THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

Contract Number

25-355 A-1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach
Telephone Number	(909) 580-6150
Contractor	Western University of Health Sciences
Contractor Representative	Sarah Loven
Telephone Number	(909) 706-3502
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, Western University of Health Sciences ("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") for 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's Students at the 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. The University shall pay the Medical Center $100,000 per academic year towards the Medical Center's GME Education Fund. All payments received by the Medical Center under this Agreement for the GME Education Fund shall be used exclusively by the Medical Center, at its discretion.

      4. The University shall pay the Medical Center $100,000 per academic year to support the Medical Center's Office of Research and Grants. All such payments received by the Medical Center shall be used exclusively by the Medical Center, at its discretion.

      5. Medical Center shall bill University for all of the foregoing on a quarterly basis. Payments 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), the following estimated yearly amount will be provided to the Medical Center each year if all denoted slots are fully utilized:

Internal Medicine	$140,400
General Surgery	$93,600
Family Medicine	$122,200
Pediatrics	$54,600
OBGYN	$54,600
Emergency Medicine	$62,400
Administrative Cost	$182,000
TOTAL ESTIMATED ROTATION COSTS	$709,800 per academic year

Yearly Compensation Total:	
Estimated Rotations at Weekly Rates	$709,800
GME Education Fund	$100,000
Support for Office of Research and Grants	$100,000
TOTAL	$909,800 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

WESTERN UNIVERSITY OF HEALTH SCIENCES

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

By ►

(Authorized signature - sign in blue ink)

Name Paula M. Crone

(*Print or type name of person signing contract)*

Title Paula M. Crone, DO

(Print or Type)

Dated:

Address

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Charles Phan, Supervising Deputy County Counsel		Andrew Goldfrach, ARMC Chief Executive Officer
Date	Date	Date