

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610

PO Box 997414

Sacramento, CA 95899-7414

(916) 327-5106 www.cdph.ca.gov/programs/pages/RadiologicHealthBranch.aspx

The current certificate is valid until: March 31, 2015

DISPLAY

Certificate(s) and/or permit(s), or a copy thereof, must be prominently displayed at each place where you perform the activities authorized.

NAME AND/OR ADDRESS CHANGES

California Code of Regulations, title 17, section 30406 requires notification to the Radiologic Health Branch (RHB) within 30 days when name/address changes occur. Refer to Certificate/Permit Number RHM00065812 in any correspondence with RHB.

My name, mailing address, and/or phone number listed below have changed.	Enter correct information below.
ADRIANA CALDERON 22435 SATICOY ST WEST HILLS, CA 91307-1723 (818) 999-2884 Signature: _____ Date: _____	
	Name change requests must be accompanied by a copy of a certified superior court order allowing the name change and a government issued picture ID, such as a driver's license, military ID, or passport.

Additional information is available at www.cdph.ca.gov/programs/pages/RadiologicHealthBranch.aspx

Tear Here

Rhtcert (2-12)

California Department of Public Health

This certificate, issued pursuant to section 114870 of the Health and Safety Code, authorizes

ADRIANA CALDERON

To perform X-ray procedures in the practice of



DIAGNOSTIC AND THERAPEUTIC RADIOLOGIC TECHNOLOGY

and to use the title

Certified Radiologic Technologist

In Testimony Whereof, the Department of Public Health of the State of California has caused this document to be signed by the Chief of the Radiologic Health Branch.

Certificate Number: RHM00065812
 Registration Expires: March 31, 2015

Gonzalo L. Perez, Chief
 Radiologic Health Branch