






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	DEC 03 2024 _____ Date