



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](http://www.cdph.ca.gov/LFS) (Go to *Clinical Laboratory Personnel* section)



Service provided by:

California Department of Public Health  
**Laboratory Field Services**

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

