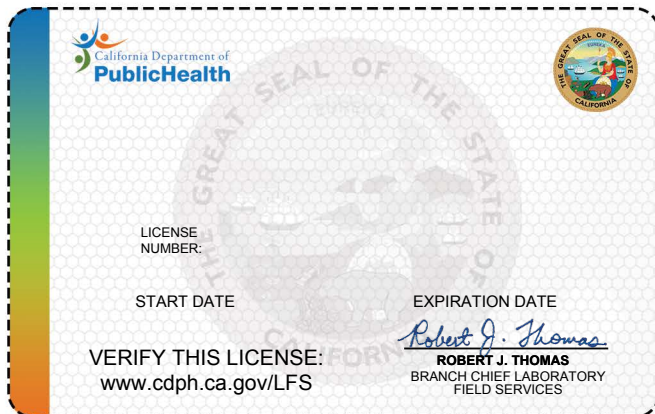


This certificate or a duplicate thereof, must be conspicuously displayed at each place where you practice.

Change of Name or Address:

You are required to notify this office in writing within **30 days** of any change in your name or address. You may do so by updating your online profile. Log on to your account at: www.cdph.ca.gov/LFS
(Go to Clinical Laboratory Personnel section)



The sample card features the California Department of Public Health logo and the Great Seal of the State of California. It includes fields for LICENSE NUMBER, START DATE, and EXPIRATION DATE. A signature of Robert J. Thomas is shown, along with his title: BRANCH CHIEF LABORATORY FIELD SERVICES. A QR code is located at the bottom left, and the text 'VERIFY THIS LICENSE: www.cdph.ca.gov/LFS' is at the bottom right.

Service provided by:

California Department of Public Health
Laboratory Field Services

Phone: (510) 620-3800
E-mail: LFScc@cdph.ca.gov



PRINTING INSTRUCTIONS: To print the standard card size (85.60mmx 53.98mm), use "Actual Size." DO NOT "FIT" TO PAGE.



The full-size card features the California Department of Public Health logo and the Great Seal of the State of California. It includes a QR code and the text 'LICENSE NUMBER'. Below the QR code, it says 'SCAN WITH A SMARTPHONE CAMERA TO VERIFY THIS LICENSE, OR VISIT www.cdph.ca.gov/LFS'. A signature of Robert J. Thomas is shown, along with his title: BRANCH CHIEF LABORATORY FIELD SERVICES.