







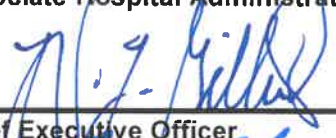
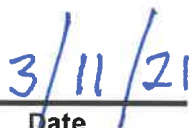

THIS IS TO CERTIFY THAT

ARROWHEAD REGIONAL MEDICAL CENTER'S

Education Department Manual

HAS BEEN REVIEWED AND UPDATED

AS NEEDED

	Sarah D. Cairney	
Department Manager		Date
	Katrina S. Shelby	
Associate Hospital Administrator (if applicable)		Date
	William L. Gilbert	
Chief Executive Officer		Date
		MAY 04 2021
Chair, Board of Supervisors		Date

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
of the County of San Bernardino

By _____
Deputy

