab Fund	\$75,000 per academic year
GME Education Fund	\$100,000 per academic year
Support for Medical Center Office of Research and Grants/IRB	\$100,000 per academic year

Medical Center shall bill University for the foregoing on a quarterly basis pro-rated for the academic year. Payment shall be made by University to Medical Center within forty-five (45) days of invoice.

Based on the guaranteed rotation slots denoted in Section III(A) under this Agreement, the following estimated yearly amount will be provided to the Medical Center each academic year if all denoted slots are fully utilized:

Internal Medicine	\$72,200
General Surgery	\$130,000
Family Medicine	\$122,200
Pediatrics	\$75,400
OBGYN	\$36,400
Emergency Medicine	\$31,200
Administrative Cost	\$156,000
Total Estimated Rotation Payments	\$624,000 per academic year

Annual Estimated Total Compensation:

Total Estimated Rotation Payments:	\$624,000 per academic year
Support for ARMC Designated Institutional Official:	\$ 30,000 per academic year
ARMC Simulation Lab Fund:	\$75,000 per academic year
GME Education Fund	\$100,000 per academic year
<u>Support for ARMC Office of Research and Grants/IRB</u>	<u>\$100,000 per academic year</u>
Total	\$929,000 per academic year

2. **Full Force and Effect.** All other terms and conditions of the Agreement remain in full force and effect.
3. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement.
4. **Counterparts.** This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY on behalf of
Arrowhead Regional Medical Center

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

SAINT GEORGE'S UNIVERSITY LIMITED

(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)

Name Dawne Buckmire
(Print or type name of person signing contract)

Title VP Business Administration
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Charles Phan, Supervising Deputy County
Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
Andrew Goldfrach, ARMC Chief Executive Officer

Date _____