# CalRegional

#### Applying for a State of California Phlebotomy License

Dear Student,

Congratulations on completing the phlebotomy course!

In order to practice phlebotomy in the state of California you must have your California State License. Please follow the steps below carefully. You must complete Step 1 and Step 2 prior to applying to the State of California for a Phlebotomy License.

- **Step 1:** Successfully pass the phlebotomy class and externship and receive a certificate of completion from the school.
- **Step 2:** Successfully pass the Phlebotomy Certification Examination and receive your national license certification.

Step 3: Apply to the State of California for the Phlebotomy License.

- 1. Go to Laboratory Field Services online at: https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/ClinicalLaboratoryPersonnel.aspx
  - a. Click on "Create an Online Account".

## **Clinical Laboratory Professional Licensing**



 Follow the instructions to create an account. (You can save, access, and update your application as needed)

#### Create a user account

Registration Information	Registration Information						
Fill in the required fields.							
* First Name							
Middle Name							
* Last Name							
* Email Address							
* Confirm Email							
* Password 🕜							
* Confirm Password							
I'm not a ro	obot	reCAPTCHA Privacy - Terms					
	Cancel	Submit					

Make sure to write down your username and password. You will receive a confirmation email with your username.

- 3. Login to your account with your new username and password.
- 4. On the next page, Click on the icon "All License Types".

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



5. Select "Certified Phlebotomy Technician 1" from the list of licenses and click "Next".



Clinical Laboratory Scientist (Generalist) Trainee

6. Review the Privacy Disclaimer and check the box at the bottom of the page to accept the terms and then click "Proceed".



7. Answer the following question, "Have you held a license issued by CDPH?" (California Department of Public Health). For most students, the answer will be no. Click "Submit".

U ava vav halda	licence ice	und hu CD	5113		
Have you held a	license issi	uea by CD	PH?		
─ Yes					
No					
Submit					

8. You will be prompted to complete an application (be sure to validate your address by selecting the "validate" button). When finished, click "Next".

5		
Type \star Mailing Ad	ddress 🔻 Primary: 🥑	
Address Line 1 ★		
Address Line 2		
City \star	State \star	Postal Code 😓
	California	•
County	Country \star	Validate Cancel
	United States	T T T T T T T T T T T T T T T T T T T

9. Under Need a License/Certificate? Apply Here click on "Apply Now".



10. Verify your information and fill in "No" in the Conviction Details section if you have not had a conviction. Click "Next".

Communication type	Communication value *	Primary 🔶	
Home Email	mike@harperrand.com	•	
Conviction Details			
	and the second		
Have you been convicted Yes	or arrested for any felonies or mi	sdemeanors other than minor tr	affic violations? \star
Have you been convicted Yes • Conviction Comment *	or arrested for any felonies or mi	sdemeanors other than minor tr	affic violations?
Have you been convicted Yes • Conviction Comment &	or arrested for any felonies or mi	sdemeanors other than minor tr	affic violations? <mark>*</mark>
Have you been convicted Yes 🔹	or arrested for any felonies or mi	sdemeanors other than minor tr	affic violations? 🗶
łave you been convicted Yes 🔻	or arrested for any felonies or mi	sdemeanors other than minor tr	affic violations?
Have you been convicted Yes v Conviction Comment a	or arrested for any felonies or mi	sdemeanors other than minor tr	affic violations?
Have you been convicted Yes v Conviction Comment a	or arrested for any felonies or mi	sdemeanors other than minor tr	affic violations? ⊭

11. Under the "Select License or Certification Category", chose "Phlebotomist" and click "Next".

Apply Fo	or License (AL-61911)	
1 Applicant Ini	formation Select Categories	
Select Lic	ense or Certification Category	
Select	Product categories	
0	Cytotechnologist	
$\bigcirc$	Director	
$\bigcirc$	Medical Laboratory Technician	
$\bigcirc$	Phlebotomist 🦰	
$\bigcirc$	Public Health Microbiologist	
$\bigcirc$	Scientist	
$\bigcirc$	Trainee	

12. On the next page chose "Certified Phlebotomy Technician I" and click "Next".

Apply For Licer	ISE (AL-61911)					
1	2	3				
Applicant Information	Select Categories	Select License/Certific	ation Expertise Details	Lipload Documents	View Disclerium	View Follow Op
Select one license or o	certification from the se	elected category				
V Phiebotomiss	. ,	Phlebotomist		<u> </u>		
		1	Name	Info		Cost
		•	Certified Phlebotomy Technici	an I <u>Prerequisites</u>		\$100.00
		•	Certified Phlebotomy Technici	an II Prerequisites		\$100.00
		0	Limited Phlebotomy Technicia	n Prerequisites		\$100.00
			l	<< Back Next >>		

13. On this page, you will enter Education Details, Training Details and Certification Details. For each section, click "Add New..." and add the required information. Please note, you will add training information for the didactic (classroom portion) and practical (externship portion) of the program.

An application for Certified F	Phlebotomy Technician I requ	ires the applica	able expertise. Please e	nter in your relevant education,	training, experien	ce, and certificati
Education Details <sub>View</sub>	Education Prerequisites	7				
Select from my education	Add new education					
Degree		Course of st	tudy	Institute name		
No items						
Training Details View Tr	aining Prerequisites					
		-	-			-
No items			10	Training roots		Training tocal
Experience Details View	w Experience Prerequisite	2				
Select from my experience	Add new experience					
Employer	Employee type		Position	Hours per week	From	
No items						
Certification Details Vi	iew Certification Prerequistes	2				
Select from my certification	Add new certification					
Certification Organization				Certificate Number		
No items						
					<< Back	Next >>

- 14. Education Details: click "Add New"
  - a. Enter your High School, GED and/or College information.
  - b. Enter number of units completed (check your high school transcript, most schools require at least 220 units for graduation).

Update details	$\times$
Degree *	
High School/GED	•
Course of study \star	
General	
Institute Name \star	
South Pasadena High	n Se
From	
Jun 🔻 1987 🖲	,
May ▼ 1990 ▼	•
United States	•
State \star	
California	•
Number of units	
220.00	

#### **15.** Training Details 1: click "Add New" Didactic

- a. Select Didactic training and enter the information. (This information is located on your phlebotomy program certificate of completion from the school)
- b. Select training school listed on your certificate
- c. Enter the training hours of 40

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Traning to be *		
Didactic		
Practical		
From *		
8/1/2019		
То*		
10/18/2019		
Training school *		
Regional Education Center V	allejo Vallejo City Adult School	
432 Del Dur St, Vallejo 🔻		
432 Del Dur St, Vallejo ▼ Training hours *		
432 Del Dur St, Vallejo ▼ Training hours ★ 40		
432 Del Dur St, Vallejo ▼ Training hours ★ 40 Country ★		
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432 Del Dur St, Vallejo ▼ Training hours★ 4d Country★ United States State★		Ţ
432 Del Dur St, Vallejo ▼ Training hours ★ 4d Country ★ United States State ★ California		•
432 Del Dur St, Vallejo v Training hours * 4d Country * United States State * California Zip code *		▼ ▼
432 Del Dur St, Vallejo ▼		¥
432 Del Dur St, Vallejo ▼ Training hours * [4d] Country * United States State * California Zip code * 94591		×
432 Del Dur St, Vallejo ▼ Training hours * [4c] Country * United States State * California Zip code * 94591		· · ·

#### 16. Training Details 2: click "Add New" Practical

- a. Select "Practical Training" and enter the externship information. (This information is located on your CA Statement of Phlebotomy Practical Training Form)
- b. Make sure to enter "40" for the training hours

Ac	Id New $ imes$
Tr O	<b>ining type ★</b> Dida <b>ctic</b> Practical
Fre	<b>&gt;m ★</b> D/1/2019 🔛
<b>To</b>	* 0/12/2019 📰
Tra Re	<b>iining school ☆</b> egional Education Center
Tra 48	ining location * 320 Business Center Drive
Tra 4(	hining hours \star
Co	untry <del>*</del>
U	nited States •
C	alifornia 🔻
Zir	code *
94	+534

- 17. Do not fill out "Experience Details" unless you have been advised to and have completed the Letter of Phlebotomy Experience form with over 1040 hours of on the job experience. Most students will not complete this section.
- **18. Certification Details:** Add National Healthcareer Association, certificate number and effective date.

Add New	$\times$
Certification Organization *	
National Healthcareer Association (NHA)	•
Certificate Number \star	
F3E2Q8W91	
Effective date \star	
10/1/2019	
Cancel	Submit

Once all the information is completed, click "Next"

- 19. All of the following documents must be uploaded to the following page:
  - a. Copy of your certificate of completion.
  - b. Copy of your national certification certificate from the National Healthcareer Association.
  - c. Your original California Statement of Phlebotomy Practical Training form.

Apply For Licen	Se (AL-61911)					
1 Applicant Information	2 Select Categories	3 Select License/Certification	4 Expertise Details	5 Upload Documents		
Applicants for Cer	tified Phlebotomy Teo	hnician 1 certification must uplo	oad either the Letter o	f Phlebotomy Experience	e for California Certif	ication or the Califorr
The below documen	ts can be uploaded fo nents	or the selected license product	a).			
Certificate o	of Completion	Upload - RE	ÇUNED			
National Cer	rtification Certif	icate Upload - RE	QUIRED			
Certificate o	f Completion	Upload - OP	TIONAL			
Letter of Ph California Co	lebotomy Experi ertification	ence for Upload - OP	TIONAL			
California St Practical Tra	tatement of Phle aining Form	botomy	HONAL			
Additional Desur						
Additional Docur	nents				<- Back	Next>>

20. The following page includes education information. No action is required. Click "Next"

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elert demon	Select Categories	Select Lourse Certification	Cognitice Details	Uplined Decuments	Vere Disclosure								
Certified Phiebo	domy Technician	(New Applications)											
Thank you for yo	ur interest in the Ca	alfornia Certified Phiebolo	imy Technician I card	ficate (CPT () LI	S requires apple	cents to submit o	locumentation of	facademic cour	work and clinical t	raining or work	experience t	to quality for o	entitication.
Any didactic tra	ining, practical tra	ining, or work experien	ce obtained outside	the United Stat	tes will not quai	ity toward Calif	ornia phiebotor	my certification					
All on-the-job es	xperience must be	obtained from a CLIA I	icensed facility. Exp	serience obtaine	d at a blood ba	nk or blood dor	or facility will a	not quality sows	rd California phieà	atomy certific	aston.		
Scope of practic													
This certific	ate permits you to	perform skin puncture and	d venipuncture blood	collection.									
Education Prerequ	ésites												
Degree Requireme	enter;												
High school	í diploma or passin	g score on the General E	ducation Developme	nt (GED) test.									
Experience Prereq	ulathes												
Liperience Require	vnenta												
See Special Condit	ions below.												
Special Condition() There are three path	(): Is fer training and exect	ience, depending on the applic	zer'i on the job phietost	my orperience									
					100	Barro							

- 21. The following page includes the address to mail your official transcripts.
  - a. Official high school transcripts (or college including 24 credits and 2.0+ GPA) must be sent directly to LFS from the office of the school, college, or university you attended. For some schools, transcripts can be requested online. Contact the school and request your transcript be sent to:

Laboratory Filed Services – Phlebotomy Program 850 Marina Bay Parkway, Bldg. P 1<sup>st</sup> Floor Richmond, CA 94804

- b. No additional information is required on this page. Click "Next"
- 22. Electronically sign the Application Attestation
  - a. Click the box "Accept" under the signature then click "Next".

1 Applicant Information	2 Select Categories	3 Select License/Certification	4 Expertise Details	5 Upload Documents	6 View Disclosure	7 View Follow Up	8 Attest To Application
California D Public	epartment of Health						
	APPI	LICATION ATTESTATION					
Applicant ID: mmcdevi2 Application Number: AL- Name of Applicant: Mike I Address: 4225 SOLANO A NAPA , CA 9455 Email Address: mike@ha	61911 Mcdevitt /E i8-1611 rperrand.com						
I declare that all informat	ion provided in this opj	olication is true and correct. I agri	ee and understand the	ot any misstatement(s) of	f moterial fact(s) will b	e subject to the law:	of California including denial a
is the legal equivalent of I	aving placed my hand	lwritten signature on this applica	clon.				
Note: License/registration	s/certifications may be	suspended or revoked due to un	paid Child Support Se	rvices payments (CA Fam	ily Code Section 1752	0) or due to unpaid t	axes (BPC 494.5).
Sign							
Accept	3	21	C /	Clear			
					~ Back		abmit

23. Payment- The non-refundable application fee is \$100 and must be paid with a Visa or MasterCard. Click "Pay Now" to enter payment information.



Applicants will receive an e-mail that their application and payment has been received.

### **Application Status:**

For information on the status of your application, go to <u>https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/ClinicalLaboratoryPersonnel.aspx</u> and click on "Login into Your Account".

The processing time for state license varies greatly, but usually takes approximately 30 days. Please be patient!

#### **Questions:**

If you have issues completing the online application or submitting your application you can e-mail Laboratory Field Services at <u>LFSnewapplications@cdph.ca.gov</u>. Make sure to include your LFS assigned application ID Number in the subject line of your email.

If you receive a deficiency letter or correspondence from LFS requiring additional information, contact CalRegional at (800) 927-5159.