Step-by-Step User Guide
FOR PHYSICIANS TO RENEW ONLINE

PLEASE NOTE THIS DOCUMENT IS A WALKTHROUGH,
NOT THE RENEWAL SYSTEM.

Step 1: Please go to: www.breeze.ca.gov (if this link does not work, copy and paste into your browser.)

Step 2: If you previously registered in the BreEZe system, enter your User ID and Password in the Returning User section located on the right column, click the Sign In button then skip to Page 9 for instructions on renewing your license.

Step 3: If you have never registered in the BreEZe system, click the BreEZe Registration link on the right column under the New Users section and follow the New Registration instructions:
NEW REGISTRATION:

1. Create a new account - Complete the required fields marked with an asterisk (*), enter the security letters, and click the Next button. YOU CREATE YOUR OWN USER ID. The only criteria is that it be at least eight (8) characters.

**NOTE:** In the Last Name field, enter only your last name. Do not include the suffix (i.e., Jr., Sr., I, II III).

The suffix is in a separate field in the BreEZe system and it will not recognize your license if you include it in the Last Name field.

**NOTE:** If you have trouble reading the security characters, click the Not readable? Get 2 more words link until you can read them.
2 On the **Preview Registration** screen, verify the information entered is correct then click the **Save** button.

3 Next, **check your email account** for the temporary password (please also check spam or junk mail folders) for an email message from **no-reply-breeze-online@dca.ca.gov**.
Hello Jane,

BreEZe Online Services has issued you a temporary password. Please reset your password by logging on to your account with the temporary password provided below. Please note that your online password is case sensitive.

Temporary Password: HCUYnzn5

Complete your password reset at:
https://www.breeze.ca.gov/datamart/languagechoice.do

*** Note: This is an automated email. Do NOT reply to this message.

4 Once you receive the email, open it and write down the temporary password. NOTE: Password is case sensitive.

Click on the https://www.breeze.ca.gov/datamart/languagechoice.do link within the email which will return you to the BreEZe main screen.
5 In the **Returning User** field, enter the User ID you created, the temporary password, then click the **Sign In** button. The following screen will appear.

6 At the **Update Default Registration Information** screen, type the temporary password in the **Temporary Password** field.

7 Tab to the **New Password** field and create a new password.

**NOTE**: Passwords must be a minimum of 8 characters and include one (1) uppercase alphabetic character, one (1) lowercase alphabetic character, one (1) numeric character, and one (1) special character from the upper numeric key row. For example: !@#$%^&*()_+

8 Tab to the **Confirm Password** field, reenter the **New Password**, then click the **Save** button.
9. At the **Add Licenses to Registration** screen asking if you have ever been professionally licensed with the Department of Consumer Affairs, select **Yes** then click the **Next** button.

10. At the DCA Board/Bureau/Committee field, click on the drop down arrow and select "**Medical Board of California**". At the License/Registration Type field, click on the drop down arrow and select "**Physician’s and Surgeon’s**", then click the **Next** button.
11 At the **Add Licenses to Registration – Validation** screen, enter the personal information requested. As a reminder, do not add a suffix in the Last Name field. Next, type the security characters displayed then click the **Next** button.

**NOTE:** If you have trouble reading the security characters, click the **Not readable? Get 2 more words** link until you can read them.
12 At the Preview screen, select the **I Confirm this is my license** option, then click the **Next** button.

**NOTE:** The **Indiv / Org Number** is a number the system assigns and does not pertain to your license number.

**NOTE:** If you receive an error message, “**Entity already associated with another User Id, cannot proceed**”, this indicates your license is already attached to an BreEZe account. Please call the Medical Board of California’s Help Desk at (916) 263-2205 for assistance.

13 After successfully linking your online registration to a license, the following message will display:

![Image of a message asking if you want to link more licenses](image)

Click the **No** button, which will bring you to the **Quick Start Menu**.
RENEWING YOUR LICENSE:

Once you have successfully logged onto the BreEZe system, you should see the Quick Start Menu screen.

1. On the left hand side of the screen, under the section License Activities, you should see It is time to Renew! Click on the blue Select button.
2. **Physician’s and Surgeon’s Renewal – Introduction**

Please read the information then scroll to the bottom of the page/screen and click the **Next** button.
3. **Physician’s and Surgeon’s Renewal – Information Privacy Act**

Please read the information then click on the **Agree** button.

4. **Physician’s and Surgeon’s Renewal – Function Suitability**

Please read the information regarding your Address of Record and Profile on the Board’s website.

To view your profile, please go to [www.breeze.ca.gov](http://www.breeze.ca.gov). On the left hand side of the screen, click the **Verify a License** button and select the third option “Search by License Number”. Next complete the fields on the screen then click the **Search** button **If you need to complete an address change, STOP! Click the Cancel button to be taken back to the Quick Start Menu.**

Please go to [http://www.mbc.ca.gov/Licensees/License_Renewal/Physicians_and_Surgeons.aspx](http://www.mbc.ca.gov/Licensees/License_Renewal/Physicians_and_Surgeons.aspx) and view the “Step-by-Step User Guide for Physicians to Change Address Online”.
If your address of record has not changed, answer the questions on the screen then click the Next button to proceed.
5. **Physician’s and Surgeon’s Renewal – Application Questions**

Select **Yes** or **No** from the down arrow on the white box to answer the question. Then click the **Next** button.
6. **Physician’s and Surgeon’s Renewal – Name and Personal Details**

Verify information is correct then click on the **Next** button.
7. Physician's and Surgeon's Renewal – Address Detail Summary

NOTE: Licensee cannot update addresses on this screen. If your Address of Record is incorrect, STOP!

Please go to http://www.mbc.ca.gov/Licensees/License_Renewal/Physicians_and_Surgeons.aspx and view the “Step-by-Step User Guide for Physicians to Change Address Online”.

If the address information displayed on the Address Detail Summary is correct, then click the Next button.
8. **Physician’s and Surgeon’s Renewal – Physician Survey Screens**

Complete the **Activities in Medicine** (per week) questions then click the next button.
On the **Areas of Practice** screen, click on the dropdown box to select your primary area of practice. If applicable, click on the boxes for any secondary areas of practice. Then click the **Next** button to proceed to the next screen.
On the **Board Certifications** screen (listed by the board), select any that apply by clicking on the box then scroll down to click the **Next** button.
On the Post Graduate Training and Cultural Background screen, select the number of years of Postgraduate Training you completed after finishing medical school and your Cultural Background, then click the Next button.
On the Foreign Language Proficiency and Web Site Profile screen, select additional languages in which you are proficient.

Answer the Website Profile questions to determine what information you want displayed on your Physician Profile.

As required by law, enter your email address (your email address will NOT be released to the public).

Click the Next button.
9. **Physician’s and Surgeon’s Renewal – Financial Interest Disclosure Summary - Information**

Read the information regarding the Financial Interest Disclosure Summary.

If you have financial interest to disclose, click on the **Add** button and enter the information.

If you have no financial interest to disclose, click the **Next** button.
10. Physician’s and Surgeon’s Renewal – Questions – Information

Carefully read and answer the renewal questions then click the Next button.
11. **Physician’s and Surgeon’s Renewal – Family Physician Training Program Voluntary Fee - Information**

Please read the information, then choose **Yes** or **No** by clicking the appropriate radio button then click the **Next** button.

**NOTE:** If you choose **Yes**, please enter the amount in dollars and cents (25.00).
12. Physician's and Surgeon's Renewal – Attachments

Physicians and Surgeons will not have any attachments. Please click the Next button.
13. **Physician’s and Surgeon’s Renewal – Application Summary**

Please review the information on the screen. If anything needs to be changed, scroll down and click the **Previous** button to back up and make corrections. Otherwise, click the **Proceed to Payment** button.
14. **Physician’s and Surgeon’s Renewal – Attestation**

Read the penalty of perjury statement, click the **YES** radio button, then click **Proceed to Payment**.

**NOTE**: If you click **NO** you will not be able to proceed to payment.
15. Fee and Summary Report

Click **Pay Now** to complete the renewal or **Add to Cart** to pay later.

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**Fee and Summary Report**

Important: Please complete a survey on which the Medical Board is collaborating with the University of California, San Francisco. Your response to this survey is crucial in providing information to inform policy that will benefit all physicians in California. Your input is very important and will be kept strictly confidential. Please click on the link below to access the survey:

[UCSF 2015 Physician and Surgeon Survey](#)

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

<table>
<thead>
<tr>
<th>Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Biennial Renewal Fee</td>
<td>$783.00</td>
</tr>
<tr>
<td>DUE TO CURES FUND</td>
<td>$12.00</td>
</tr>
<tr>
<td>Steven M. Thompson Physician Corps Loan Repayment Program</td>
<td>$26.00</td>
</tr>
<tr>
<td><strong>Total Amount Due</strong></td>
<td><strong>$820.00</strong></td>
</tr>
</tbody>
</table>
16. **Online Application Payment and Confirm Payment Details**

Select which credit card to use and click **Next**, then click **Next** again.
17. Payment Screen

Enter your credit card information.

NOTE:

1. The credit card expiration date must be four numeric characters only. For example, if the expiration date is 02/2020 – enter 0220 (no spaces dashes or slashes)
2. When inputting the name that is on the credit card, if there is a middle initial or middle name, type it in the **First name** field. If there is a Jr. Sr. or MD after the last name, type it in the **Last name** field. For example:

   John M. Doe MD would look like:
   “First name”: John M
   “Last name”: Doe MD

3. Click the **Process** button.
18. **Online Application Payment Success**

If payment completed successfully, you will receive the message below. Click the **Next** key to return to the **Quick Start Menu**.

**NOTE:** If you receive an error message regarding payment, please call the Medical Board of California’s Help Desk at (916) 263-2205 for assistance.

Once your renewal is completed, you will receive a new pocket card within 3 to 4 weeks at your public Address of Record.

![Online Application Payment Success Screen](image-url)