CALIFORNIA DEPARTMENT OF PUBLIC HEALTH Laboratory Field Services 850 Marina Bay Parkway, Bldg. P, 1st Fl. Richmond, CA 94804-6403 (510) 620-3800

Dear Licensee,

ATTACHED BELOW IS YOUR RENEWED LICENSE FOR THE PERIOD ENDING: 10/28/2015

## **DISPLAY:**

Your license, or an official duplicate thereof, must be prominently displayed at each place where you perform clinical laboratory science activities.

MTA00022269 KATHLEEN A CLARK 442 W GAILLARD ST GLENDORA CA 91740-5043

Tint any name and/or address <u>changes</u> below:	



## **CHANGE OF NAME AND/OR ADDRESS:**

Statute requires that you notify this office in writing WITHIN 30 DAYS of any change in your name or address. Please make the necessary changes on the three lines provided to the left as indicated and return to Laboratory Field Services. Subsequent name and/or address changes should be made by a letter mailed to the address below:

## **QUESTIONS AND INFORMATION:**

If you have any questions, please write to: Laboratory Field Services 850 Marina Bay Parkway, Bldg. P, 1st Fl. Richmond, CA 94804-6403 or email LFSpersonnel@cdph.ca.gov

Thank you for your cooperation.

Post your license in the clinical laboratory where you perform clinical laboratory activities.

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State of California
Department of Public Health

CLINICAL LABORATORY SCIENTIST

THIS LICENSE IS ISSUED PURSUANT TO DIVISION 2, CHAPTER 3 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE, TO AUTHORIZE

KATHLEEN A CEARK

TO ENGAGE IN CLINICAL LABORATOR PRACTICE IN ACCORDANCE WITH THE CITY ICAL LABORATORY TECHNOLOGY LAWS AND REGULATIONS OF DIMISION 2 CHAPTER 3, OF THE CARTORY BUSINESSAND PROFESSIONS CODE.

LIFORN!

LICENSE NUMBER: MTA00022269 RENEWAL VALID THROUGH: 10/28/2015 Beatrice O'Keefe, Chief