

## STEP-BY-STEP USER GUIDE FOR PHYSICIANS TO COMPLETE CHANGE OF ADDRESS ONLINE – [www.breeze.ca.gov](http://www.breeze.ca.gov)

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

**NOTE:** If you have never registered in the BreEZe system, 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 pages 2 through 8 of the “Step-by-Step User Guide for Physicians to Renew Online”. These pages explain how to create a new user account and connect your license to that account.

CA.GOV Department of Consumer Affairs BREZE

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### DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

#### FOR CONSUMERS

Check Licenses and file complaints.

[Verify a LICENSE](#) [File a COMPLAINT](#)

#### FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here.  
You will need to [register](#), or use your existing user name and password

**Returning User** ←

Fields marked with \* are required

\* User ID:

\* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

**New Users**

[BreEZe Registration](#)

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## Change of Address:

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, subsection Manage your license information, click the down arrow of the Choose Application box and select **Change of Address**. Click the **Select** button next to the option.

The screenshot displays the BreEZe system interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are visible. Below the header, a blue bar indicates the user is logged in, with links for 'Update Profile', 'Logout', and 'Contact Us'. The main content area is titled 'Quick Start Menu' and contains several sections: 'License Activities', 'Additional Activities', and 'Applications'. Under 'License Activities', the 'Manage your license information' subsection is expanded, showing a dropdown menu with 'Change of Address' selected and a 'Select' button next to it. Two red arrows point from the text in the instructions to the dropdown menu and the 'Select' button. Other options in the 'License Activities' section include 'It is time to Renew!' and 'Physician and Surgeon'. The 'Additional Activities' section includes 'Add Authorized Representative' and 'License Notification Subscriptions', both with 'Select' buttons. The 'Applications' section includes 'Start a New Application or Take an Exam' and 'View Application Status'. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

## 2. Change of Address – Introduction

Read the information then proceed to the bottom of the page/screen and click the **Next** button.

The screenshot displays the BreEZe website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEZe logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are visible. A user is logged in, with options to 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Change of Address - Introduction' and contains the following text:

Review the detailed instructions and information before proceeding at [http://www.mbc.ca.gov/licenses/Address\\_of\\_Record.aspx](http://www.mbc.ca.gov/licenses/Address_of_Record.aspx).

California Business and Professions Code Section 2021 requires all licensees to report each and every change of address within 30 days after each change.

**For Online/Technical Assistance with BreEZe**, contact the Medical Board of California's Help Desk:  
Phone: (916) 263-2205 (Monday-Friday 7:00 am PST - 5:00 pm PST, excluding holidays)

**For License Specific Questions**, contact the Medical Board of California:  
Phone: (800) 633-2322 (Toll-Free)  
(916) 263-2382 (Monday-Friday 8:00 am PST - 5:00 pm PST, excluding holidays)  
Email: [webmaster@mbc.ca.gov](mailto:webmaster@mbc.ca.gov)

Press "Next" to continue.  
Press "Cancel" to exit this application.

At the bottom right of the content area, there are 'Next' and 'Cancel' buttons. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

### 3. Change of Address – Information Privacy Act

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

The screenshot shows the BreEZe website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREEZE logo. Navigation links for 'About BreEZe', 'FAQs', and 'Help Tutorials' are visible. Below the header, there is a 'Logged in as' section and links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Change of Address - Information Privacy Act' and contains a notice: 'NOTICE: All items in this application are mandatory; none are voluntary.' The notice explains that the information is requested by the Licensing Program of the Medical Board of California and that failure to provide it will result in the application being rejected. It also states that the information will be used to verify the licensee's identification and determine their qualifications for licensing. The notice further states that the Licensing Program Chief is the custodian of records and that access to records may be obtained under the Information Practices Act, Civil Code Section 1798.17, by contacting the custodian at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, (916) 263-2389. At the bottom of the notice, there are two buttons: 'Agree' and 'Cancel'. A sidebar on the left contains a table of contents with links to 'Introduction', 'Information Privacy Act', 'Name and Personal/Organization Details', 'Contact Details', and 'Application Summary'. At the bottom of the page, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

#### 4. Change of Address– Name and Personal Details

Verify information is correct then click the **Next** button.

The screenshot shows the BREZE website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are visible. A user is logged in, and there are links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Change of Address - Name and Personal Details'. It includes instructions to confirm the name and buttons for 'Previous', 'Next', and 'Cancel'. The form shows the following information:

First Name:	JANE
Middle Name:	
Last Name:	DOE
Name Suffix:	

At the bottom of the page, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

## 5. Change of Address– Address Detail Summary

To change the Address of Record: Click the blue link, **Address of Record (Required)**

To change the Confidential Address: Click the blue link, **Confidential Address**

**NOTE:** A Confidential Address is not required unless your Address of Record is a PO Box.

Logged in as Skip navigation  
Update Profile | Logoff | Contact Us

**Change of Address - Address Detail Summary**

You are required to maintain an **Address of Record** with the Medical Board of California. California Business and Professions Code Section 2021 requires all licensees to report each and every change of address within 30 days after each change. **All licenses, renewals, and all other official correspondence will be sent to the Address of Record provided.**

**NOTE:** California law requires the Board to provide upon written or verbal request, the Address of Record of any licensed practitioner. The Address of Record will be released to any entity or individual who inquires and is also available to the public on the Board's website. Each licensee should carefully consider the Address of Record provided to the Board, and may wish to use an office, employer's address, or a Post Office (PO) Box as the Address of Record.

If the "Next" button below is Inactive/Gray, the minimum required information has not been provided. The following address types can be edited:

- Address of Record (Required)
- Confidential Address

Phone Number and Email Address information will not be publicly disclosed.

If your Address of Record is a PO Box, you are required by law to provide the Board with a physical street address as a Confidential Address, which will not be publicly disclosed. The street address of a private mailbox service may not be used as a Confidential Address.

The following address types need to be updated to include required information. Please modify them by clicking on the links for the relevant addresses below.

- Confidential Address

Press "Next" to continue.  
Press "Add" to enter an additional address.  
Press "Cancel" to exit this application.

License Specific Addresses		
<a href="#">Address of Record (Required)</a>	Name:	DOE, JANE
	Address:	1234 Main St ANYTOWN , CA 00000 US
	Phone Number:	916 555-6715
	E-mail:	anydoc@anydoc.com
<a href="#">Confidential Address</a>	Name:	DOE, JANE
	Address:	9876 Main St CA 95815

[Previous](#) [Next](#) [Cancel](#)

## 6. Change of Address– Maintain Contact Details

Fill in the required field (designated by red asterisks) for the **Address of Record**. Please include your telephone number and email address, which are **not public information**. Then click the **Continue** Button.

The screenshot shows a web interface for updating contact information. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help/Tutorials' are visible. A user is logged in, and there are links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Change of Address - Maintain Contact Details' and includes instructions: 'Update your address information below. Required fields are denoted with a red asterisk (\*). Phone Number and Email Address information will not be publicly disclosed for any Address Type. Press "Continue" to save address information and return to the Address Detail Summary screen. Press "Back" to discard information and return to the Address Detail Summary screen.' The form fields are: Address Line 1 (1234 Main St), Address Line 2, Address Line 3, City (Anytown), State (California), Zip Code (00000), County, and Country (United States). There are also fields for Phone Number (916 555-6715), Extension, E-mail (anydoc@anydoc.com), Home Number, and Cell Number. 'Continue' and 'Cancel' buttons are at the bottom right. Footer links include 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', with a copyright notice for 2013 State of California.

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### Change of Address - Maintain Contact Details

Update your address information below. Required fields are denoted with a red asterisk (\*). Phone Number and Email Address information will not be publicly disclosed for any Address Type.  
Press "Continue" to save address information and return to the Address Detail Summary screen.  
Press "Back" to discard information and return to the Address Detail Summary screen

Address of Record (Required)

\* Address Line 1: 1234 Main St  
Address Line 2:  
Address Line 3:  
\* City: Anytown  
\* State: California  
\* Zip Code: 00000  
County:  
\* Country: United States

Phone Number: 916 555-6715  
Extension:  
E-mail: anydoc@anydoc.com  
Home Number  
Cell Number

Continue Cancel

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## 7. Change of Address– Address Detail Summary

Review the changes, then click the **Next** button.

**NOTE:** A Confidential Address is not required unless your Address of Record is a PO Box. Choose the **Add** button to add the required Confidential Address.

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**Change of Address - Address Detail Summary**

You are required to maintain an **Address of Record** with the Medical Board of California. California Business and Professions Code Section 2021 requires all licensees to report each and every change of address within 30 days after each change. **All licenses, renewals, and all other official correspondence will be sent to the Address of Record provided.**

**NOTE:** California law requires the Board to provide upon written or verbal request, the Address of Record of any licensed practitioner. The Address of Record will be released to any entity or individual who inquires and is also available to the public on the Board's website. Each licensee should carefully consider the Address of Record provided to the Board, and may wish to use an office, employer's address, or a Post Office (PO) Box as the Address of Record.

If the "Next" button below is inactive/Gray, the minimum required information has not been provided. The following address types can be edited:

- Address of Record (Required)
- Confidential Address

Phone Number and Email Address information will not be publicly disclosed.

If your Address of Record is a PO Box, you are required by law to provide the Board with a physical street address as a Confidential Address, which will not be publicly disclosed. The street address of a private mailbox service may not be used as a Confidential Address.

Press "Previous" to go back.  
Press "Next" to continue.  
Press "Add" to enter an additional address.  
Press "Cancel" to exit this application.

License Specific Addresses	
<a href="#">Address of Record (Required)</a>	Name: DOE, JANE
	Address: 1234 Main St Anytown , CA 00000 US
	Phone Number: 916 555-6715
	E-mail: anydoc@anydoc.com
	Home Number
	Cell Number

[Previous](#) [Next](#) [Add](#) [Cancel](#)

## 8. Change of Address– Maintain Contact Details

Fill in the appropriate boxes for the **Confidential Address**. Make sure the Country field is filled in. Then click the **Continue** Button.

The screenshot shows a web interface for the Department of Consumer Affairs (BREZE). The page title is "Change of Address - Maintain Contact Details". The form is for updating address information. It includes a sidebar with navigation links: Introduction, Information Privacy Act, Name and Personal/Organization Details, Contact Details (selected), and Application Summary. The main content area contains instructions: "Update your address information below. Required fields are denoted with a red asterisk (\*). Phone Number and Email Address information will not be publicly disclosed for any Address Type." It also provides instructions to press "Continue" to save, "Delete" to delete, and "Back" to return to the summary screen. The form fields are: Address Line 1 (9876 Oak St), Address Line 2, Address Line 3, City (Anytown), State (California), Zip Code (00000), County, and Country (United States). At the bottom right are buttons for Continue, Delete, and Cancel. The footer includes links for Back to Top, Conditions of Use, Privacy Policy, and Accessibility, along with a copyright notice for 2013 State of California.

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### Change of Address - Maintain Contact Details

Update your address information below. Required fields are denoted with a red asterisk (\*). **Phone Number and Email Address information will not be publicly disclosed** for any Address Type.

Press "Continue" to save address information and return to the Address Detail Summary screen.

Press "Delete" to delete this address.

Press "Back" to discard information and return to the Address Detail Summary screen

Confidential Address

\* Address Line 1:

Address Line 2:

Address Line 3:

\* City:

\* State:

\* Zip Code:

County:

\* Country:

[Continue](#) [Delete](#) [Cancel](#)

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## 9. Change of Address– Application Summary

Verify that the address information is correct, then click the **Next** button.

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**Change of Address - Application Summary**

Verify the information below. If any of the information is not correct, press "Previous" to return to the appropriate screen to make corrections.

Press "Previous" to go back.  
Press "Next" to continue.  
Press "Cancel" to exit this application.

**Change of Address Summary**

License Type:	Physician and Surgeon A
File Number:	118132
License Number:	000000
Application Date:	08/02/2016 (mm/dd/yyyy)

**Personal Details**

First Name:	JANE
Middle Name:	
Last Name:	DOE

**Addresses**

**License Specific Addresses**

**Address of Record (Required)**

Name:	DOE JANE
Address:	1234 Main St Anytown , CA 00000 US
Phone Number:	916 555-6715
E-mail:	anydoc@anydoc.com
Home Number	
Cell Number	

[Previous](#) [Next](#) [Cancel](#)

## 10. Change of Address– Attestation

Please read the information, select the **YES** radio button then click the **Submit** button.

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**Change of Address - Attestation**

In order to submit your Change of Address, you must complete the attestation question below.

Press "Previous" to go back.

Press "Submit" to submit this application.

Press "Cancel" to exit this application.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application is true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.

**Yes**

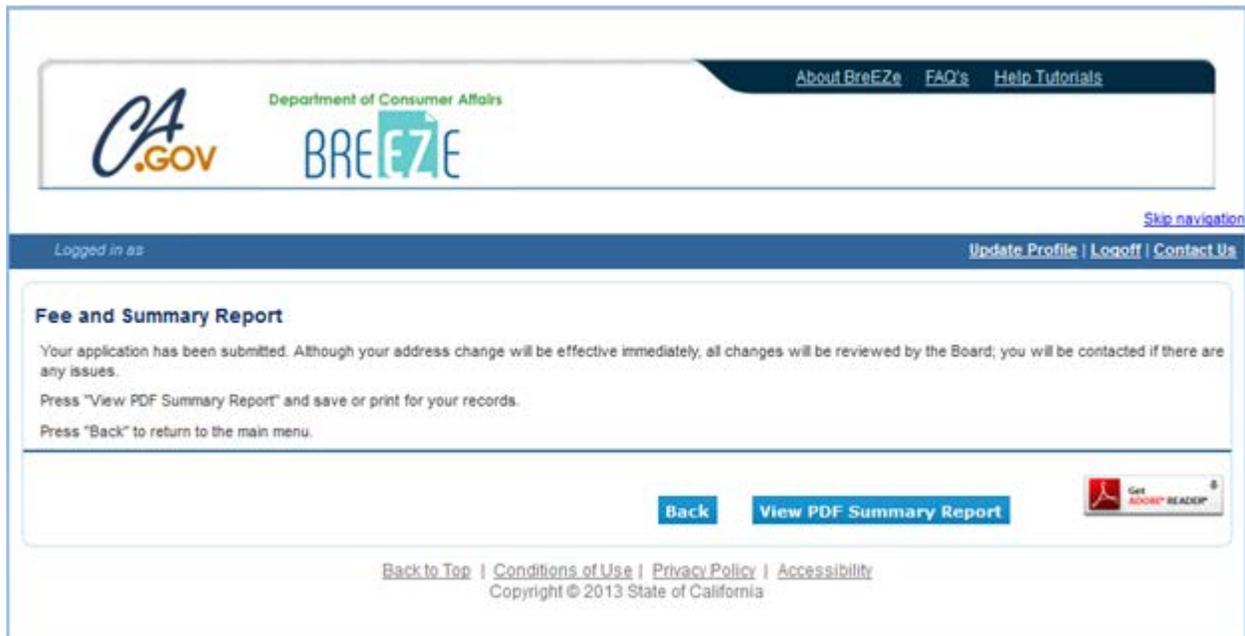
**No**

[Previous](#) [Submit](#) [Cancel](#)

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## 11. Change of Address– Fee and Summary Report

There is no fee to change your address. At this point, your address change(s) are completed. Click the **Back** button to return to the **Quick Start Menu**.



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