
Renewing my License / Certificate

By: Blessie Honorio

LABORATORY FIELD SERVICES (LFS)



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Our Mission

The mission of the Laboratory Field Services branch (LFS) is to ensure quality standards in clinical and public health laboratories and laboratory scientists through licensing, examination, inspection, education, and proficiency testing.

LFS is the primary link between the health of California citizens and quality oriented, accurate and reliable clinical laboratory testing. LFS provides oversight for clinical and public health laboratory operations and for the licensed and certified scientists and other testing personnel who perform testing in clinical laboratories.



Application Information

→ Apply Online

↻ Renewal Applicants

▶ New Application Video Tutorial

Phlebotomist

Clinical Laboratory Scientist

Clinical Laboratory

Clinical Laboratory Professional Licensing

First Time Applicants:

California state law requires that licensed clinical laboratories in California employ testing personnel who are licensed by the State. The new personnel license application process requires the steps below.

🔗 Need help? If you have any questions or difficulties, visit our [New Application User Manual \(PDF\)](#), our [New Application Video Tutorial](#), or check out our [personnel FAQ's page](#).



1. Create an online account

Request access to the Laboratory Field Services application.

Create a user account

Registration Information

Fill in the required fields.

* First Name

Middle Name

* Last Name

* Email Address

* Confirm Email

* Password [?](#)

* Confirm Password

I'm not a robot



Cancel

Submit

Registration



Your account has been created.

- Your username is **wpooh4**
- A confirmation email with your username will be sent to `babaloo@gmail.com`

Close

Welcome to the CDPH Certificates, Licenses, Permits and Registrations Portal

 wpooh4

Log In

[Forgot User ID/Email?](#) [Reset Password?](#)

[Create an Account](#)

in

Welcome to the CDPH Licensing Portal. Please select your license type.



Manufacturing
Cannabis



Laboratory
Personnel



All
License Types



in California. This mission is achieved, in part, through the issuance of certificates, licenses, permits, and registration

Privacy Disclaimer

Required Fields

Consent with 17 CCR section 1031.4, LFS collects personal information on this application to identify the applicant and determine eligibility based on reported qualifications. Failure to provide required information will result in the application being deemed incomplete by LFS.

Security Number/Individual Taxpayer Identification Number

Collects the personal information on this application pursuant to the Information Practices Act (Civil Code section 1798 et seq.), and as required by section 30 of the Business and Professions Code and section 17520 of the Family Code. Disclosure of your social security number (SSN) or individual tax identification number (ITIN) is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code and may be disclosed to the Franchise Tax Board and/or the Department of Child Support Services.

Mailing Address(es)

May send official correspondence to a reported mailing address. Mailing address information may be disclosed pursuant to the California Public Records Act (Government Code section 6250 et seq.) and as permitted by section 1226 of the Business and Professions Code.

LFS makes every effort to protect the personal information provided by license and certification applicants. Application information may be disclosed, however, as permitted by the statutory authorities specified above and to other governmental agency as required by state or federal law, for law enforcement purposes, in response to a court or administrative order, a subpoena, or a search warrant.



I have read and accepted the above terms

Proceed



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Have you held a license issued by CDPH within the last five years?

Yes

No

Submit



License Search

Please enter full license number: Example: "ABC-00001234"

License Number *
mta-0004 [redacted]

Last Name *
pooh

Date of Birth *
Jan 6 1990

Zip Code *
[redacted]



Congratulations! We were able to connect your existing license information.
Please update your profile information below if necessary.

If you need to change non-editable personal information, please contact the California Department of Public Health via the 'Contact Us' link on the header.

Key Demographics

First Name * Middle Name Last Name * SSN
[Redacted] XXX-XX [Redacted]
Login Email Date of Birth * Gender *
babaloo@gmail.com [Redacted] 4 Female

Address Details

+ Add Address *

Type * Mailing Address Primary:
Address Line 1 [Redacted]
Address Line 2 _____
City * State * Postal Code *
[Redacted]
County Country * Edit
_____ United States

Communication Details

+ Add Communication Type

Type	Value *	Primary *	Delete

Update your address and verify



Mandatory to add your email and select a primary contact.
Click "submit"

Communication Details

[+ Add Communication Type](#)

Type	Value*	Primary*	Delete
Select ▼	<input type="text"/>	<input type="radio"/>	Delete
Value cannot be blank Select ▼	<input type="text"/>	<input type="radio"/>	Delete

mylicenseuat.cdph.ca.gov wants to track your physical location. Allow once Options for this site ▼ x

Cancel Submit



MARYLLIS ROMERO
Constituent ID 251128
Date of birth Oct 31, 1974
SSN ###-##-###
Email bhonorio@cdph.ca.gov
Address [Redacted]
Last login

[View Cart](#)

Thank you for visiting LFS Personnel Licensing and Certification (PERL) portal. Please select from the options below to apply for a new license or begin a renewal request.

License

[Apply for licenses](#)

[Renew my licenses](#)



[Order a Duplicate License](#)

[View licenses](#)

[Upload Additional Documentation](#)

[Payment History](#)

[Associate License](#)

Work In Progress

Application number	Status	Created date	Updated date	Updated by
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No cases

Communication Details

Communication type	Communication value *	Primary *
Home Phone	<input type="text"/>	<input type="radio"/>
Home Email	bhonorio@cdph.ca.gov	<input checked="" type="radio"/>

▼ **Conviction Details**

Since your last renewal have you been convicted? *

Select ▼ 



Select Yes or No, then click Next

If you have multiple licenses, select the license you want to renew by checking the box next to your license number, then click Next

1 Applicant Information 2 Select License/Certification 3 Expertise Details 4 View Disclosure 5 Attest To Application

Select one license to renew from the below list, only those within 60 days or past their expiration date are eligible to renew.

License Number	License Type	License Status	Renewal Cost	Delinquency Fee	Total Cost	Expiration date	Inactivate Date
<input type="checkbox"/> MTO-0000	Clinical Cytogeneticist Scientist	Active	\$179.00	\$0.00	\$179.00	10/29/18	1/1/00

<< Back Next >>

Renew License (RL-1482) Save Other actions ▾ Close Cancel

1 Applicant Information 2 Select License/Certification 3 Expertise Details 4 Upload Documents 5 View Disclosure 6 Attest To Application

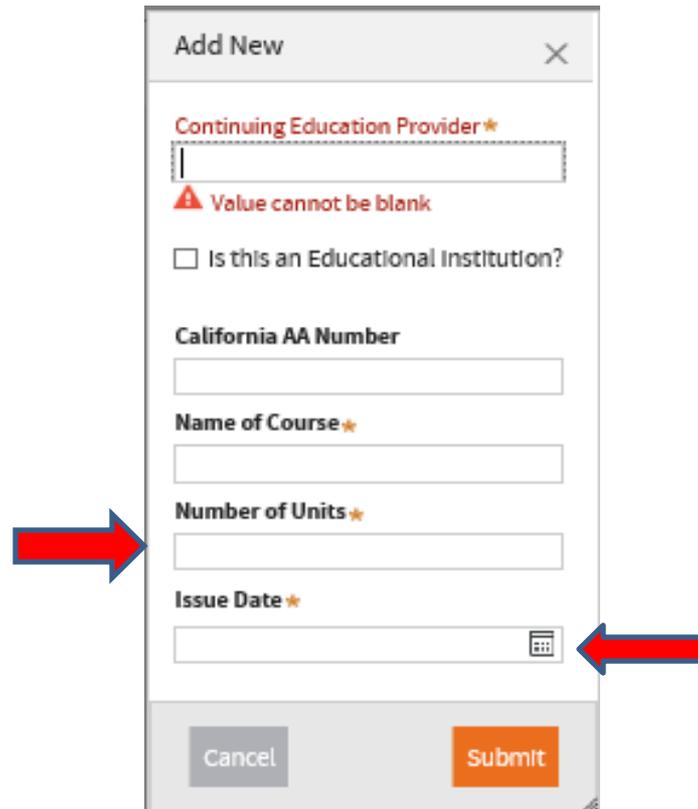
A renewal application for Clinical Cytogeneticist Scientist requires the applicable expertise. Please enter in your relevant continuing education.

Continuing Education Details [View Continuing Education Prerequisites](#)

Continuing Education Provider	Educational Institution?	California AA Number	Name of Course	Type of Units	Number of Units	Issue Date	Actions
No Items							

Click add for your continuing education and click next.

If you have multiple certificate enter 24 in Number of Units and in Issue date enter the latest date of your certificate of completion.



The image shows a screenshot of a web form titled "Add New" with a close button (X) in the top right corner. The form contains several input fields and a checkbox:

- Continuing Education Provider ***: A text input field with a red warning icon and the message "Value cannot be blank" below it.
- Is this an Educational Institution?**
- California AA Number**: A text input field.
- Name of Course ***: A text input field.
- Number of Units ***: A text input field. A red arrow points to this field from the left.
- Issue Date ***: A date selection field with a calendar icon. A red arrow points to this field from the right.

At the bottom of the form are two buttons: "Cancel" (grey) and "Submit" (orange).

Renew License (RL-1482)

1 Applicant Information 2 Select License/Certification 3 Expertise Details 4 Upload Documents 5 View Disclosure 6 Attest To Application

The below documents can be uploaded for the selected license product(s).

Required Documents

Continuing Education Certificate/Unofficial Transcripts .REQUIRED 

Additional Documents

[Add Document](#)

Document Type	Description	File Name	Date Attached	Attached By
No Items				



Upload all your certificate of completion

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Renew License (RL-1482)

Save Other actions ▾ Close Cancel



Clinical Cytogeneticist Scientist Renewal Disclosures

Each person licensed under Division 2, Chapter 3 of the California Business and Professions Code, commencing with section 1200, whose license or certificate is in active status must complete the required continuing education contact hours. Clinical Cytogeneticist Scientist licensees must complete a total of 24 contact hours of continuing education provided by a Department-Approved Accrediting Agency or an accredited academic institution per two-year renewal cycle.

You must retain the continuing education documents received from providers approved under the California Code of Regulations, Title 17, section 1038.4, for a minimum of four years. You will be required to upload applicable continuing education documents for each renewal application that you submit.

A number of renewal applications will be audited by the Department each year. A notice will be sent by email to those whose applications have been selected for audit.

Please note that Laboratory Field Services does not accept applications, renewals, or inquiries to be submitted in person. All applications must be completed using the PERL application system. Inquiries can be submitted by email to LFSRenewals@cdph.ca.gov, or by telephone at (510) 620-3800.

Regulations require that you notify Laboratory Field Services regarding any change of name or address within 30 days. Login to your PERL account to submit an address change, and send an email notice to LFSRenewals@cdph.ca.gov to notify Laboratory Field Services of a name change. Please note that you will be required to provide official proof of name change (e.g. driver's license, marriage certificate, etc.) before your name change request can be processed.

Your renewal fee is non-refundable. Applications are processed in the order in which they are received.

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Electronically sign, accept and submit

Renew License (RL-1462) Save Other actions ▾ Close Cancel

1 Applicant Information 2 Select License/Certification 3 Expertise Details 4 Upload Documents 5 View Disclosure 6 Attest To Application


APPLICATION ATTESTATION



I declare that all information provided in this application is true and correct. I agree and understand that any misstatement(s) of material fact(s) will be subject to the laws of California including denial or revocation of my license or certification or criminal or civil penalties. I understand that signing this document is the legal equivalent of having placed my handwritten signature on this application.

Note: License/registrations/certifications may be suspended or revoked due to unpaid Child Support Services payments (CA Family Code Section 17520) or due to unpaid taxes (BPC 494.5).

Sign



MARYLLIS P. ROMERO

10/24/18

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Renew License (RL-1492)

Close

Your application is almost complete. Please select the Pay Now button to complete your application.

Pay Now



Select the Items to be Included in the Transaction

Shopping Cart

Select License/Registration to pay for



Proceed to Checkout

Close

Cart Items

Select	Fee	Reference Number	Item Description	Item Qty	Total
<input checked="" type="checkbox"/>	Renewal	MT0-00000146	Clinical Cytogeneticist Scientist	1	\$179.00 Remove

Total Qty: 1 Total Price: \$179.00

Check the box and click proceed checkout

Select what payment you want to use

Checkout Cart Submit Close

Payment Details

Payment Method 

Value cannot be blank

Cart Summary

Fee	Total
Renewal	\$179.00
Total Price:	\$179.00

Checkout

[Cart](#) [Submit](#) [Close](#)

Payment Details

Payment Method *

[Credit Card](#)

Credit Card Information

Credit Card Type * Credit Card Number *

Select...

Exp Month * Exp Year * CVV *

01 - Jan 2018

Billing Information

First Name * Middle Initial

P

Last Name *

Address Line 1 *

Address Line 2

City *

MONTRROSE

State *

California

Zip Code *

Email Address *

bhonorio@cdph.ca.gov

Re-Enter Email Address *

Phone number

Cart Summary

Fee	Total
Renewal	\$179.00
Total Price:	\$179.00

By checking the box below you certify you are an authorized user of this card and authorize the State of California to process a one time payment of \$179.00.

I authorize the State of California to process this payment.

Enter all the information and click
submit

Payment Receipt



Payment Date: 10/24/16 Confirmation Number: 18102407206802
Payment Method: Bank Account Payment ID: 103691
Account Ending With: 6789 Payment Amount: \$179.00

Full Name	Citizen ID	Primary Email	Primary Address
[REDACTED]	251128	bhonorio@cdph.ca.gov	[REDACTED]

Fee	Reference Number	Description	Item Qty	Total
Renewal	RL-1482	Clinical Cytogeneticist Scientist	1	\$179.00
			Total Qty:	Total Price:
			1	\$179.00

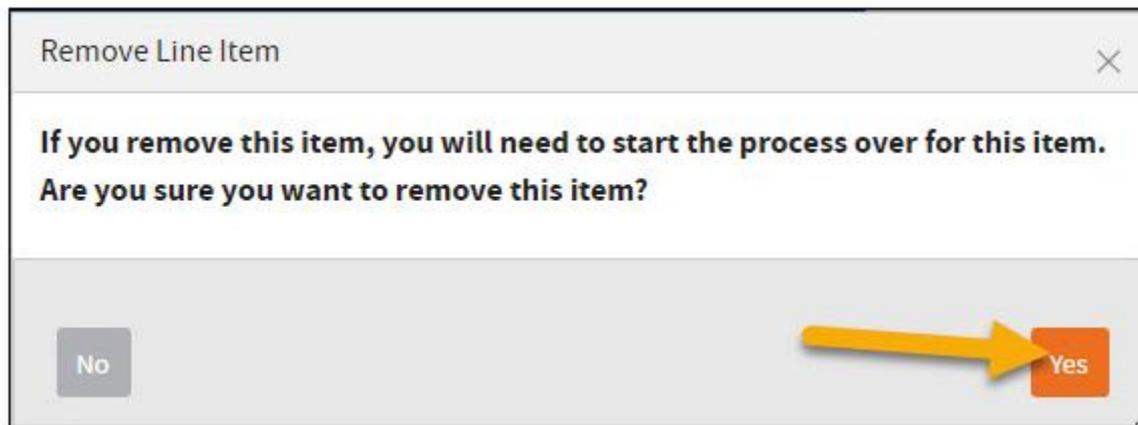


- View Profile
- Log off

To log off

Congratulations !!!!!!!

View Cart – You can view their shopping cart , which holds any application that you have signed attestation and submitted. Here you can confirm that you have completed the correct application type.



Remove from Cart: You can remove an application from this area, if you believe that you have applied for the wrong application type. You will click the “Remove” link.

Select the Items to be Included in the Transaction

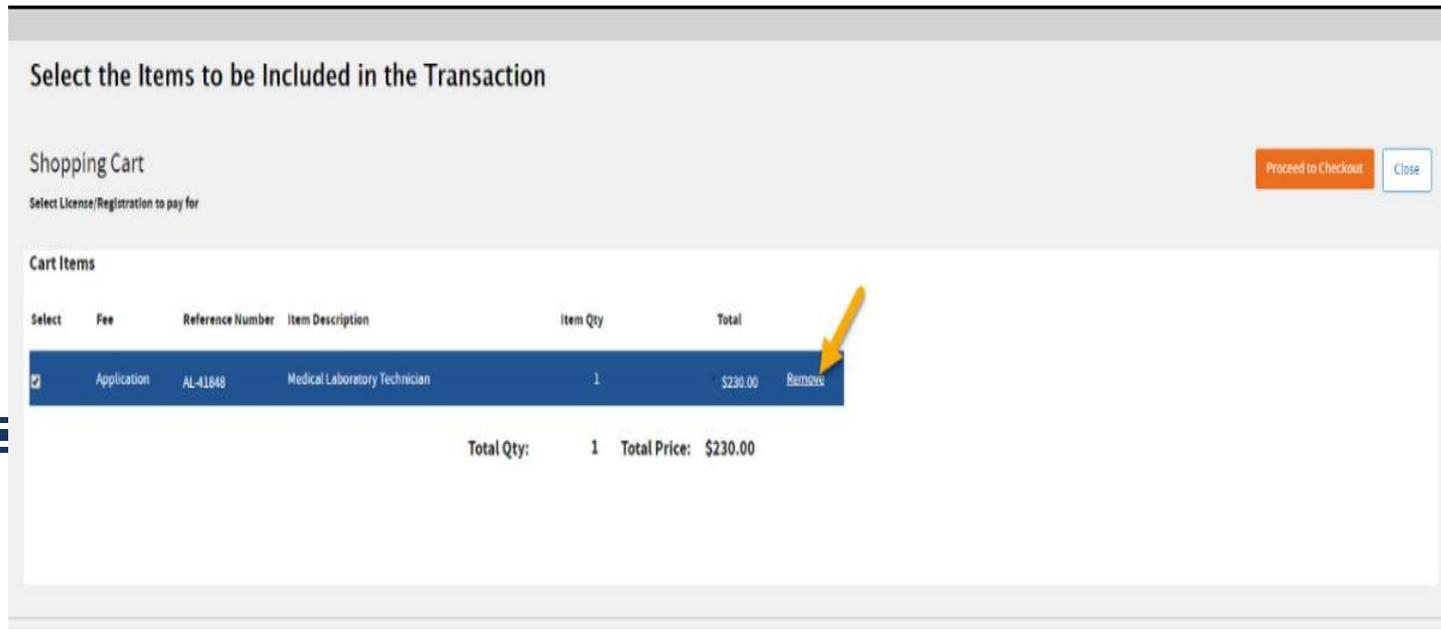
Shopping Cart Proceed to Checkout Close

Select License/Registration to pay for

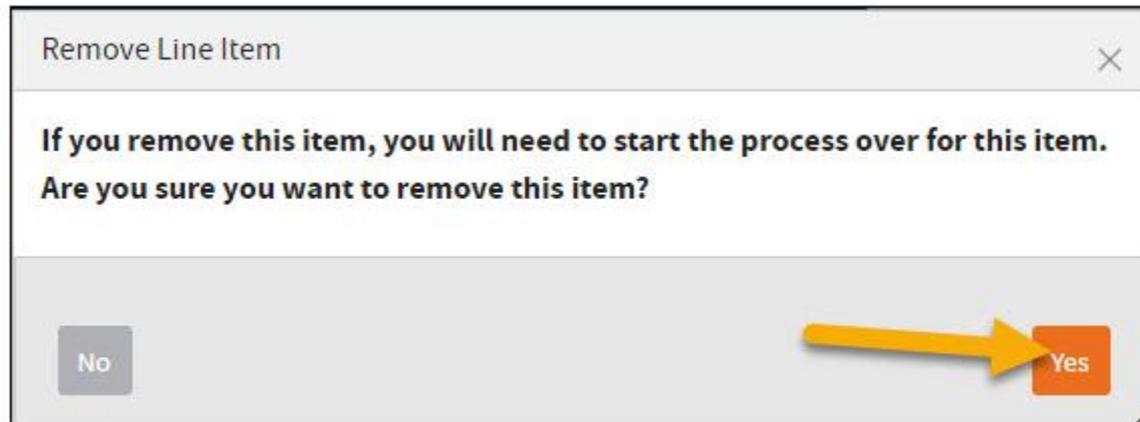
Cart Items

Select	Fee	Reference Number	Item Description	Item Qty	Total	
<input checked="" type="checkbox"/>	Application	AL-41848	Medical Laboratory Technician	1	\$230.00	Remove

Total Qty: 1 Total Price: \$230.00



Are you sure? The system will ask you (the user) if they are sure they want to remove the application. The system will remind the user that this cannot be undone. The user will click “Yes” if they are sure.



Empty Shopping Cart – This is what the screen will look like, once the shopping cart is empty.

Select the Items to be Included in the Transaction

Shopping Cart Proceed to Checkout Close

Select License/Registration to pay for

Cart Items

No Items in Cart