

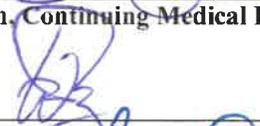
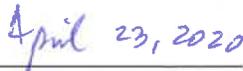
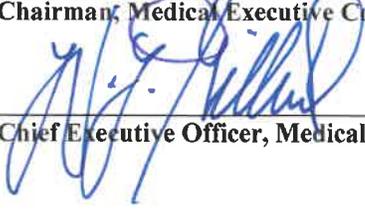


**THIS IS TO CERTIFY THAT THE  
ARROWHEAD REGIONAL MEDICAL CENTER**

**MEDICAL STAFF OFFICE  
Continuing Medical Education  
Program Policy and Procedure Manual**

**HAS BEEN REVIEWED AND UPDATED  
AS NEEDED FOR PROPER OPERATION**

**YEAR 2020**

	
Chairman, Continuing Medical Education Committee	Date
	
Chairman, Medical Executive Committee	Date
	
Chief Executive Officer, Medical Center	Date
_____ Chairman, Board of Supervisors	_____ Date