STEP-BY-STEP USER GUIDE FOR PHYSICIANS TO COMPLETE CHANGE OF ADDRESS ONLINE – <u>www.breeze.ca.gov</u>

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 <u>have never registered in the BreEZe system</u>, please go to <u>http://www.mbc.ca.gov/Licensees/License Renewal/Physicians and Surgeons.aspx</u> 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.

Department of Consumer Affairs BREEZE	About BreEZe FAQ's Help Tutorials
	Skip navigation
DCA BreEZe Online Services Welcome to the California Department of Consumer Affairs (DCA) BreEZe Onlin shop for consumers, licensees and applicants! BreEZe enables consumers to v can submit license applications, renew a license and change their address and • If you were registered with the DCA Online Professional Licensing servic • BreEZe only accepts credit card payments for American Express, Disco	The Services. BreEZe is DCA's new licensing and enforcement system and a one-stop verify a professional license and file a consumer complaint. Licensees and applicants ong other services. es before, you will need to re-register with BreEZe. wer, MasterCard, and Visa.
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? Sign In New Users BreEZe Registration
Back to Top Conditions of U Copyright © 20	Ise <u>Privacy Policy</u> <u>Accessibility</u> 13 State of California

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

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uick Start Menu start, choose an option, and you will return to this Q	uick Start men	u after you have	finished.	License/Registration Information License/Registration Number: License/Registration	n Show Detais
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It is time to Renew!			Add Authorized Represe	intative	Sele
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Manage your license information					
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Change of Address +		Select			
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Start a New Application or Take an Exam					
<choose board=""></choose>					
<choose application=""> +</choose>		Select			
View Application Status					
Medical Board of California - Physician's and Surgeon's - Initial Application	Status: Expired	Details			
	Status:	Details			

2. Change of Address – Introduction

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

CA	About BreEZe FAQ'a Help Tutoriala
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Logged in as	Update Profile Logoff Conta
Introduction	Change of Address - Introduction
Information Privacy Act	Review the detailed instructions and information before proceeding at http://www.mbc.ca.gov/Licensees/Address_of_Record.asox.
Name and Personal/Organization Details	California Business and Professions Code Section 2021 requires all licensees to report each and every change of address within 30 days after each change.
Contact Details	For Online/Technical Assistance with BreEZe, contact the Medical Board of California's Help Desk:
Application Summary	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.cn.cov
	Press "Next" to continue.
	Press "Cancel" to exit this application.
	Next Cance
	Back to Tep Conditions of Use Privacy Policy Accessibility

3. Change of Address – Information Privacy Act

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

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Logged in as	Station Update Profile Logoff Conta
Introduction	Change of Address - Information Privacy Act
Information Privacy Act	NOTICE: All items in this application are mandatory; none are voluntary.
Name and Personal/Organization Details	This information is requested by the Licensing Program of the Medical Board of California. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to verify the licenses's identification and determine your qualifications for licensing per sections 118 and 2080 at sec. of the California Business and
Contact Details	Professions Code, which authorizes the collection of this information.
Application Summary	The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act, Civil Code Section 1798.17, by contacting the custodian of records at 2005 Evergreen Street, Su 1200, Sacramento, CA 95815, (916) 263-2389.
	Press "Agree" to continue.
	Press "Cancel" to exit this application.
	Agree Cance
	Back to Tap 1 Conditions of Liss 1 Privacy Policy 1 Accessibility

4. Change of Address– Name and Personal Details

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

C.Gov	Department of Consumer Attains BREEZE
Logged in as	Update Profile Logoff Contact Us
Introduction Information Privacy Act Name and Personal/Organization Details Contact Details	Change of Address - Name and Personal Details Confirm your name is correct as shown below. If there are any discrepancies with your name, press "Cancel" and contact the Board immediately. Press "Previous" to go back. Press "Next" to continue. Press "Cancel" to exit this application.
Application Summary	First Name: JANE Middle Name: Last Name: DOE Name Suffix: Previous Next Cancel
	Back to Top Conditions of Use Privacy Policy Accessibility 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			Update Profile Logoff Contac
Introduction	Change of A	ddress - Address De	tail Summary
Information Drivacy Act	You are required	to maintain an Address of R	ecord with the Medical Board of California. California Business and Professions Code
Name and	Section 2021 req	uires all licensees to report ea	ach and every change of address within 30 days after each change. All licenses,
Personal/Organization Details	Tene trans, and	an other official correspon	
Contact Details	NOTE: California The Address of F Each licensee sh	law requires the Board to pro Record will be released to any ould carefully consider the Ar	vide upon written or verbal request, the Address of Record of any licensed practitioner, y entity or individual who inquires and is also available to the public on the Board's webs foreas of Record provided to the Board and may wish to use an office employer's
Application Summary	address, or a Por	st Office (PO) Box as the Add	Iress of Record.
	If the "Next" butto edited:	on below is inactive/Gray, the	minimum required information has not been provided. The following address types can b
	Address o Confidentia	f Record (Required) al Address	
	Phone Number	and Email Address inform	nation will not be publicly disclosed.
	If your Address Confidential Address	s of Record is a PO Box, yo Idress, which will not be put	u are required by law to provide the Board with a physical street address as slicly disclosed. The street address of a private mailbox service may not be used as a
	The following add addresses below	ress types need to be update	d to include required information. Please modify them by clicking on the links for the rele
	Confidenti	al Address	
	Press "Next" to c	ontique	
	Press "Add" to en	nter an additional address.	
	Press "Cancel" to	exit this application.	
	License Specific	Addresses	
	Address of Record	Name:	DOE, JANE
	(Required)		
		Address:	1234 Main St ANYTOWN CA
			00000
			US
		Phone Number:	916 555-6715
		E-mait	anydoc@anydoc.com
	Confidential Address	Name:	DOE, JANE
	Contraction de la contraction	Address:	9876 Main St
			CA
			95815

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 <u>not public</u> <u>information</u>. Then click the **Continue** Button.

NOTE: Senate Bill 806 requires all licensees to report an email address to the Board. Please do so by inputting your email address in the email field.

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ogged in as			Update Profile Logoff Cont
Introduction	Change of Addres	s - Maintain Contact Details	
Information Privacy Act	Update your address inf	ormation below. Required fields are denoted with	a red asterisk (*), Phone Number and Email Address
Name and Personal/Organization Details	Press "Continue" to save	address information and return to the Address Data phormation and return to the Address Datail Summ	Detail Summary screen.
Contact Details	Address of Decerd (Dec	ukadi	ary sereen
Application Summary	Address of Record (Red	ureo)	
	* Address Line 1:	1234 Main St	
	Address Line 2:		
	Address Line 3:		
	* City:	Anytown	
	* State:	California	
	* Zip Code:	00000	
	County:	Tiplied States	
	Country.	onned states	
	Phone Number:	916 555-6715	
	Extension:	· · · · · · · · · · · · · · · · · · ·	
	E-mail	anydoc@anydoc.com	
	Home Number		
	Cell Number		
			Continue Canc

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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ogged in as			Update Profile Log	off Conta
Introduction	Change of A	ddress - Address De	ail Summary	
Information Privacy Act	You are required	to maintain an Address of F	cord with the Medical Board of California. California Business and Profes	sions Code
Name and	renewals, and	all other official correspondences of the second se	ch and every change of address within 30 days after each change. All lic dence will be sent to the Address of Record provided.	enses,
Personal/Organization Details	NOTE: California	law requires the Board to pro	ide upon written or verbal request the Address of Record of any incessed	Inractitione
Contact Details	The Address of	Record will be released to any	entity or individual who inquires and is also available to the public on the B	oard's web
Application Summary	Each licensee sh address, or a Po	st Office (PO) Box as the Add	dress of Record provided to the Board, and may wish to use an office, em ess of Record.	ployer's
	Address o Confidenti Phone Number	of Record (Required) al Address r and Email Address inform	ation will not be publicly disclosed.	
	If your Address Confidential Add Confidential Add Press "Previous" Press "Next" to o Press "Add" to e Press "Cancel" to	s of Record is a PO Box, yo ddress, which will not be pul- ress. to go back. continue. nter an additional address. o exit this application.	are required by law to provide the Board with a physical street a icly disclosed. The street address of a private mailbox service may not be	ddress as used as a
	If your Address Confidential Ad Confidential Add Press "Previous" Press "Next" to c Press "Add" to e Press "Cancel" to License Specific	s of Record is a PO Box, yo ddress, which will not be pul- ress. 'to go back, continue. Inter an additional address. o exit this application. : Addresses	are required by law to provide the Board with a physical street a icly disclosed. The street address of a private mailbox service may not be	ddress as used as a
	If your Address Confidential Add Confidential Add Press "Previous" Press "Next" to o Press "Add" to e Press "Cancel" to Press "Cancel" to License Specific Address of Record (Required)	s of Record is a PO Box, yo ddress, which will not be put ress. to go back. continue. nter an additional address. o exit this application. Addresses Name:	are required by law to provide the Board with a physical street a icly disclosed. The street address of a private malibox service may not be DOE, JANE	ddress as used as a
	If your Address Confidential Add Confidential Add Press "Previous" Press "Next" to o Press "Add" to e Press "Cancel" to Press "Cancel" to License Specific Address of Record (Required)	s of Record is a PO Box, yo ddress, which will not be put ress. to go back, continue. nter an additional address. o exit this application. Addresses Name: Address:	DOE, JANE 1234 Main St Anytown , CA 00000 US	ddress as used as a
	If your Address Confidential Act Confidential Add Press "Next" to c Press "Add" to e Press "Cancel" to License Specific Address of Record (Required)	s of Record is a PO Box, yo ddress, which will not be pul- ress. 'to go back. continue. Inter an additional address. o exit this application. : Addresses Name: Address: Phone Number:	DOE, JANE 1234 Main St Anytown , CA 00000 US 916 555-6715	ddress as used as a
	If your Address Confidential Act Confidential Add Press "Previous" Press "Next" to c Press "Add" to e Press "Cancel" to License Specific Address of Record (Required)	s of Record is a PO Box, yo ddress, which will not be pul- ress. 'to go back. ontinue. Inter an additional address. o exit this application. : Addresses Name: Address: Phone Number: E-mait	DOE, JANE 1234 Main St Anytown , CA 00000 US 916 555-6715 anydoc@anydoc.com	ddress as used as a
	If your Address Confidential Add Press "Previous" Press "Next" to o Press "Add" to e Press "Cancel" to Press "Cancel" to License Specific Address of Record (Required)	s of Record is a PO Box, yo ddress, which will not be put ress. to go back. continue. nter an additional address. o exit this application. Addresses Name: Address: Phone Number: E-mail: Home Number	DOE, JANE 1234 Main St Anytown , CA 00000 US 916 555-6715 anydoc@anydoc.com	ddress as used as a

8. Change of Address– Maintain Contact Details

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

				Chie e
ogged in as			Update Profile Logoff	Con
Introduction	Change of Addres	s - Maintain Contact Details		
Information Privacy Act	Update your address infi	ormation below. Required fields are denoted v	with a red asterisk (*). Phone Number and Email Add	ress
Name and	Press "Continue" to save	address information and return to the Address	e. ess Detail Summary screen.	
Personal/Organization Details	Press "Delete" to delete t	his address.		
Ancientics Summer	Press "Back" to discard i	nformation and return to the Address Detail S	Summary screen	
Application Summary	Confidential Address			
	* Address Line 1	9876 Oak St		
	Address Line 2			
	Address Line 3:			
	· City:	Anytown		
	* State:	California 🗸		
	* Zip Code:	00000		
	County:	•		
		Heited States		

9. Change of Address– Application Summary

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

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Logged in as			Update Profile Logoff Cont
Introduction	Change of Address - Appl	ication Summary	
Information Privacy Act	Verify the information below. If any o	f the information is not correct, p	ress "Previous" to return to the appropriate screen to make
Name and	corrections.		
Personal/Organization Details	Press "Next" to continue.		
Contact Details	Press "Cancel" to exit this application	h.	
Application Summary	Change of Address Summary		
		License Type:	Physician and Surgeon A
		File Number:	118132
		License Number:	000000
		Application Date:	08/02/2016 (mmidd/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	

10. Change of Address– Attestation

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

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Logged in as	Update Profile i Logoff i Cont
Introduction Information Privacy Act Name and Personal/Organization Details	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.
Contact Details Application Summary	I declare under the penalty of perjury under the laws of the State of California that the information contained in this application is true correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant Department of Consumer Affairs entity permission to verify any information contained in this application. I hereby grant Department of Consumer Affairs entity permission to verify any information contained in this application. I hereby grant Department of Consumer Affairs entity permission to verify any information contained in this application.

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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Logged in as			1	Update Profile Logoff Contact
Your application has been su any issues.	bmitted. Although your address change will be effe	ctive immediately, all changes will be re	eviewed by the Boa	ard; you will be contacted if there ar
Press "View PDF Summary R	eport" and save or print for your records.			
Press "View PDF Summary R Press "Back" to return to the	eport" and save or print for your records. main menu.			
Press "View PDF Summary R Press "Back" to return to the	eport" and save or print for your records. main menu.	Back View PDF	Summary Rep	ort