

DIRECTOR'S ATTESTATION

Each Laboratory Director must read, complete, and sign a Director's Attestation form.

I attest that effective **September 2, 2025**, I am the laboratory director, or a co-director of:

Mesa Counseling Services

clinical laboratory, located at **850 East Foothill Blvd. , Rialto, CA 92376**

Laboratory License No./State ID:

CLR-90013743

CLIA ID:

05D2311812

Application ID:

RNL-160025

As the director or co-director, I assume all directorship responsibilities for CLIA and State of California purposes. I understand that as a director of this laboratory, I am responsible for the accuracy and reliability of all testing performed by the laboratory and for ensuring that the laboratory meets all applicable CLIA and state requirements as stipulated in both federal and California laws (Code of Federal Regulations [CFR], Title 42, Sections 493.1407, 493.1445; California Business and Professions Code [BPC], Section 1209).

I understand that I will be held jointly and severally responsible with the laboratory owner(s) for any violations of law by this clinical laboratory (BPC Section 1265(b)). If deficient or unlawful practices are found that occurred while I was serving as laboratory director or co-director, which the laboratory fails or is unable to correct, and which results in the revocation of the laboratory's CLIA certificate or state license or registration, I understand that pursuant to Title 42 of the United States Code (USC), Section 263(a)(i)(3), 42 CFR 493.1840(a)(8), and BPC Section 1324, I would be prohibited from owning, operating, or directing another clinical laboratory for a period of at least two years from the date of revocation. Such action may also be grounds for referral to the Medical Board of California or other licensing board for appropriate action.

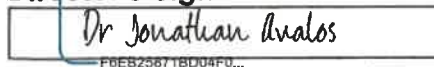
I understand that any false statement or representation of material fact in obtaining or retaining CLIA certification or state licensure or registration may be grounds for revocation of the laboratory's CLIA certificate under 42 CFR 493.1840(a)(1), and state license or registration under BPC Section 1320(f).

I understand that I will be responsible, along with the laboratory owner(s), to notify the Department of Public Health in writing of any changes in the laboratory ownership, directorship, name or location within thirty days of the change, and that failure to provide such notification will result in automatic revocation of the state license or registration (BPC Section 1265(g)), and sanctions against the CLIA certificate (42 CFR 493.39(b), 493.45(b)(2), 493.51(a), 493.53(a), 493.57(a)(2), and 493.63(a)).

I understand that I will continue to be held responsible as a laboratory director of this laboratory until the day that the California Department of Public Health receives a signed statement from me notifying the Department of my resignation or termination.

I affirm under penalty of perjury, that all information I have given in this document is true.

Director's signature:



Print or type director's name and title:

Dr. Jonathan Avalos, Addiction Medicine Physician

Date:

9/2/2025

California Board license no.: **A139612**

-OR- California Director license no.:

CLIA Director: ☒ Yes

☐ No

Direct contact number(s): **909-501-0805**

Director's Address: **303 E. Vanderbilt Way, San Bernardino, CA 92415**

OWNER'S ATTESTATION

Each owner must read, complete, and sign an Owner's Attestation form (LAB 182)

I attest that effective 9/2/25, I am the laboratory owner, or co-owner of:

Mesa Counseling Services

located at: 850 East Foothill Blvd., Rialto, CA 92376

Laboratory License No./State ID: (if known) CLR-90013743

or Application ID: RNL-160025 **CLIA ID:** 05D2311812 **TAX ID:** 95-6002748

As the owner or co-owner, I understand I am legally responsible for the operation of the laboratory under both CLIA and State law. I understand that as an owner of this laboratory, I, along with the director, must ensure the accuracy and reliability of all testing performed and that the laboratory meets all applicable CLIA and State requirements.

I understand that I will be held jointly and severally responsible with the laboratory director(s) for the maintenance and conduct of the laboratory and all employees therein or for any violations of law by this clinical laboratory (Business and Professions Code (BPC) section 1265(b)). If deficient or unlawful practices are found that occurred while I was serving as laboratory owner or co-owner, which the laboratory fails or is unable to correct, and which results in the revocation of the laboratory's CLIA certificate of State license or registration, I understand that pursuant to Title 42 of the United States Code (USC), § 263(a)(i) (3), 42 CFR 493.1840(a)(8), and BPC §1324, I would be prohibited from owning, operating, or directing another clinical laboratory for a period of at least two years from the date of revocation. Such action may also be grounds for referral to the Medical Board of California or other licensing board for appropriate action.

I understand that any reasons listed in BPC section 1320, including any false statement or representation of fact in obtaining or retaining CLIA certification or State licensure or registration may be grounds for revocation of the laboratory's CLIA certificate under 42 CFR 493.1840(a)(1), and State license or registration under BPC section 1320 and may subject me to criminal or civil sanctions.

I understand that I will be responsible, along with the laboratory director(s), to notify the Department of Public Health in writing of any changes in the laboratory ownership, directorship, name or location within thirty days of the change, and that failure to provide such notification will result in automatic revocation of the State license or registration (BPC section 1265(g)), and sanctions against the CLIA certificate (42 CFR 493.39(b), 493.45(b)(2), 493.51(a), 493.53(a), 493.57(a)(2), and 493.63(a)).

I understand that I will continue to be held responsible as a laboratory owner of this laboratory until the day that the California Department of Public Health receives a signed statement from me notifying the Department of my resignation or termination.

I affirm under penalty of perjury, that all information I have given in this document is true.

Owner or Authorized Representative's signature: Print owner's name and title(s):



Luther Snoke, Chief Executive Officer

Owner's Address: 385 N. Arrowhead Ave, San Bernardino, CA 92415-0103

Owner's contact telephone number: 909-387-4811

Date: 9/2/2025

This statement must be signed by the owner or a person legally authorized by the owner.



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Behavioral Health

Contact Name: Nancy McPheeters

Telephone: (909) 388-0859

Agreement No.: _____ Amendment No.: _____ Date of Board Item 07/26/2022 Board Item No.: 18

Name of Contract Entity/Project Name: CLIA Waiver Authorization -DBH Mental Health Clinic: Mesa Counseling Services

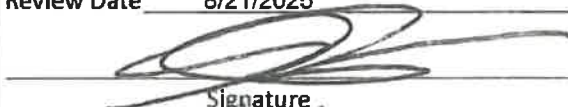
Explanation of request/Special Instructions:

Behavioral Health is requesting the Chief Executive Officer's Signature on the "Owners Attestation" as approved by the Board on July 26, 2022, Item No. 18,

Recommendation No. 2. Behavioral Health is also requesting the Addiction Medicine Physician's signature on the "Director's Attestation" as approved by the Board on July 26, 2022, Item No. 18, Recommendation No.3. The attestations are required by the California Department of Health Care Services for renewal of Clinical and Public Health Laboratory License through the California Department of Public Health. The current license expires on September 29, 2025.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: <u>Charles Phan</u>	Date Sent: <u>8/21/2025</u>
Reviewing County Counsel Use Only	Review Date <u>8/21/2025</u>  Signature	Determination: ☒ Within Scope of Delegated Authority ☐ Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>8/20/25</u>  Signature	Disposition: ☒ Route for signature to: ☐ Chair ☒ CEO ☐ Department ☐ Return to Department for preparation of agenda item