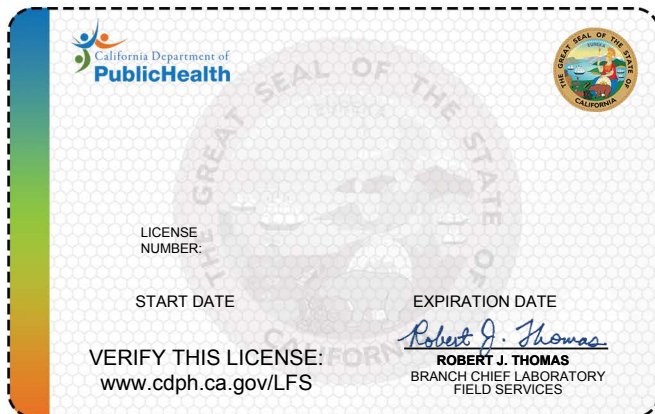




This certificate or a duplicate thereof, must be conspicuously displayed at each place where you practice.

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 license card features the California Department of Public Health logo at the top left and the Great Seal of the State of California at the top right. The card is divided into sections for 'LICENSE NUMBER', 'START DATE', 'EXPIRATION DATE', and 'VERIFY THIS LICENSE: www.cdph.ca.gov/LFS'. A signature of Robert J. Thomas is shown, along with his title: 'ROBERT J. THOMAS, BRANCH CHIEF LABORATORY FIELD SERVICES'.

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 license card features the California Department of Public Health logo at the top center and the Great Seal of the State of California at the top right. A QR code is located on the left side, with the text 'LICENSE NUMBER' next to it. Below the QR code, it says 'SCAN WITH A SMARTPHONE CAMERA TO VERIFY THIS LICENSE, OR VISIT www.cdph.ca.gov/LFS'. At the bottom right, there is a signature of Robert J. Thomas and his title: 'ROBERT J. THOMAS, BRANCH CHIEF LABORATORY FIELD SERVICES'.