





THIS IS TO CERTIFY THAT

ARROWHEAD REGIONAL MEDICAL CENTER'S

**GRADUATE MEDICAL EDUCATION COMMITTEE
POLICIES AND PROCEDURES MANUAL**

HAS BEEN REVIEWED AND UPDATED

 _____ Chair, Medical Executive Committee	8/22/24 _____ Date
 _____ ARMC Chief Executive Officer	8/28/24 _____ Date
_____ Chair, Board of Supervisors	_____ Date