

Clinical and Public Health
Laboratory Professionals

New Application User Manual

Rev. 04/09/2018



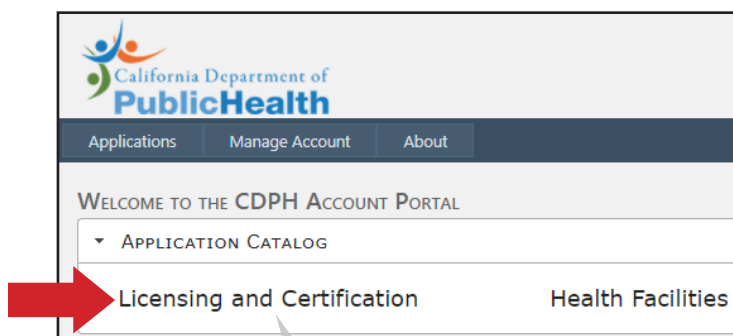
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Part 1: Create Your Account

Step 1.1: Before you begin, create an account using the link to access the CDPH Account Portal <https://accountportal.cdph.ca.gov>

Step 1.2: Click on the Licensing and Certification title.

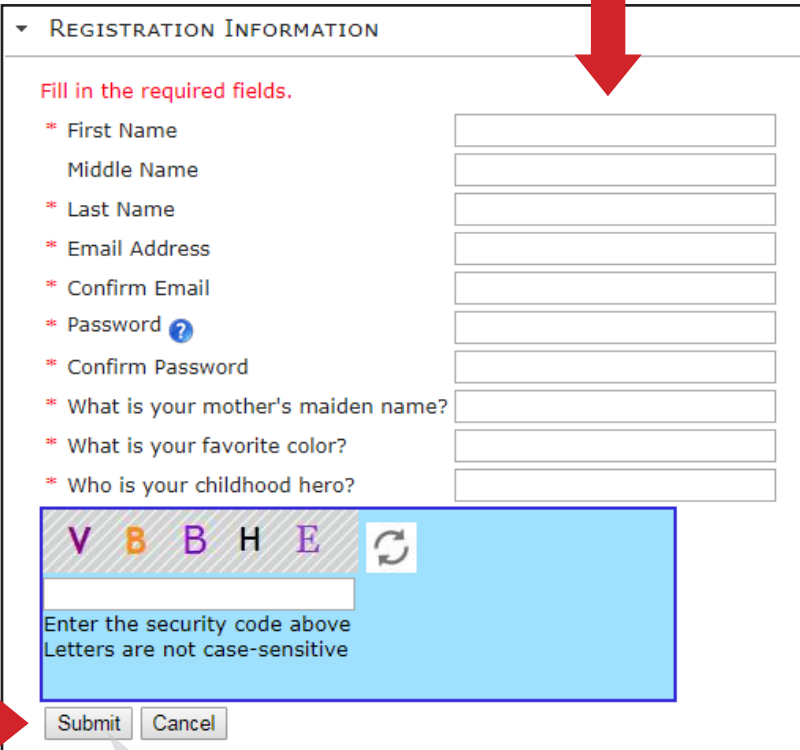


Step 1.3: You will see a registration pop-up. Click the 'Register' button to start the process of creating your account.



Step 1.4: Fill out the registration form. Click 'Submit' once the entire form is filled out.

Important: All fields with an asterisk must be filled out.



REGISTRATION INFORMATION

Fill in the required fields.

- * First Name
- Middle Name
- * Last Name
- * Email Address
- * Confirm Email
- * Password ?
- * Confirm Password
- * What is your mother's maiden name?
- * What is your favorite color?
- * Who is your childhood hero?

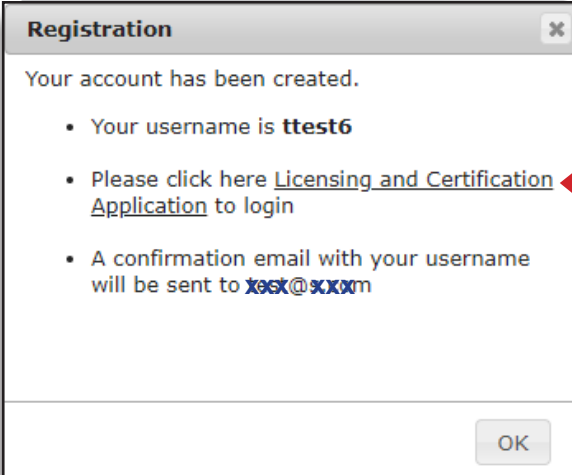
V B B H E

Enter the security code above
Letters are not case-sensitive

Submit Cancel

Step 1.5: A pop-up message will appear. Click on the link in the message. The link will take you to the CDPH Licensing Application Portal.

Important: Write down your username and password.



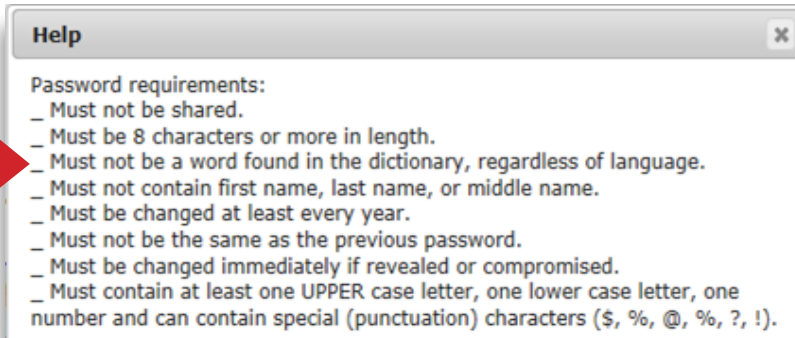
Registration

Your account has been created.

- Your username is **ttest6**
- Please click here [Licensing and Certification Application](#) to login
- A confirmation email with your username will be sent to **test@xxxm**

OK

Important: Note the password requirements.



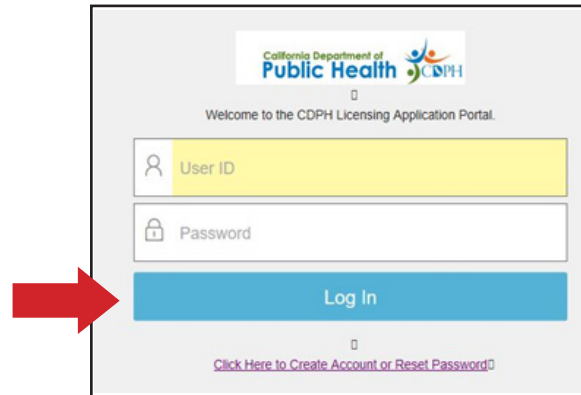
Help

Password requirements:

- _ Must not be shared.
- _ Must be 8 characters or more in length.
- _ Must not be a word found in the dictionary, regardless of language.
- _ Must not contain first name, last name, or middle name.
- _ Must be changed at least every year.
- _ Must not be the same as the previous password.
- _ Must be changed immediately if revealed or compromised.
- _ Must contain at least one UPPER case letter, one number and can contain special (punctuation) characters (\$, %, @, %, ?, !).

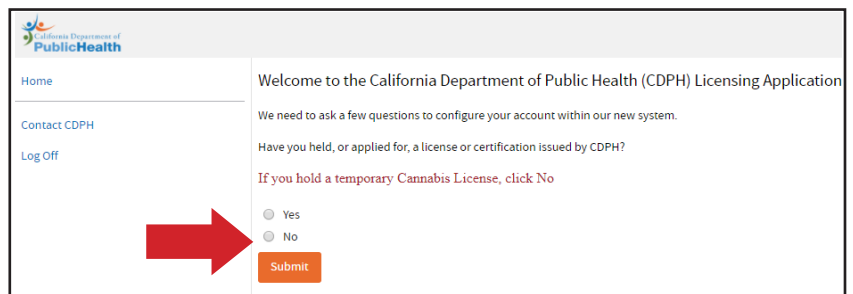
Part 2: Logging into the CDPH Licensing Application Portal

Step 2.1: Log in by entering your username and password. Click the 'Log In' button.



The screenshot shows the login page of the California Department of Public Health (CDPH) Licensing Application Portal. At the top, there is a logo for the California Department of Public Health and the text "Welcome to the CDPH Licensing Application Portal." Below this, there are two input fields: "User ID" and "Password". A red arrow points to the "Log In" button, which is a blue button with white text. Below the "Log In" button, there is a link that says "Click Here to Create Account or Reset Password".

Step 2.2: You will be asked questions regarding your licensure with the state of California. Select 'No,' and click on the 'Submit' button since you have not.



The screenshot shows the configuration page of the California Department of Public Health (CDPH) Licensing Application Portal. On the left, there is a sidebar with links: "Home", "Contact CDPH", and "Log Off". The main content area has the heading "Welcome to the California Department of Public Health (CDPH) Licensing Application" and the text "We need to ask a few questions to configure your account within our new system." Below this, there are two questions: "Have you held, or applied for, a license or certification issued by CDPH?" and "If you hold a temporary Cannabis License, click No". There are two radio buttons: "Yes" and "No". A red arrow points to the "Submit" button, which is an orange button with white text.

Step 2.3: Complete your personal information. Click the 'Submit' button when you have verified all the information is correct.


Important: All fields with an asterisk must be filled out.

The screenshot shows the 'Update My Profile' form. Red arrows point to the 'Key Demographics' section, the 'Address Details' section, the 'Communication Details' section, and the 'Submit' button at the bottom right. The form includes a blue banner stating 'No previous license information. Please update your profile information below if necessary.' Below this is a note about contacting the California Department of Public Health for non-editable information. The 'Key Demographics' section contains fields for First Name, Middle Name, Last Name, SSN/ITIN, Login Email, Date of Birth, and Gender. The 'Address Details' section includes a form for adding a new address with fields for Type, Address Line 1, Address Line 2, City, State, Postal Code, County, and Country, along with 'Validate' and 'Cancel' buttons. The 'Communication Details' section shows a table with columns for Type, Value, Primary, and Delete, containing one entry for 'Home Email'.



Step 2.4: Select the 'Clinical and Public Health Laboratory Professionals' link.

The screenshot shows a page titled 'Certificates, Licenses, Permits, and Registrations.' with a sub-header 'Apply, Renew or Update Application'. Below this are two links: 'Clinical and Public Health Laboratory Professionals' and 'Cannabis Manufacturers'. A red arrow points to the first link.

Step 2.5: Click on the 'Apply for licenses' link to begin your license application.



Test Test



Constituent ID

357915

Date of birth

Jan 1, 1930

SSN

###-##-3333

Email

test@s.com


Address

850 MARINA BAY PKWY
RICHMOND CA 94804-6403 USA

View Cart

Refresh profile

My Profile

 Log off

Last login

View Cart

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

*You are eligible to renew your license or certificate up to 60 days before the expiration of your license or certificate. Please note, you will not be able to renew prior to 60 days before expiration.

License

Apply for licenses

Renew my licenses

Reprint licenses

View licenses

Upload Additional Documentation

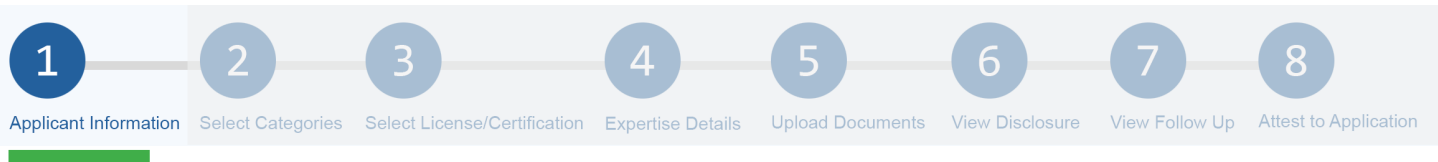
Payment History

Work In Progress

Application number	Status	Created date	Updated date	Updated by
No cases				

Part 3: Begin Your Application

Section 1: Applicant Information



Step 1.1: Click the 'Next' button when you have verified all the information is correct.

This information includes:

- *key demographics*
- *address details*
- *communication details*
- *conviction details*

Important: If you have any convictions, you must fill out the 'Conviction Comment' section.



California Department of Public Health

View Cart Refresh profile My Profile Log off

6 7 8

View Disclosure View Follow Up Attest To Application

Please verify your information below, changes can be made through the My Profiles link at the top of the page.

Key Demographics

Salutation	First Name	Middle name	Last name	SSN
—	Test	—	Test	XXX-XX-3333

Login Email	Date of birth	Gender
someone@test.comm	Jan 1, 1918	Female

Address Details

Type * Mailing Address Primary: ☒

Address 1 * 850 MARINA BAY PKWY

Address 2 CDPH LABORATORY FIELD SERVICES

City * State * Zip *

RICHMOND California 94804-6403

County Country *

CONTRA COSTA United States

Communication Details

Communication type	Communication value *	Primary *
Home Email	someone@test.comm	<input checked="" type="radio"/>

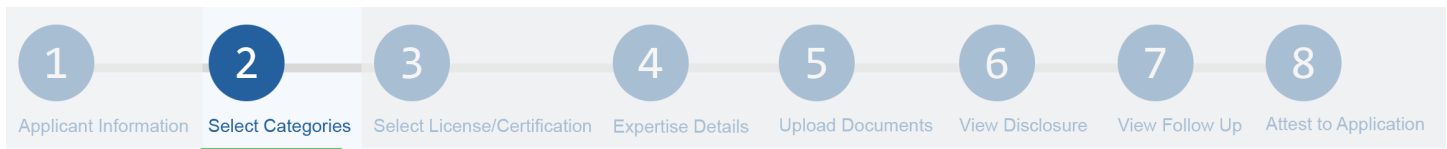
Conviction Details

Have you been convicted or arrested for any felonies or misdemeanors other than minor traffic violations? *

Select ▼

Next >>

Section 2: Select Categories



Step 2.1: Select your license category and click the 'Next' button.

Select License or Certification Category

Select Product categories

- ☐ Cytotechnologist
- ☐ Director
- ☐ Medical Laboratory Technician
- ☐ Phlebotomist
- ☐ Public Health Microbiologist
- ☐ Scientist
- ☐ Trainee

<< Back Next >>

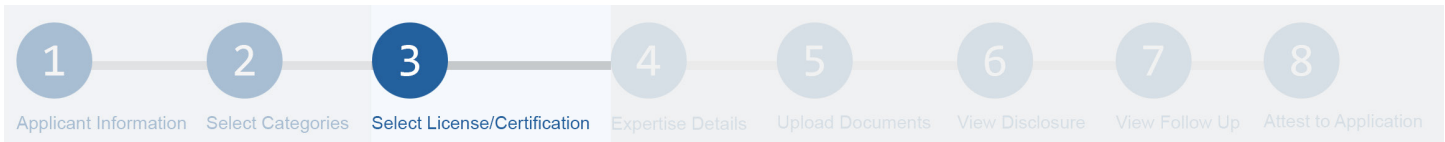
Important: Always click the “Save” button to save your progress.

View Can Refresh profile My Profile Log off

Save Other actions ▾ Close Cancel

6 View Disclosure 7 View Follow Up 8 Attest To Application

Section 3: Select License Type



Step 3.1: On the 'Select License Type' page, click on the 'Prerequisites' link next to your license type and review the qualification requirements before moving forward.

Select one license or certification from the selected category

Scientist

	Name	Info
<input checked="" type="checkbox"/>	Clinical Laboratory Scientist (Generalist)	Prerequisites
<input type="checkbox"/>	Clinical Chemist Scientist	Prerequisites
<input type="checkbox"/>	Clinical Cytogeneticist Scientist	Prerequisites
<input type="checkbox"/>	Clinical Genetic Molecular Biologist Scientist	Prerequisites
<input type="checkbox"/>	Clinical Hematologist Scientist	Prerequisites
<input type="checkbox"/>	Clinical Histocompatibility Scientist	Prerequisites
<input type="checkbox"/>	Clinical Immunohematologist Scientist	Prerequisites
<input type="checkbox"/>	Clinical Microbiologist Scientist	Prerequisites
<input type="checkbox"/>	Clinical Toxicologist Scientist	Prerequisites

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View Expertise Requirements

In order to be approved for the Scientist: Clinical Laboratory Scientist (Generalist) license type

Education Prerequisites

Degree Requirements:

- Bachelor's degree

Course Requirements:

- 16 semester or equivalent quarter units of chemistry, which must include:
 - Clinical chemistry OR
 - Analytical and biochemistry
- 18 semester or equivalent quarter units of biology, which must include:
 - Hematology
 - Immunology
 - Medical microbiology
- 3 semester or equivalent quarter units of physics (light and electricity)

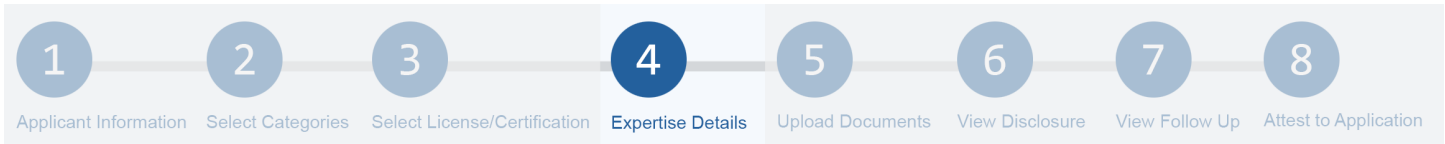
Step 3.2: After reviewing the prerequisites, select your license type, and click the 'Next' button.

Important: Failure to meet the prerequisites may result in licensure denial.

<input type="checkbox"/>	Clinical Immunohematologist Scientist	Prerequisites \$230.00
<input type="checkbox"/>	Clinical Microbiologist Scientist	Prerequisites \$230.00
<input type="checkbox"/>	Clinical Toxicologist Scientist	Prerequisites \$230.00

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Section 4: Expertise Details



This section includes 4 subsections:

- education details
- training details
- experience details
- certification details

Step 4.1: Add your education details. Click the 'Add new education' button and a pop-up box will appear.

Education Details View Education Prerequisites

Select from my education Add new education

Degree Course of study Institute name

No items

Step 4.2: Fill in the required fields. Click the 'Submit' button.

Important: All fields with an asterisk must be filled out.

Add New

Degree*
Select
Value cannot be blank

Course of study*

Institute Name*

From
Month Year

To
Month Year

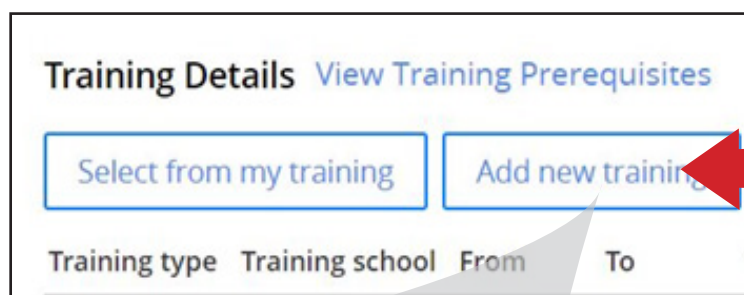
Country*
Select

State

Number of units

Cancel Submit

Step 4.3: Add your training details. Click the 'Add new training' button and a pop-up box will appear.



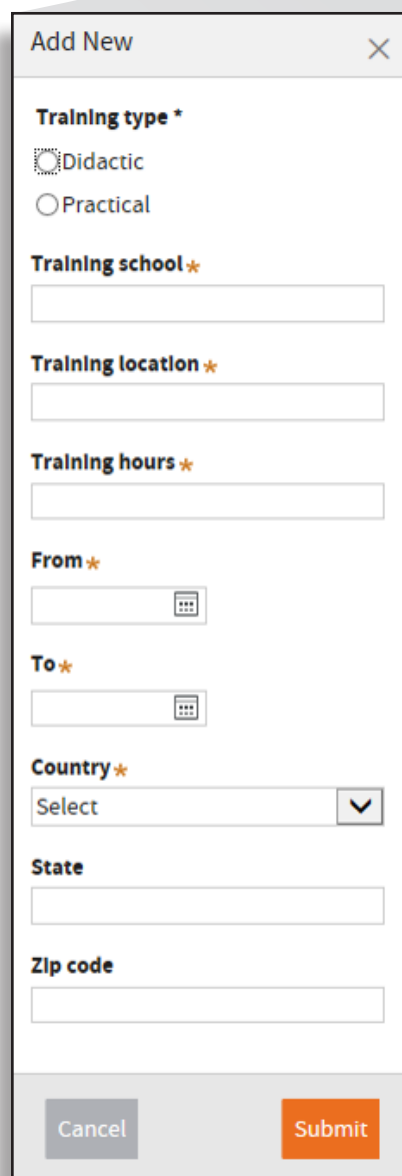
Training Details [View Training Prerequisites](#)

Select from my training Add new training

Training type Training school From To

Step 4.4: Fill in the required fields. Click the 'Submit' button.

Important: All fields with an asterisk must be filled out



Add New

Training type *

☐ Didactic

☐ Practical

Training school *

Training location *

Training hours *

From *

To *

Country *

Select

State

Zip code

Cancel Submit

Step 4.5: Add your ‘Experience Details.’ Click the ‘Add new experience’ button and a pop-up box will appear.

Experience Details [View Experience Prerequisites](#)

Select from my experience

Add new experience

Step 4.6: Fill in the required fields. Click the ‘Submit’ button.

Important: All fields with an asterisk must be filled out.

Add New

Employer *

Value cannot be blank

Employee type *

Select

Position *

Hours per week *

From *

To *

Address line 1 *

City *

Country *

Select

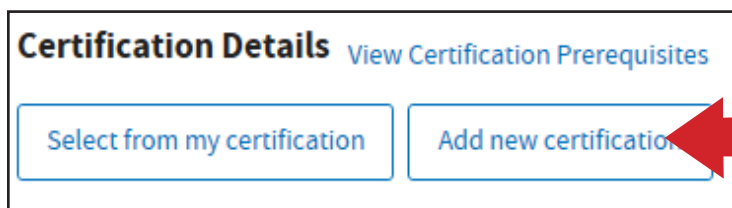
State

Zip code

Cancel

Submit

Step 4.7: Add your 'Certification Details.' Click the 'Add new certification' and a pop-up box will appear.



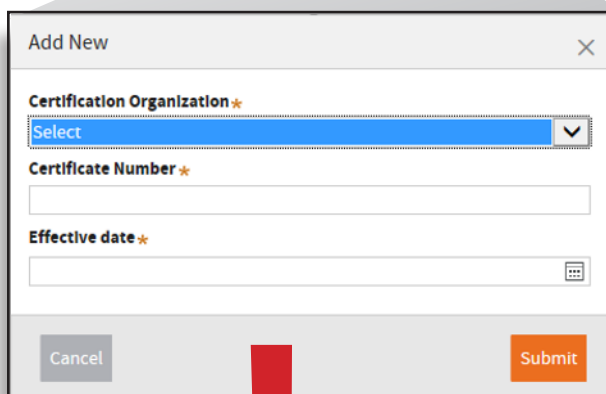
Certification Details [View Certification Prerequisites](#)

Select from my certification Add new certification

A red arrow points to the 'Add new certification' button.

Step 4.8: Fill in the required fields. Click the 'Submit' button.

Important: All fields with an asterisk must be filled out.



Add New

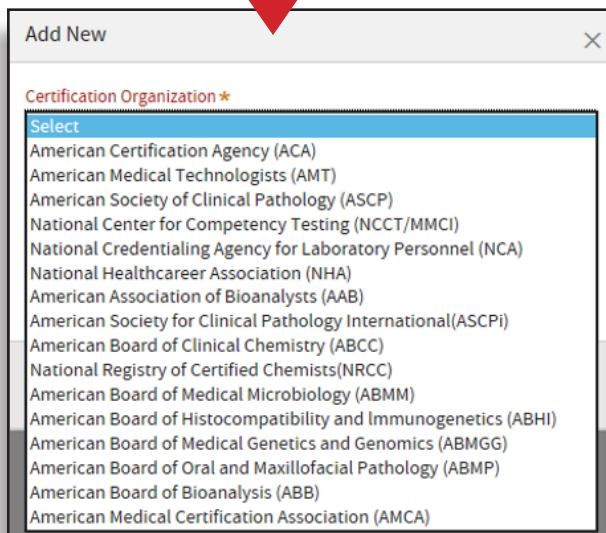
Certification Organization *

Select

Certificate Number *

Effective date *

Cancel Submit



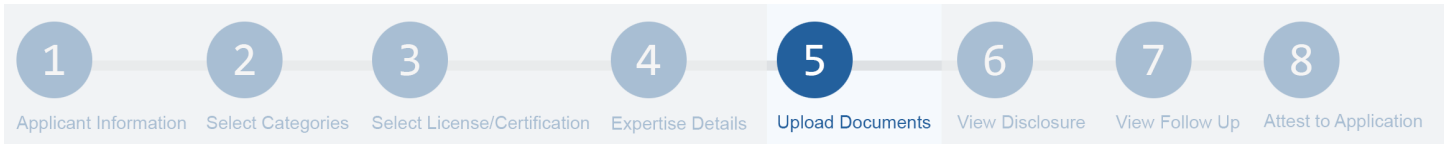
Add New

Certification Organization *

Select

- American Certification Agency (ACA)
- American Medical Technologists (AMT)
- American Society of Clinical Pathology (ASCP)
- National Center for Competency Testing (NCCT/MMCI)
- National Credentialing Agency for Laboratory Personnel (NCA)
- National Healthcareer Association (NHA)
- American Association of Bioanalysts (AAB)
- American Society for Clinical Pathology International(ASCPi)
- American Board of Clinical Chemistry (ABCC)
- National Registry of Certified Chemists(NRCC)
- American Board of Medical Microbiology (ABMM)
- American Board of Histocompatibility and Immunogenetics (ABHI)
- American Board of Medical Genetics and Genomics (ABMGG)
- American Board of Oral and Maxillofacial Pathology (ABMP)
- American Board of Bioanalysis (ABB)
- American Medical Certification Association (AMCA)

Section 5: Upload Documents



Step 5.1: Use the 'Upload' button in the 'Required Documents' section to upload any applicable training certificates.



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

Required Documents	
Certifying Organization	testupload.pdf Uploaded! 3/22/18 10:34 AM
Verification of Experience	Upload · OPTIONAL
Verification of Training	Upload · OPTIONAL

Additional Documents	
+ Add Document	

<< Back Next >>

Step 5.2: To upload additional documents, use the 'Add Document' button in the 'Additional Documents.'



Step 5.3: Select the document type, click the 'Browse' button. Once you have chosen your file, click the 'Submit' button.

Add Document

Document Type ★

- Select Document Type...
- Training
- Certification
- Transcripts
- Experience
- Thesis/Dissertation
- Continuing Education
- Proof Of Name Change
- Other

Cancel Browse... Submit

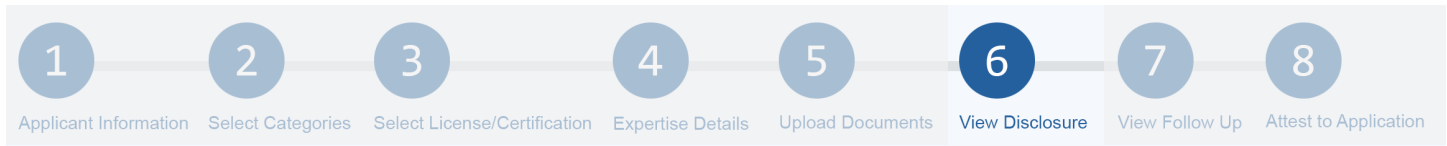


Step 5.4: Review your uploaded documents. Ensure that all of your necessary documents are uploaded and click the 'Next' button to advance to the 'View Disclosure' tab.

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Section 6: View Disclosure



Step 6.1: Ensure that you have read and understood the disclosure before clicking the 'Next' button.

Clinical Laboratory Scientist (Generalist) License

Thank you for your interest in the California Clinical Laboratory Scientist license. LFS requires applicants to submit documentation of academic coursework and clinical training or work experience to qualify for licensure.


Work experience in California as an unlicensed laboratory staff person will not be accepted as qualification for any clinical laboratory license.

Please note that biotech/pharmaceutical, forensic, academic, veterinary, research, and student laboratory experience cannot count as work experience for any clinical license.

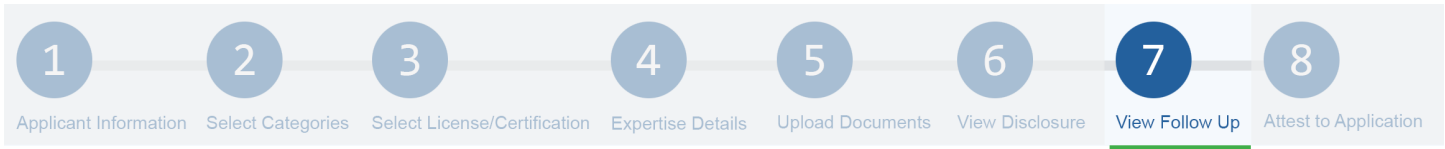
Scope of practice

- This license permits you to work in all specialty areas of the clinical laboratory.

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Section 7: View Follow Up



Step 7.1: This screen lists additional documents that you will need to provide before your application can be approved. Click the 'Next' button.

Please find below a list of required documents that are still needed. Print

- Official transcripts
- Verification of training and/or work experience
- Verification of examination
- Educational transcript evaluation for non-US transcripts

Please visit the LFS Personnel Licensing page or use the links below to view the "Current" and "Endorsed" member of NACES and AICE.

<http://www.naces.org/members.html>

<http://aice-eval.org/members/>

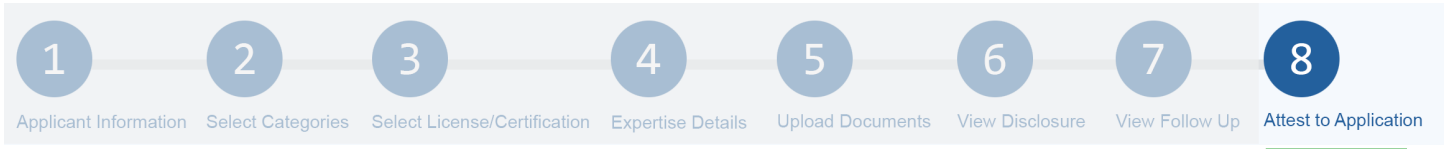
Mailing Address:

ATTN: Scientist Program
California Department of Public Health
Laboratory Field Services
850 Marina Bay Pkwy, Bldg P, 1st Floor
Richmond, CA 94804-6403

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Important: Some items such as official transcripts cannot be uploaded electronically and required to be mailed directly from the institution.

Section 8: Attest Your Application



Step 8.1: Read the 'Application Attestation' and sign your name in the box, then, click the 'Accept' button. Click the 'Submit' button.

California Department of Public Health
APPLICATION ATTESTATION

Applicant ID: lteam
Application Number: AL-18501
Address: 850 MARINA BAY PKWY
RICHMOND, CA 94804-6403
Email Address: lorlifs@outlook.com

I declare that all information provided in this application is true and correct. I agree and understand that any misstatement(s) of material fact or revocation of my license or certification or criminal or civil penalties. I understand that signing this document is the legal equivalent of my signature.

Note: License/registrations/certifications may be suspended or revoked due to unpaid Child Support Services payments (CA Family Code Section 8610.1).

Sign



[Accept](#) [Clear](#)

Laboratory Team

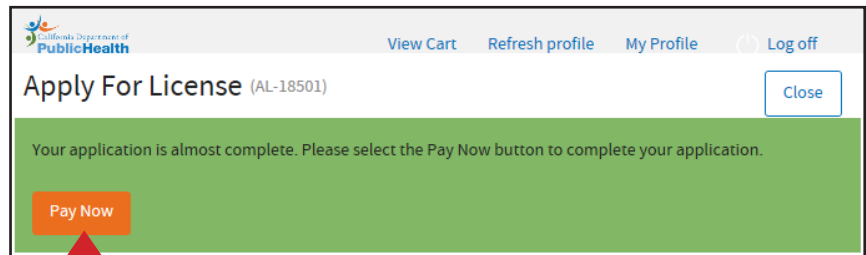
3/22/18

[<< Back](#) [Submit](#)

Important: Your application is not yet submitted at this point. Proceed to the 'Payment' section to submit your application.

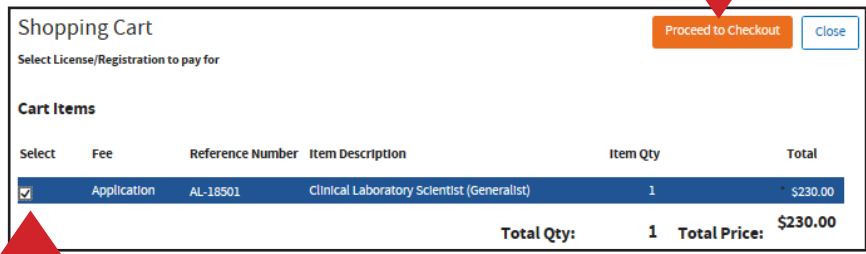
Section 9: Payment

Step 9.1: Click the 'Pay Now' button.



The screenshot shows the 'Apply For License' page for AL-18501. At the top, there are links for 'View Cart', 'Refresh profile', 'My Profile', and 'Log off'. Below the header, the text says 'Your application is almost complete. Please select the Pay Now button to complete your application.' An orange 'Pay Now' button is located at the bottom left of the green message box. A red arrow points to this button.

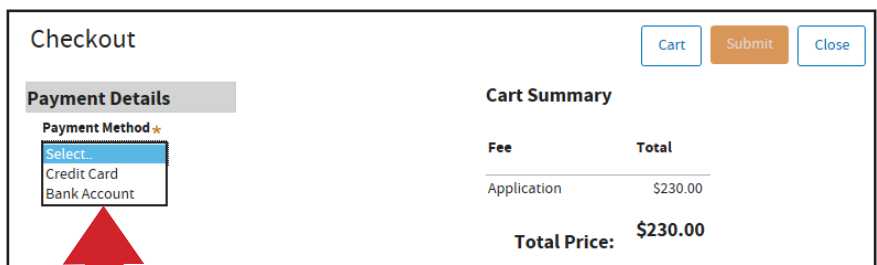
Step 9.2: Review the shopping cart. Check the item description for the license type you are paying for. If it is correct, click the 'Proceed to Checkout' button.



The screenshot shows the 'Shopping Cart' page. It includes a table of 'Cart Items' with columns for 'Select', 'Fee', 'Reference Number', 'Item Description', 'Item Qty', and 'Total'. A red arrow points to the 'Proceed to Checkout' button in the top right corner.

Select	Fee	Reference Number	Item Description	Item Qty	Total
<input checked="" type="checkbox"/>	Application	AL-18501	Clinical Laboratory Scientist (Generalist)	1	\$230.00
Total Qty:				1	Total Price: \$230.00

Step 9.3: From the 'Checkout' page, select the payment method from the 'Payment Method' drop down menu.



The screenshot shows the 'Checkout' page. On the left, under 'Payment Details', there is a 'Payment Method' dropdown menu with options 'Credit Card' and 'Bank Account'. A red arrow points to this dropdown. On the right, there is a 'Cart Summary' table showing the total price of \$230.00.

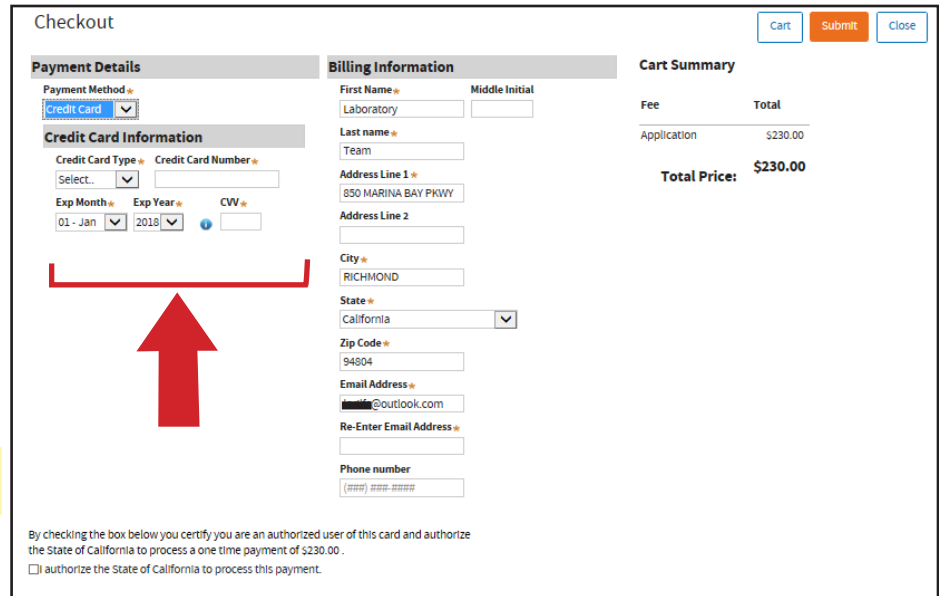
Fee	Total
Application	\$230.00
Total Price:	\$230.00

For Credit Card payment, go to **Step 9.4**.
For Bank Account payment, go to **Step 9.5**.

Paying by Credit Card

Step 9.4: Fill in the 'Credit Card information' and 'Billing Information' fields with the appropriate information. Proceed to step 9.6.

Important: Only MasterCard and Visa are accepted.



Checkout

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

Payment Details		Billing Information		Cart Summary	
Payment Method ★ Credit Card ▼		First Name ★ Laboratory		Fee Total	
Credit Card Information		Last name ★ Team		Application \$230.00	
Credit Card Type ★ Select... ▼	Credit Card Number ★ <input type="text"/>	Address Line 1 ★ 850 MARINA BAY PKWY		Total Price: \$230.00	
Exp Month ★ 01 - Jan ▼	Exp Year ★ 2018 ▼	Address Line 2 ★ <input type="text"/>			
CVV ★ <input type="text"/>		City ★ RICHMOND			
		State ★ California ▼			
		Zip Code ★ 94804			
		Email Address ★ [redacted]@outlook.com			
		Re-Enter Email Address ★ <input type="text"/>			
		Phone number ★ (###) ###-####			

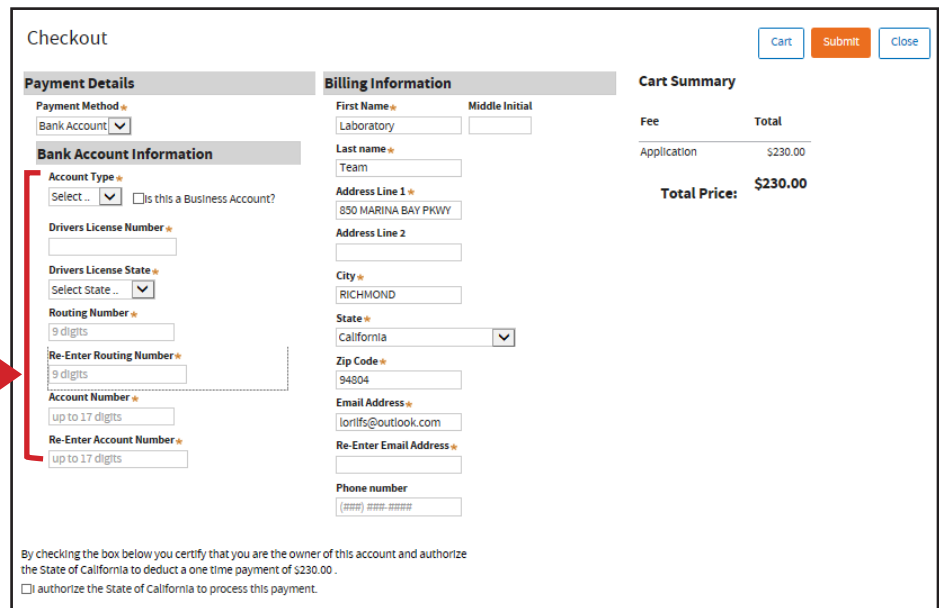
By checking the box below you certify you are an authorized user of this card and authorize the State of California to process a one time payment of \$230.00 .
☐ authorize the State of California to process this payment.

- OR -

Paying by Bank Account

Step 9.5: To pay with a bank account, select the 'Bank Account' payment method. Fill in the 'Bank Account Information' and 'Billing Information' fields with the appropriate information.

Important: All fields with an asterisk must be filled out.



Checkout

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

Payment Details		Billing Information		Cart Summary	
Payment Method ★ Bank Account ▼		First Name ★ Laboratory		Fee Total	
Bank Account Information		Last name ★ Team		Application \$230.00	
Account Type ★ Select... ▼ <input type="checkbox"/> Is this a Business Account?		Address Line 1 ★ 850 MARINA BAY PKWY		Total Price: \$230.00	
Drivers License Number ★ <input type="text"/>		Address Line 2 ★ <input type="text"/>			
Drivers License State ★ Select State... ▼		City ★ RICHMOND			
Routing Number ★ 9 digits		State ★ California ▼			
Re-Enter Routing Number ★ 9 digits		Zip Code ★ 94804			
Account Number ★ up to 17 digits		Email Address ★ lorliff@outlook.com			
Re-Enter Account Number ★ up to 17 digits		Re-Enter Email Address ★ <input type="text"/>			
		Phone number ★ (###) ###-####			

By checking the box below you certify that you are the owner of this account and authorize the State of California to deduct a one time payment of \$230.00 .
☐ authorize the State of California to process this payment.

Step 9.6: Check the authorization box at the bottom of the page. Review the 'Cart Summary' before clicking the 'Submit' button.

By checking the box below you certify that you are the owner of this account and authorize the State of California to deduct a one time payment of \$230.00 .

☐ I authorize the State of California to process this payment.

Important: This is a nonrefundable and nontransferable payment.

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

Cart Summary

Fee	Total
Application	\$230.00
Total Price:	\$230.00

Step 9.7: After you have successfully submitted your payment. You can print or download the 'Payment Receipt' page for your records.

Payment Receipt

California Department of PublicHealth

Payment Date: 10/2/17 Payment ID: 100335
Payment Method: Bank Account Payment Amount: \$230.00
Account Ending with: 0543

Full Name: Aaron Webb Citizen ID: 350293 Primary Email: aaron.webb@cdph.ca.gov Primary Address: 1615 CAPITOL ST, SACRAMENTO, CA 95805

Fee	Reference Number	Description	Item Qty	Item Price	Total Line Price
Application	AL-1091	Clinical Laboratory Scientist (Generalist)	1	230	230
Total Qty:			1	Total Price:	\$230.00

Important: Your application has been submitted and is now in queue for review.

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