



IN WITNESS WHEREOF, each Party has caused this Program Agreement to be executed by its authorized representative on the date set forth below.

CONFLUENCE HEALTH:

By: 

Name: JoEllen Colson

Title: VP Human Resources

Date: 09/17/2018

SCHOOL

By: 

Name: Paul Ballard

Title: Dean, College of Education and Professional Studies

Date: 9.10.18

CM 9.5.18

CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION

By: 

Name: JoEllen Colson

Title: VP Human Resources

Date: 09/17/2018

WENATCHEE VALLEY HOSPITAL

By: 

Name: JoEllen Colson

Title: VP Human Resources

Date: 09/17/2018