



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Children's Hospital Los Angeles</u>
Contractor Representative	<u>Bertha Hines</u>
Telephone Number	<u>(323) 361-5639</u>
Contract Term	<u>January 5, 2021 through January 4, 2026</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u>N/A</u>

Briefly describe the general nature of the contract: A non-financial Master Affiliation Agreement with Children's Hospital Los Angeles, for Arrowhead Regional Medical Center resident physicians to obtain clinical experience, for the period of January 5, 2021 through January 4, 2026.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Charles Phan, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
William L. Gilbert, Director

Date _____