

**RE: RENEWAL OF YOUR CLINICAL LABORATORY SCIENTIST LICENSE
CONTINUING EDUCATION REQUIREMENTS**

Each person licensed under Division 2, Chapter 3 of the Business and Professions Code, commencing with Section 1200, whose license is in active status must complete the required continuing education hours.

At the time of renewal, you must provide the Department with the date, accrediting agency number, program title, course number, and number of contact hours received for each continuing education program you have successfully completed. Please complete and return the Continuing Education Activity Summary (found on page two)..

You must retain for a minimum of four years continuing education documents received from providers approved under the California Code of Regulations, Section 1038.4. Do not forward such documents to the Department unless instructed to do so.

A random number of licensees will be audited by the Department each year. If you are selected for audit, you will be notified by mail.

Regulations require that you notify this office in writing **WITHIN 30 DAYS** of any change in your name or address.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Daytime telephone number including area code: _____

Evening telephone number including area code: _____

Internet address: _____

Date of birth (mm/dd/yy): _____

CLINICAL LABORATORY PERSONNEL LICENSE RENEWAL

Continuing Education Activity Summary

Return to: **LABORATORY FIELD SERVICES**
 850 Marina Bay Parkway
 Richmond, CA 94804-6403
 (510) 620-3800

Name	License Number	Telephone Day	Telephone (Home)
Mailing Address (Number, Street)	City	State	Zip Code

Please check this box if you have an address change since last renewal

INSTRUCTIONS

Complete Section 1, for CE required hours from approved continuing education accrediting agencies.
 Complete Section 2, if you have successfully concluded a college or university level course that is relevant to the scope of practice of clinical laboratory science.

DO NOT SEND COPIES OF YOUR CERTIFICATES AND ESPECIALLY DO NOT SEND THE ORIGINAL CERTIFICATE UNLESS INSTRUCTED BY THIS OFFICE. Copies of your certificates or the transcript of your college/university course will be requested by the Department if you are randomly selected for audit of the continuing education courses you reported. You must sign the signature line at the bottom of this form to certify the authenticity of your reported CE courses.

SECTION 1: ACCREDITING AGENCY APPROVED COURSES

Date on certificate	AA number	Program Title	Course #	CE hours

SECTION 2: COLLEGE OR UNIVERSITY LEVEL COURSES

College/University	Course Title	Semester/Quarter units	Course Date

Have you been convicted of any felonies or misdemeanors other than minor traffic violations in the previous two years? Yes No Birth date (mm/dd/yy) _____

I certify that I have taken the courses listed above and will have certificates in my possession to verify successful completion of the continuing education courses listed in Section 1 or an official transcript for the courses from an accredited college or university listed in Section 2. I understand that I am responsible for maintaining these legal documents for four years.

Signature _____ Date _____