

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:

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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NEW REGISTRATION:

1. Create a new account - Complete the required fields marked with an asterisk (*), complete the security captcha, 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.

The screenshot shows the 'User Registration' page of the BreEZe system. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs, and the BreEZe logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help Tutorials' are on the right. Below the header, there are links for 'Skip navigation', 'Logon', and 'Contact Us'. The main content area is titled 'User Registration' and includes instructions to complete the form to become a registered user. The form is divided into several sections: 'Account Owner Contact Information' with fields for First Name, Middle Name, and Last Name; 'Account Login' with fields for Email, Confirm Email, and User ID, each with a note; 'Password Recovery' with a Secret Question dropdown and a Secret Answer field; 'Communication' with an Email Communication checkbox; and 'Security Measures' with a reCAPTCHA widget. At the bottom right, there are 'Next' and 'Cancel' buttons.

User Registration

Please complete the information required below to become a registered BreEZe User. You will receive a confirmation email as part of the registration process.

Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account Owner Contact Information

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:
Note: Please enter a valid email address; this email address will not be sold to solicitors.

* User ID:
Note: User ID must be a minimum of 8 characters, cannot be your email address or contain special characters (i.e. @, #, \$, %, &, *, +).

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)


* Secret Question:
Note: Select a question from the drop-down menu, then enter your Secret Answer.

* Secret Answer:

Communication

Email Communication:
Note: Select Yes if you would like to receive Email communications; otherwise select No. ☒ Yes ☐ No

Security Measures (This helps to prevent automated registrations.)

* Click the white Checkbox next to "I'm not a robot". ☐ I'm not a robot 
reCAPTCHA
Privacy - Terms

Next **Cancel**

- 2 On the **Preview Registration** screen, verify the information entered is correct then click the **Save** button.

The screenshot shows the 'Preview Registration' screen. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs, and the BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help Tutorials' are on the right. Below the header, a blue bar indicates the user is 'Logged in as' with links for 'Skip navigation', 'Logoff', and 'Contact Us'. The main content area is titled 'Preview Registration' and contains instructions: 'Press "Save" to save the registration.', 'Press "Edit" to modify your registration details.', and 'Press "Cancel" to cancel this registration and return to the main menu.' Below these instructions is a table of registration details:

First Name:	Jane
Second Name:	J
Last Name:	Doe
Email:	drjanejjones@mailinator.com
UserId:	drjanejjones
Secret Question:	Where were you born?
Secret Answer:	Sacramento
Email Communication:	Yes

At the bottom right of the table are three buttons: 'Save', 'Edit', and 'Cancel'. At the bottom of the page are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', followed by the copyright notice 'Copyright © 2013 State of California'.

The screenshot shows the 'User Registration - Temporary Password Issued' screen. It has the same header and navigation as the previous screen. Below the header, a blue bar indicates the user is 'Logged in as' with links for 'Skip navigation', 'Logon', and 'Contact Us'. The main content area is titled 'User Registration - Temporary Password Issued' and contains the message: 'A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.' Below this message is a large empty rectangular box and a 'Return' button at the bottom right. At the bottom of the page are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', followed by the copyright notice 'Copyright © 2013 State of California'.

- 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.

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.
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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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- 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.

The screenshot shows the BREZE web application interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs name, and the BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are on the right. Below the header, a blue bar indicates the user is 'Logged in as' and provides links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Update Default Registration Information' and instructs the user to 'Enter your new password and press "Save"'. It lists password requirements: minimum 8 characters, not the same as the user ID, not a variation of the user ID, at least one uppercase, lowercase, numeric, and special character. Below these requirements are three input fields: 'Temporary Password:', 'New Password:', and 'Confirm Password:'. A 'Save' button is located at the bottom right of the form. At the very bottom, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

- 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.

CA.GOV Department of Consumer Affairs BREZE

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Logged in as Update Profile | Logoff | Contact Us

Add Licenses To Registration

Welcome to DCA OnlineQuickStart

By answering a few, simple questions, we will help you to get started.

Are you, or have you ever been, professionally licensed or registered with the Department of Consumer Affairs?

☒ Yes [How do I know?](#)

☐ No

Next

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- 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.

CA.GOV Department of Consumer Affairs BREZE

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Add Licenses To Registration - Select License Type

Welcome to DCA OnlineQuickStart

Identify the License/Registration that you have held, or you have applied for, in the past.

Which board manages your License/Registration type? Selecting the appropriate board will narrow the available items found in the License/Registration drop-down list.

DCA Board/Bureau/Committee: **Medical Board of California** [How do I know?](#)

License/Registration Type: **Physician's and Surgeon's** [How do I know?](#)

Next **Cancel**

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- 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, complete the security captcha, then click the **Next** button.

The screenshot shows the 'Add Licenses To Registration - Validation' screen. The header includes the CA.GOV logo, 'Department of Consumer Affairs', and links for 'About BreZe', 'FAQ's', and 'Help/Tutorials'. A 'Skip navigation' link is on the right. Below the header, it says 'Logged in as' followed by a name and links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area has a left sidebar with three steps: 'Step1: Ever held a license before with DCA?', 'Step2: Provide Identifying Information' (which is highlighted), and 'Step3: Confirm Information'. The main area is titled 'Add Licenses To Registration - Validation' and contains instructions: 'Help us find your records.', 'Please note that you must have an SSN/ITIN on file with your licensing Board/Bureau/Committee in order to on-board your license. If you do not have an SSN/ITIN on file, you will not be able to onboard your license. Please contact your Board/Bureau/Committee for instruction on how to provide your SSN/ITIN.', and 'Please provide your information in order for the Department of Consumer Affairs to confirm that you do not have a previous record in the BreZe system. A previous record may include: licensee, complainant, witness, etc'. Below this is a 'Required Information' section with three fields: 'Last Name:', 'SSN/ITIN:', and 'Date Of Birth:'. The 'SSN/ITIN:' field has a sub-label 'Last 4 Digits of SSN/ITIN'. The 'Date Of Birth:' field has a sub-label '(mm/dd/yyyy)'. Below these fields is a 'Security Measures (This helps to prevent automated registrations.)' section with a checkbox labeled 'I'm not a robot' and a reCAPTCHA logo. At the bottom right are 'Next' and 'Cancel' buttons. At the bottom of the page are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', and a copyright notice 'Copyright © 2013 State of California'.

This screenshot shows the same 'Add Licenses To Registration - Validation' screen as the previous one, but with a captcha overlay. The overlay is a blue box with the text 'Select all squares with motorcycles' and a grid of 16 small images showing a motorcycle. Below the grid are icons for a refresh button, a help button, and an information button, followed by a 'SKIP' button. The background content of the page is partially obscured by the overlay.

- 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.

CA.GOV Department of Consumer Affairs BREZE

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Step1: Ever held a license before with DCA?

Step2: Provide Identifying Information

Step3: Confirm Information

Add Licenses To Registration - Preview

Good News! We have located your information

Please confirm your license/registration/certificate credentials below. If you are a current applicant, you will see the type of license you are currently pursuing listed below.

Indiv / Org Number:

Name: DOE, JANE

license/registration Type	license/registration Number
Physician and Surgeon A	010101

Select One:

☐ I confirm this is my license/registration information (read www.dca.ca.gov/webapps/breeze/dec_descript.php)

☐ No this is not my license/registration information

Next Cancel

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NOTE: If you receive an error message, **“Entity already associated with another User Id, cannot proceed”**, this indicates your license is already attached to a 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:

You have successfully linked your online registration to a license (s). Would you like to link your online registration to more license (s)?

Yes No

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.

The screenshot shows the BreEZe system 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 include 'About BreEZe', 'FAQ's', and 'Help/Tutorials'. Below the header, a blue bar indicates the user is logged in and provides links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Quick Start Menu' and includes a sub-header: 'To start, choose an option, and you will return to this Quick Start menu after you have finished.' The menu is divided into three main sections: 'License Activities', 'Applications', and 'Additional Activities'. Under 'License Activities', there are two options: 'It is time to Renew!' (highlighted with a red arrow pointing to its 'Select' button) and 'Manage your license information'. Under 'Applications', there are two options: 'Start a New Application or Take an Exam' and 'View Application Status'. Under 'Additional Activities', there are two options: 'Add Authorized Representative' and 'License Notification Subscriptions', both with 'Select' buttons. A 'License/Registration Information' sidebar on the right shows the user's license number and type. At the bottom, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

CA.GOV Department of Consumer Affairs BREZE

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Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

License Activities

- It is time to Renew! **Select**
- Manage your license information
Physician and Surgeon A
<Choose Application> **Select**

Applications

- Start a New Application or Take an Exam
<Choose Board>
<Choose Application> **Select**
- View Application Status
Medical Board of California - Postgraduate Training Authorization Letter (PTAL)- Initial Application Status: Expired **Details**
Medical Board of California - Physician's and Surgeon's Renewal Status: Pending **Details**

Additional Activities



- Add Authorized Representative **Select**
- License Notification Subscriptions **Select**

License/Registration Information **Show Details**
License/Registration Number:
License/Registration Type: Physician and Surgeon A

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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.



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Logged in as

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Information Privacy Act

Transaction Suitability Questions

Application Questions

Name and Personal/Organization Details

Contact Details

Physician Survey

Financial Interest Disclosure Summary

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File Attachments

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Physician's and Surgeon's Renewal - Introduction

Review the detailed instructions and information regarding this renewal before proceeding at http://www.mbc.ca.gov/publications/renew_license.html.

If you are changing your license status to Disabled, Inactive, Military, Retired or Voluntary Service, please apply for the status change at least 4 weeks prior to your license expiration date and renewing your license.

You may **not** engage in the practice of medicine in the State of California without a current valid license from the Medical Board of California.

New from the Medical Board of California:

- Regulation updates can be viewed at <http://www.mbc.ca.gov>.

Physician Survey:
California B&P Code sections 2425.1 and 2425.3 require the Medical Board to collect and publish certain information on training and practice characteristics for each physician licensed in California. To comply with this law, the Board has developed a physician survey that must be completed by each physician when renewing their license.

Taxpayer Information:
Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

Contact Us:

- Online/Technical Assistance:**
For Online/Technical assistance, contact the Medical Board of California's Help Desk at:
Phone: (916) 263-2205.
Assistance is available Monday - Friday, 8:00 a.m. - 5:00 p.m. PST (except holidays).
- Licensing Questions:**
For licensing and renewal information, contact the Medical Board of California at:
CA Toll-Free: 1 (800) 633-2322
Phone: (916) 263-2382
Fax: (916) 263-2944
Assistance is available Monday - Friday, 8:00 a.m. - 5:00 p.m. PST (except holidays).

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

If you need to change your current address please go back to the quick start menu by pressing "Cancel" and select the "Address Change" application.

Next Cancel

3. Physician's and Surgeon's Renewal – Information Privacy Act

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

The screenshot shows the 'Physician's and Surgeon's Renewal - Information Privacy Act' page on the CA.gov website. The page has a blue header with the CA.gov logo, 'Department of Consumer Affairs', and 'BREZE' logo. Navigation links include 'About BreZE', 'FAQ's', 'Help/Tutorials', 'Skip navigation', 'Logged in as', 'Update Profile', 'Logoff', and 'Contact Us'. A left sidebar contains a menu with items: 'Introduction', 'Information Privacy Act' (highlighted), 'Transaction Suitability Questions', 'Application Questions', 'Name and Personal/Organization Details', 'Contact Details', 'Physician Survey', 'Financial Interest Disclosure Summary', 'Questions', 'Family Physician Training Program Voluntary Fee', 'File Attachments', and 'Application Summary'. The main content area is titled 'Physician's and Surgeon's Renewal - Information Privacy Act' and contains a 'NOTICE: All items in this application are mandatory; none are voluntary.' followed by three paragraphs of text regarding the request for information, record access, and disclosure of SSN/ITIN/FEIN. At the bottom of the main content area are the instructions 'Press "Agree" to continue.' and 'Press "Cancel" to exit this application.' and two buttons: 'Agree' and 'Cancel'. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

CA.gov Department of Consumer Affairs BREZE

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Physician Survey

Financial Interest Disclosure Summary

Questions

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File Attachments

Application Summary

Physician's and Surgeon's Renewal - Information Privacy Act

NOTICE: All items in this application are mandatory; none are voluntary.

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 licensee's identification and determine your qualifications for licensing per sections 118, and 2080, et. seq. of the California Business and Professions Code, which authorizes the collection of this information.

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, Suite 1200, Sacramento, CA 95815, (916) 263-2389.

The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies.

Disclosure of your Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Federal Employer Identification Number (FEIN) is MANDATORY. Section 30 of the Business & Professions Code and Public Law 94 455, (42 USC 405 (c) (2) (C) authorizes the collection of your SSN/ITIN. Your SSN/ITIN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN/ITIN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. This application and the information contained therein may be disclosed pursuant to California Public Records Act Request.

Press "Agree" to continue.

Press "Cancel" to exit this application.

Agree Cancel

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4. Physician's and Surgeon's Renewal – HCAI Workforce Survey

You must complete the HCAI Workforce Survey in order to continue with your renewal. After the survey, you will be returned to the screen below where you will click the **Next** button.


The screenshot displays the HCAI Workforce Survey 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 include 'About BreZE', 'FAQ's', and 'Help/Tutorials'. A user is logged in as 'Lowe, Natalie', with links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Physician's and Surgeon's Renewal - HCAI Workforce Survey' and contains instructions: 'Update your Physician Survey below.', 'Press "Next" to continue.', 'Press "Previous" to return to the previous screen.', and 'Press "Cancel" to exit this application.' A 'Last Survey Date' of '07/13/2022' is shown. A large HCAI logo is displayed with the text 'Department of Health Care Access and Information' and 'Enter Survey'. At the bottom right, there are 'Previous', 'Next', and 'Cancel' buttons. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility'. Below the main content area, there is a section titled 'HCAI Survey' with links for 'Home', 'About', and 'Contact'. The 'HCAI Workforce Survey Online Submission' section contains a message: 'Thank you for taking the time to complete your HCAI Workforce Survey. For your security, first we must verify your identity. Please click on "Verify License" below. You will be redirected to Medical Board's license verification app, IDEAL. Once you verify your license there, you will be redirected back to the HCAI Workforce Survey.' A 'Verify License' button is located at the bottom of this section.


Below are examples of the screens on the HCAI Workforce Survey. All questions must be answered to continue to the next page.

Please note: On the **IDEAL** screen, please do not put any preceding zeros before your license number. For example, the license number, A012345 you would only enter 12345.

IDEAL

Interoperability Development Effort to Authenticate Licensees



☐ I'm not a robot
 

HCAI Survey [Home](#) [About](#) [Contact](#)

Progress

- Ethnicity**
- Race
- Race/Ethnicity Disclosure
- Degree/Credential Qualification Location
- Current Training Status
- Postgraduate Training Location
- Postgraduate Training Years
- Primary Area of Practice
- Secondary Area of Practice

Ethnicity

Are you Hispanic, Latino/a, or of Spanish origin? Select all that apply.

- ☐ No
- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Central American
- ☐ South American
- ☐ Other Hispanic, Latino/a or Spanish origin
- ☒ Decline to State

Progress

4%

✓ [Ethnicity](#)

Race

Race/Ethnicity Disclosure

Degree/Credential Qualification Location

Current Training Status

Postgraduate Training Location

Postgraduate Training Years

Primary Area of Practice

Secondary Area of Practice

ABMS Certifications

Employment Status

Anticipated Retirement

Practice Activities

Race

With which race(s) do you identify? Select all that apply.

- ☐ American Indian
- ☐ Native American
- ☐ Alaskan Native

Asian

- ☐ Asian Indian
- ☐ Chinese
- ☐ Cambodian
- ☐ Filipino
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian/Hmong
- ☐ Malaysian
- ☐ Pakistani
- ☐ Singaporean
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian

Primary Practice Location

Primary Practice Setting

Secondary Practice Location

Secondary Practice Setting

NPI

Language Fluency

Language Fluency Disclosure

Sex Assigned at Birth

Gender Identity

Gender Identity Disclosure

Sexual Orientation

Disability

Email

- ☐ Black
- ☐ African American
- ☐ African
- ☐ Middle Eastern

Native Hawaiian or other Pacific Islander

- ☐ Fijian
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander
- ☐ White/Caucasian
- ☐ European
- ☐ Other (not listed)
- ☐ Decline to State

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Progress

0%

[✓ Ethnicity](#)

[✓ Race](#)

Race/Ethnicity Disclosure

Degree/Credential Qualification Location

Current Training Status

Race/Ethnicity Disclosure

Do you want to include the Race/Ethnicity information in your profile on the Department of Consumer Affairs (DCA) Search License Profile?

☒ Yes
 ☐ No

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HCAI Survey [Home](#) [About](#) [Contact](#)

Progress

12%

[✓ Ethnicity](#)

[✓ Race](#)

[✓ Race/Ethnicity Disclosure](#)

Degree/Credential Qualification Location

Current Training Status

Postgraduate Training Location

Degree/Credential Qualification Location

Where did you complete the degree/credential that qualified you for your first United States license in this profession?

☐ United States – California
☐ United States – Other State/Territory
☐ Outside of the United States
☒ Decline to State

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HCAI Survey [Home](#) [About](#) [Contact](#)

Progress

15%

[✓ Ethnicity](#)

[✓ Race](#)

[✓ Race/Ethnicity Disclosure](#)

[✓ Degree/Credential Qualification Location](#)

Current Training Status

Postgraduate Training Location

Current Training Status

What is your current training status?

☐ Postgraduate Training
☐ Fellow
☐ Not in Training
☐ Decline to State

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Progress

19%

[✓ Ethnicity](#)

[✓ Race](#)

[✓ Race/Ethnicity Disclosure](#)

[✓ Degree/Credential Qualification Location](#)

[✓ Current Training Status](#)

Postgraduate Training Location

Postgraduate Training Location

Where did you complete your Postgraduate Training?

☐ United States – California
☐ United States – Other State/Territory
☐ Outside of the United States
☒ Decline to State

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Progress

23%

[✓ Ethnicity](#)

[✓ Race](#)

[✓ Race/Ethnicity Disclosure](#)

[✓ Degree/Credential Qualification Location](#)

[✓ Current Training Status](#)

[✓ Postgraduate Training Location](#)

Postgraduate Training Years

Primary Area of Practice

Secondary Area of Practice

ABMS Certifications

Postgraduate Training Years

How many years of Postgraduate Training have you completed?

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9+
☐ Decline to State

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Progress

27%

[✓ Ethnicity](#)

[✓ Race](#)

[✓ Race/Ethnicity Disclosure](#)

[✓ Degree/Credential Qualification Location](#)

[✓ Current Training Status](#)

[✓ Postgraduate Training Location](#)

[✓ Postgraduate Training Years](#)

Primary Area of Practice

Secondary Area of Practice

ABMS Certifications

Employment Status

Anticipated Retirement

Practice Activities

Primary Practice Location

Primary Area of Practice

Which specialty best describes your primary area of practice?

☐ Aerospace Medicine
☐ Allergy and Immunology
☐ Anesthesiology
☐ Cardiology
☐ Colon and Rectal Surgery
☐ Complementary & Alternative Medicine
☐ Cosmetic Surgery
☐ Critical Care
☐ Dermatology
☐ Emergency Medicine
☐ Endocrinology
☐ Epilepsy
☐ Facial, Plastic & Reconstructive Surgery
☐ Family Medicine
☐ Gastroenterology
☐ General Practice
☐ General Surgery
☐ Geriatric Medicine
☐ Hematology

Primary Practice Setting	<input type="radio"/> Infectious Disease
Secondary Practice Location	<input type="radio"/> Internal Medicine
Secondary Practice Setting	<input type="radio"/> Medical Genetics
NPI	<input type="radio"/> Neonatal-Perinatal Medicine
Language Fluency	<input type="radio"/> Nephrology
Language Fluency Disclosure	<input type="radio"/> Neurodevelopmental Disabilities
Sex Assigned at Birth	<input type="radio"/> Neurological Surgery
Gender Identity	<input type="radio"/> Neurology
Gender Identity Disclosure	<input type="radio"/> Neurology with Special Qualification in Child Neurology
Sexual Orientation	<input type="radio"/> Nuclear Medicine
Disability	<input type="radio"/> Obstetrics and Gynecology
Email	<input type="radio"/> Occupational Medicine
	<input type="radio"/> Oncology
	<input type="radio"/> Ophthalmology
	<input type="radio"/> Orthopedic Surgery
	<input type="radio"/> Otolaryngology
	<input type="radio"/> Pain Medicine
	<input type="radio"/> Pathology
	<input type="radio"/> Pediatrics
	<input type="radio"/> Physical Medicine and Rehabilitation
	<input type="radio"/> Plastic Surgery
	<input type="radio"/> Psychiatry
	<input type="radio"/> Psychosomatic Medicine
	<input type="radio"/> Public Health and General Preventive Medicine
	<input type="radio"/> Pulmonology

<input type="radio"/> Physical Medicine and Rehabilitation
<input type="radio"/> Plastic Surgery
<input type="radio"/> Psychiatry
<input type="radio"/> Psychosomatic Medicine
<input type="radio"/> Public Health and General Preventive Medicine
<input type="radio"/> Pulmonology
<input type="radio"/> Radiation Oncology
<input type="radio"/> Radiologic Physics
<input type="radio"/> Radiology
<input type="radio"/> Rheumatology
<input type="radio"/> Sleep Medicine
<input type="radio"/> Spine Surgery
<input type="radio"/> Sports Medicine
<input type="radio"/> Surgical Oncology
<input type="radio"/> Thoracic Surgery
<input type="radio"/> Urology
<input type="radio"/> Vascular Surgery
<input type="radio"/> Other - Not Listed
<input type="radio"/> Decline to State

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Progress

31%

[✓ Ethnicity](#)
[✓ Race](#)
[✓ Race/Ethnicity Disclosure](#)
[✓ Degree/Credential Qualification Location](#)
[✓ Current Training Status](#)
[✓ Postgraduate Training Location](#)
[✓ Postgraduate Training Years](#)
[✓ Primary Area of Practice](#)

Secondary Area of Practice

ABMS Certifications

Employment Status

Anticipated Retirement

Practice Activities

Primary Practice Location

Primary Practice Setting

Secondary Area of Practice

Which additional specialties are within your secondary area of practice?

☐ Aerospace Medicine
☐ Allergy and Immunology
☐ Anesthesiology
☐ Cardiology
☐ Colon and Rectal Surgery
☐ Complementary & Alternative Medicine
☐ Cosmetic Surgery
☐ Critical Care
☐ Dermatology
☐ Emergency Medicine
☐ Endocrinology
☐ Epilepsy
☐ Facial, Plastic & Reconstructive Surgery (Selected as Primary Area of Practice)
☐ Family Medicine
☐ Gastroenterology
☐ General Practice
☐ General Surgery

Primary Practice Setting

Secondary Practice Location

Secondary Practice Setting

NPI

Language Fluency

Language Fluency Disclosure

Sex Assigned at Birth

Gender Identity

Gender Identity Disclosure

Sexual Orientation

Disability

Email

☐ General Surgery
☐ Geriatric Medicine
☐ Hematology
☐ Infectious Disease
☐ Internal Medicine
☐ Medical Genetics
☐ Neonatal-Perinatal Medicine
☐ Nephrology
☐ Neurodevelopmental Disabilities
☐ Neurological Surgery
☐ Neurology
☐ Neurology with Special Qualification in Child Neurology
☐ Nuclear Medicine
☐ Obstetrics and Gynecology
☐ Occupational Medicine
☐ Oncology
☐ Ophthalmology
☐ Orthopedic Surgery
☐ Otolaryngology
☐ Pain Medicine
☐ Pathology
☐ Pediatrics

☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Psychiatry
☐ Psychosomatic Medicine
☐ Public Health and General Preventive Medicine
☐ Pulmonology
☐ Radiation Oncology
☐ Radiologic Physics
☐ Radiology
☐ Rheumatology
☐ Sleep Medicine
☐ Spine Surgery
☐ Sports Medicine
☐ Surgical Oncology
☐ Thoracic Surgery
☐ Urology
☐ Vascular Surgery
☐ Other - Not Listed
☐ Decline to State
☐ Not Applicable

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Progress
35%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training Location](#)
- ✓ [Postgraduate Training Years](#)
- ✓ [Primary Area of Practice](#)
- ✓ [Secondary Area of Practice](#)
- ABMS Certifications**
- Employment Status
- Anticipated Retirement
- Practice Activities

ABMS Certifications

Which American Board of Medical Specialties (ABMS) Board Certifications do you have:

American Board of Allergy and Immunology

☐ Allergy and Immunology

American Board of Anesthesiology

☐ Anesthesiology
☐ Critical Care Medicine
☐ Hospice and Palliative Medicine
☐ Pain Medicine
☐ Pediatric Anesthesiology
☐ Sleep Medicine

American Board of Colon and Rectal Surgery

☐ Colon and Rectal Surgery

American Board of Dermatology

☐ Dermatology
☐ Dermatopathology
☐ Pediatric Dermatology

Primary Practice Location
Primary Practice Setting
Secondary Practice Location
Secondary Practice Setting
NPI
Language Fluency
Language Fluency Disclosure
Sex Assigned at Birth
Gender Identity
Gender Identity Disclosure
Sexual Orientation
Disability
Email

American Board of Emergency Medicine

- ☐ Anesthesiology Critical Care Medicine
- ☐ Emergency Medical Services
- ☐ Emergency Medicine
- ☐ Hospice and Palliative Medicine
- ☐ Internal Medicine-Critical Medicine
- ☐ Medical Toxicology
- ☐ Pain Medicine
- ☐ Pediatric Emergency Medicine
- ☐ Sports Medicine
- ☐ Undersea and Hyperbaric Medicine

American Board of Facial Plastic & Reconstructive Surgery

- ☐ Facial Plastic & Reconstructive Surgery

American Board of Family Medicine

- ☐ Adolescent Medicine
- ☐ Family Medicine
- ☐ Geriatric Medicine
- ☐ Hospice and Palliative Medicine
- ☐ Pain Medicine
- ☐ Sleep Medicine
- ☐ Sports Medicine

American Board of Internal Medicine

- ☐ Adolescent Medicine
- ☐ Adult Congenital Heart Disease
- ☐ Advanced Heart Failure and Transplant

- ☐ Adult Congenital Heart Disease
- ☐ Advanced Heart Failure and Transplant
- ☐ Cardiology
- ☐ Cardiovascular Disease
- ☐ Clinical Cardiac Electrophysiology
- ☐ Critical Care Medicine
- ☐ Endocrinology, Diabetes and Metabolism
- ☐ Gastroenterology
- ☐ Geriatric Medicine
- ☐ Hematology
- ☐ Hospice and Palliative Medicine
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Interventional Cardiology
- ☐ Medical Oncology
- ☐ Nephrology
- ☐ Pulmonary Disease
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Sports Medicine
- ☐ Transplant Hepatology

American Board of Medical Genetics and Genomics

- ☐ Clinical Biochemical Genetics
- ☐ Clinical Cytogenetics and Genomics
- ☐ Clinical Genetics and Genomics (MD)
- ☐ Clinical Molecular Genetics and Genomics
- ☐ Laboratory Genetics and Genomics
- ☐ Medical Biochemical Genetics

- ☐ Molecular Genetic Pathology

American Board of Neurological Surgery

- ☐ Neurological Surgery

American Board of Nuclear Medicine

- ☐ Nuclear Medicine

American Board of Obstetrics and Gynecology

- ☐ Critical Care Medicine
- ☐ Female Pelvic Medicine and Reconstructive Surgery
- ☐ Gynecologic Oncology
- ☐ Hospice and Palliative Medicine
- ☐ Maternal and Fetal Medicine
- ☐ Obstetrics and Gynecology
- ☐ Reproductive Endocrinology/Infertility

American Board of Ophthalmology

- ☐ Ophthalmology

American Board of Orthopaedic Surgery

- ☐ Orthopaedic Sports Medicine
- ☐ Orthopaedic Surgery
- ☐ Surgery of the Hand

American Board of Otolaryngology

- ☐ Complex Pediatric Otolaryngology

- ☐ Neurotology
- ☐ Otolaryngology
- ☐ Plastic Surgery Within the Head and Neck
- ☐ Sleep Medicine

American Board of Pain Medicine

- ☐ Pain Medicine

American Board of Pathology

- ☐ Blood Banking/Transfusion Medicine
- ☐ Clinical Informatics
- ☐ Cytopathology
- ☐ Dermatopathology
- ☐ Hematopathology
- ☐ Neuropathology
- ☐ Pathology – Anatomic
- ☐ Pathology – Anatomic/Pathology- Clinical
- ☐ Pathology – Chemical
- ☐ Pathology – Clinical
- ☐ Pathology – Forensic
- ☐ Pathology – Medical Microbiology
- ☐ Pathology – Molecular Genetic
- ☐ Pathology – Pediatric

American Board of Pediatrics

- ☐ Adolescent Medicine
- ☐ Child Abuse Pediatrics
- ☐ Developmental-Behavioral Pediatrics
- ☐ Hospice and Palliative Medicine

- ☐ Medical Toxicology
- ☐ Neonatal-Perinatal Medicine
- ☐ Pediatric Cardiology
- ☐ Pediatric Critical Care Medicine
- ☐ Pediatric Emergency Medicine
- ☐ Pediatric Endocrinology
- ☐ Pediatric Gastroenterology
- ☐ Pediatric Hematology-Oncology
- ☐ Pediatric Hospital Medicine
- ☐ Pediatric Infectious Diseases
- ☐ Pediatric Nephrology
- ☐ Pediatric Pulmonology
- ☐ Pediatric Rheumatology
- ☐ Pediatric Transplant Hepatology
- ☐ Pediatrics
- ☐ Sleep Medicine
- ☐ Sports Medicine

American Board of Physical Medicine and Rehabilitation

- ☐ Brain Injury Medicine
- ☐ Hospice and Palliative Medicine
- ☐ Neuromuscular Medicine
- ☐ Pain Medicine
- ☐ Pediatric Rehabilitation Medicine
- ☐ Physical Medicine and Rehabilitation
- ☐ Spinal Cord Injury Medicine
- ☐ Sports Medicine

American Board of Plastic Surgery

- ☐ Plastic Surgery
- ☐ Plastic Surgery Within the Head and Neck
- ☐ Surgery of the Hand

American Board of Preventive Medicine

- ☐ Addiction Medicine
- ☐ Aerospace Medicine
- ☐ Clinical Informatics
- ☐ Medical Toxicology
- ☐ Occupational Medicine
- ☐ Public Health and General Preventive Medicine
- ☐ Undersea and Hyperbaric Medicine

American Board of Psychiatry and Neurology

- ☐ Addiction Psychiatry
- ☐ Brain Injury Medicine
- ☐ Child and Adolescent Psychiatry
- ☐ Clinical Neurophysiology
- ☐ Epilepsy
- ☐ Forensic Psychiatry
- ☐ Geriatric Psychiatry
- ☐ Hospice and Palliative Medicine
- ☐ Neurodevelopmental Disabilities
- ☐ Neurology
- ☐ Neurology with Special Qualification in Child Neurology
- ☐ Neuromuscular Medicine
- ☐ Pain Medicine
- ☐ Psychiatry

- ☐ Psychosomatic Medicine
- ☐ Sleep Medicine
- ☐ Vascular Neurology

American Board of Radiology

- ☐ Diagnostic Radiology
- ☐ Hospice and Palliative Medicine
- ☐ Interventional Radiology and Diagnostic Radiology
- ☐ Medical Physics
- ☐ Neuroradiology
- ☐ Nuclear Radiology
- ☐ Pain Medicine
- ☐ Pediatric Radiology
- ☐ Radiation Oncology
- ☐ Vascular and Interventional Radiology

American Board of Sleep Medicine

- ☐ Sleep Medicine

American Board of Spine Surgery

- ☐ Spine Surgery

American Board of Surgery

- ☐ Complex General Surgical Oncology
- ☐ Hospice and Palliative Medicine
- ☐ Pediatric Surgery
- ☐ Surgery
- ☐ Surgery of the Hand
- ☐ Surgical Critical Care
- ☐ Vascular Surgery

American Board of Thoracic Surgery

- ☐ Congenital Cardiac Surgery
- ☐ Thoracic and Cardiac Surgery

American Board of Urology

- ☐ Female Pelvic Medicine and Reconstructive Surgery
- ☐ Pediatric Urology
- ☐ Urology

Other

- ☐ Decline to State
- ☐ None

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Progress

38%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training Location](#)
- ✓ [Postgraduate Training Years](#)

Employment Status

What is your current employment status?

☐ Actively working in a position that requires my license
☐ Actively working in a different field
☐ Not currently working, seeking work in this field
☐ Not currently working, not seeking work in this field
☐ Retired
☐ Decline to state

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Progress

42%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training Location](#)

Anticipated Retirement

When do you anticipate retiring?

☐ Less than 2 years
☐ 3 - 5 years
☐ 6 - 10 years
☐ 11 or more years
☐ Decline to state

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Progress

46%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training Location](#)
- ✓ [Postgraduate Training Years](#)
- ✓ [Primary Area of Practice](#)
- ✓ [Secondary Area of Practice](#)
- ✓ [ABMS Certifications](#)
- ✓ [Employment Status](#)
- ✓ [Anticipated Retirement](#)
- Practice Activities**
- Primary Practice Location
- Primary Practice Setting
- Secondary Practice Location

Practice Activities

Estimate the average number of hours per week spent on the following activities:

Direct Patient Care (including telehealth)

☐ None
☐ 1-9 Hours
☐ 10-19 Hours
☐ 20-29 Hours
☐ 30-39 Hours
☐ 40+ Hours
☐ Decline to State

Percentage (%) of patient care hours spent on telehealth %

Training

☐ None
☐ 1-9 Hours
☐ 10-19 Hours
☐ 20-29 Hours
☐ 30-39 Hours
☐ 40+ Hours
☐ Decline to State

Research

☐ None
☐ 1-9 Hours
☐ 10-19 Hours
☐ 20-29 Hours
☐ 30-39 Hours
☐ 40+ Hours
☐ Decline to State

Administration

☐ None
☐ 1-9 Hours
☐ 10-19 Hours
☐ 20-29 Hours
☐ 30-39 Hours
☐ 40+ Hours
☐ Decline to State

Other

☐ None
☐ 1-9 Hours
☐ 10-19 Hours
☐ 20-29 Hours
☐ 30-39 Hours
☐ 40+ Hours
☐ Decline to State

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Progress
50%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training Location](#)
- ✓ [Postgraduate Training Years](#)
- ✓ [Primary Area of Practice](#)
- ✓ [Secondary Area of Practice](#)
- ✓ [ABMS Certifications](#)
- ✓ [Employment Status](#)
- ✓ [Anticipated Retirement](#)
- ✓ [Practice Activities](#)
- Primary Practice Location**
- Primary Practice Setting
- Secondary Practice Location
- Secondary Practice Setting
- NPI
- Language Fluency
- Language Fluency Disclosure

Primary Practice Location

The next few questions refer to your primary and secondary practice locations. Your primary and secondary locations are where you spend the most and second most work hours in an average work week, respectively. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should enter the location where they are based. **Please note that California law requires departments to maintain the confidentiality of this data and only allows release in aggregate form that cannot be used to identify an individual.**

What is the address of your primary practice location?

☒ Enter Location

**Required*

* Address Line 1

Address Line 2

Address Line 3

* City

* State/Province

* Zip

* Country

☐ Not Applicable
☐ Decline to State

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Progress
50%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training Location](#)
- ✓ [Postgraduate Training Years](#)
- ✓ [Primary Area of Practice](#)
- ✓ [Secondary Area of Practice](#)
- ✓ [ABMS Certifications](#)
- ✓ [Employment Status](#)
- ✓ [Anticipated Retirement](#)
- ✓ [Practice Activities](#)
- ✓ [Primary Practice Location](#)
- Secondary Practice Location**
- Secondary Practice Setting

Secondary Practice Location

What is the address of your secondary practice location?

☒ Enter Location

**Required*

* Address Line 1

Address Line 2

Address Line 3

* City

* State/Province

* Zip

* Country

☐ Not Applicable
☐ Decline to State

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Progress
62%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential](#)
[Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training](#)

NPI

Do you have an individual (type-1) National Provider Identifier (NPI) number?

☐ Yes
☒ No
☐ Decline to State

NPI Number:

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Progress
67%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential](#)
[Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training](#)
[Location](#)
- ✓ [Postgraduate Training Years](#)
- ✓ [Primary Area of Practice](#)
- ✓ [Secondary Area of Practice](#)
- ✓ [ABMS Certifications](#)
- ✓ [Employment Status](#)
- ✓ [Anticipated Retirement](#)
- ✓ [Practice Activities](#)
- ✓ [Primary Practice Location](#)
- ✓ [Secondary Practice Location](#)
- ✓ [NPI](#)

Language Fluency

Which of the following languages do you speak fluently/well enough to provide direct services to clients?
Select all that apply.

- ☐ English
- ☐ African Languages
- ☐ American Sign Language
- ☐ Amharic
- ☐ Arabic
- ☐ Armenian
- ☐ Cantonese
- ☐ Croatian
- ☐ Fijian
- ☐ Formosan (Amis)
- ☐ French
- ☐ French Creole
- ☐ German
- ☐ Greek
- ☐ Gujarati
- ☐ Hebrew
- ☐ Hindi
- ☐ Hmong
- ☐ Hungarian
- ☐ Ilocano
- ☐ Indonesian
- ☐ Italian
- ☐ Japanese
- ☐ Korean

Language Fluency	
Language Fluency Disclosure	
Sex Assigned at Birth	
Gender Identity	
Gender Identity Disclosure	
Sexual Orientation	
Disability	
Email	

☐ Lao
☐ Mandarin
☐ Mien
☐ Mon-Khmer (Cambodian)
☐ Navajo
☐ Persian (Farsi)
☐ Polish
☐ Portuguese
☐ Panjabi (Punjabi)
☐ Russian
☐ Samoan
☐ Scandinavian Languages
☐ Serbian
☐ Spanish
☐ Swahili
☐ Tagalog
☐ Telugu
☐ Thai
☐ Tonga
☐ Turkish
☐ Ukrainian
☐ Urdu
☐ Vietnamese
☐ Xiang Chinese
☐ Yiddish
☐ Yoruba
☐ Other Chinese
☐ Other Non-English
☐ Other Sign Language
☐ Other (not listed)
☐ Decline to State

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Progress
71%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential](#)
- ✓ [Qualification Location](#)
- ✓ [Current Training Status](#)

Language Fluency Disclosure

Do you want to include the Language Fluency information in your profile on the Department of Consumer Affairs (DCA) Search License Profile?

☐ Yes
☒ No

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Progress
75%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential](#)
[Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training](#)
[Location](#)

Sex Assigned at Birth

What sex were you assigned at birth, on your original birth certificate?

☐ Male
☐ Female
☐ Unknown/Undetermined
☒ Decline to state

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Progress
79%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential](#)
[Qualification Location](#)
- ✓ [Current Training Status](#)
- ✓ [Postgraduate Training](#)
[Location](#)

Gender Identity

How do you currently describe yourself?

☐ Male
☐ Female
☐ Transgender
☐ Do not identify as male, female, or transgender
☐ Decline to state

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Progress
83%

- ✓ [Ethnicity](#)
- ✓ [Race](#)
- ✓ [Race/Ethnicity Disclosure](#)
- ✓ [Degree/Credential](#)
[Qualification Location](#)
- ✓ [Current Training Status](#)

Gender Identity Disclosure

Do you want to include your Gender Identity in your profile on the Department of Consumer Affairs (DCA) Search License Profile?

☐ Yes
☒ No

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Progress

88%

✓ [Ethnicity](#)

✓ [Race](#)

✓ [Race/Ethnicity Disclosure](#)

✓ [Degree/Credential](#)
[Qualification Location](#)

✓ [Current Training Status](#)

✓ [Postgraduate Training](#)
[Location](#)

Sexual Orientation

What is your current sexual orientation?

☐ Straight or heterosexual

☐ Gay or lesbian

☐ Bisexual

☐ Other

☐ Decline to State

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HCAI Survey

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Progress

92%

✓ [Ethnicity](#)

✓ [Race](#)

✓ [Race/Ethnicity Disclosure](#)

✓ [Degree/Credential](#)
[Qualification Location](#)

✓ [Current Training Status](#)

Disability

What is your current Disability Status?

☐ I have a disability

☐ I do not have a disability

☐ Decline to state

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Progress

96%

✓ [Ethnicity](#)

✓ [Race](#)

✓ [Race/Ethnicity Disclosure](#)

✓ [Degree/Credential](#)
[Qualification Location](#)

Email

Please provide your email address for communications from the Board. Your email address will not be released to the public:

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Survey Review

Please review your answers before submitting your survey. You can click the edit button next to each question to make changes.

Ethnicity

Edit

Decline to State

Race

Edit

European

Race/Ethnicity Disclosure

Edit

Yes

Degree/Credential Qualification Location

Edit

Decline to State

Current Training Status

Edit

Gender Identity

Edit

Decline to state

Gender Identity Disclosure

Edit

No

Sexual Orientation

Edit

Decline to State

Disability

Edit

Decline to state

Email

Edit

natalie.lowe@mbc.ca.gov

Proceed

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Attestation

☐ I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

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Submit

HCAI Workforce Survey

HCAI Survey

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Survey Completed

Thank you for completing your survey. You may now close this tab in your browser.

HCAI Workforce Survey

After this screen, you will be directed back to the renewal process.

5. 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. 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 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.

The screenshot shows a web application interface for the "Physician's and Surgeon's Renewal - Function Suitability" section. The header includes the "CA.GOV" logo, "Department of Consumer Affairs", and "BREZE" logo. Navigation links include "About BreEze", "FAQ's", and "Help/Tutorials". A "Skip navigation" link is also present. The user is logged in, and there are links for "Update Profile", "Logout", and "Contact Us".

The main content area is titled "Physician's and Surgeon's Renewal - Function Suitability". It contains the following sections:

- Address of Record:** An Address of Record (public mailing address) is public information and is included in your online profile. **If you require an Address of Record change, please do so before proceeding with your renewal.**
- Profile on MBC's Web site:** The Medical Board's Web site contains various categories of public and disciplinary information on licensees, including links to other informational Web sites. This information is updated on a regular basis. Check your physician profile and report any errors, in writing, to the Board.

Below these sections are instructions:

- Press "Previous" to return to the previous section.
- Answer the questions and press "Next".
- Press "Cancel" to exit this application.

The form contains two questions with radio button answers:

Question	Answer
Has your address of record (public mailing address) changed?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Review your profile on the Medical Board's Web site at http://www.mbc.ca.gov/licensee/index.html . Do you acknowledge the information contained therein is correct and accurate, or have you notified the Board of any incorrect information, or will be notifying the Board with information contained in this renewal application?	<input checked="" type="radio"/> Yes <input type="radio"/> No

At the bottom right of the form are three buttons: "Previous", "Next", and "Cancel".

6. 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.

The screenshot shows the 'Physician's and Surgeon's Renewal - Application Questions' page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links include 'About BreEZe', 'FAQ's', and 'Help/Tutorials'. Below the header, there is a 'Logged in as' section with links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is divided into a left sidebar with a table of contents and a main question area. The table of contents includes: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions (highlighted), Name and Personal/Organization Details, Contact Details, Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments, and Application Summary. The main question area displays the question 'Have you served or are you currently serving in the military?' with a dropdown menu. Below the question are three buttons: 'Previous', 'Next', and 'Cancel'. A red arrow points to the dropdown menu. At the bottom of the page, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

Physician's and Surgeon's Renewal - Application Questions	
Introduction	Answer the questions and press "Next" to continue.
Information Privacy Act	Press "Previous" to return to the previous section.
Transaction Suitability Questions	Press "Cancel" to exit this application.

Application Questions

Have you served or are you currently serving in the military?

Previous Next Cancel

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7. Physician's and Surgeon's Renewal – Name and Personal Details

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

The screenshot displays the BreEze web application interface. At the top, the header includes 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 present. A 'Skip navigation' link is also visible. Below the header, a blue bar indicates the user is 'Logged in as' and provides links for 'Update Profile', 'Logoff', and 'Contact Us'.

The main content area is titled 'Physician's and Surgeon's Renewal - Name and Personal Details'. It contains the following instructions:

- Press "Previous" to return to the previous screen.
- Verify your personal details and press "Next" to continue.
- Press "Cancel" to exit this application.

The form fields are as follows:

Title:	
First Name:	John
Middle Name:	
Last Name:	smith
Birthdate:	09/08/1922 (mm/dd/yyyy)
Gender:	Male

At the bottom right of the form, there are three buttons: 'Previous', 'Next', and 'Cancel'.

The left sidebar contains a list of navigation links: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details (highlighted), Contact Details, Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments, 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'.

8. 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.

The screenshot displays the 'Physician's and Surgeon's Renewal - Address Detail Summary' page. The sidebar on the left contains the following links: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details (highlighted), Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments, and Application Summary. The main content area includes instructions on how to use the 'Previous', 'Next', and 'Cancel' buttons. Below the instructions, there are two sections for 'License Specific Addresses'. The first section, 'Address of Record (Required)', shows the following details: Name: SMITH, JOHN; Address: 1234 MAIN ST, ANYWHERE, CA, 00000-0000; E-mail: removed_by_obfuscation@dummy.domain. The second section, 'Confidential Address', shows: Name: SMITH, JOHN; Address: 3876 OAK ST, ANYWHERE, CA, 00000-0000; Phone Number: (blank). At the bottom, a note states: 'Please note, the 'Address of Record' will be disclosed to the public.' Navigation buttons 'Previous', 'Next', and 'Cancel' are located at the bottom right.

License Specific Addresses	
Address of Record (Required)	Name: SMITH, JOHN Address: 1234 MAIN ST ANYWHERE, CA 00000-0000 E-mail: removed_by_obfuscation@dummy.domain
Confidential Address	Name: SMITH, JOHN Address: 3876 OAK ST ANYWHERE, CA 00000-0000 Phone Number:

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.

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 include 'About BreEze', 'FAQ's', and 'Help/Tutorials'. A user is logged in, and there are links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Physician's and Surgeon's Renewal - Financial Interest Disclosure Summary - Information'. It contains several paragraphs of text explaining the financial interest disclosure law (B&P Code section 2426), defining financial interest, health-related facilities, and the exclusion of certain corporate securities. It also provides instructions on how to use the 'Add', 'Remove', 'Previous', 'Next', and 'Cancel' buttons. At the bottom, there is a table with two columns: 'Health-Related Facility Name' and 'Address'. The table is currently empty. Below the table are the 'Add', 'Previous', 'Next', and 'Cancel' buttons. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

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Physician's and Surgeon's Renewal - Financial Interest Disclosure Summary - Information

California's Financial Interest Disclosure law (B&P Code section 2426) requires you to disclose any financial interest that you or your immediate family members may have in specified health-related facilities. This information will be available to other government agencies and public and private third-party payers.

Financial interest includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility.

Health-related facility means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. Diagnostic imaging includes all X-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.

A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of value on the licensee's referral of patients, (3) do not have a separate class or accounting for any persons or licensees who may make patient referrals to the corporation, and (4) are in a corporation that has total gross assets exceeding \$100,000,000.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to exit this application.


Health-Related Facility Name	Address
------------------------------	---------

Add Previous Next Cancel


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10. Physician's and Surgeon's Renewal – Questions – Information

Carefully read and answer the renewal questions then click the **Next** button.



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Physician's and Surgeon's Renewal - Questions - Information

Continuing Medical Education (CME)

The laws of the State of California require CME certification. To promote compliance, the Board conducts a random audit. Those physicians selected for the audit are required to submit acceptable documentation of their CME attendance to verify their compliance with the CME requirement. For further information, go to http://www.mbc.ca.gov/licensee/continuing_education.html

California law requires all licensed physicians to complete not less than 50 hours of approved continuing medical education (25 hours of approved CME if the initial license was issued for less than 13 months) during each two-year period immediately preceding the expiration date of the license as a condition of license renewal.

- General internists and family physicians who have 25% of their patient population aged 65 years or older must have completed at least 20% of the required CME in geriatric medicine or the care of older patients.
- As part of the 50 hours, there is a one-time requirement of 12 hours of pain management and end-of-life care. Radiologists and pathologists are exempt from this requirement.

Conviction Disclosure

You must disclose if, since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Penal Code section 1000 or 1203.4, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.

Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
Press "Cancel" to exit this application.

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?

☐ Yes ☐ No

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?

☐ Yes ☐ No

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

☐ Yes ☐ No

Previous

Next

Cancel



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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).



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Physician's and Surgeon's Renewal - Family Physician Training Program Voluntary Fee - Information

You may contribute a minimum of \$25.00 to provide training for family physicians and other primary care providers who will serve medically underserved rural and inner city Californians, refugees, the frail elderly and people with AIDS.

This program was established as a result of legislation authored by the late Dr. William Filante and is supported by the California Medical Association, the California Academy of Family Physicians and other leading health care organizations. Dr. Filante's bill authorized this State's Office of Statewide Health Planning and Development (OSHPD) to accept contributions from certain foundations, health maintenance organizations, health insurers and entities to augment these primary care training programs, which are located in hospitals throughout California.

If you would like to submit this voluntary fee, please click "Yes" and indicate an amount below.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to exit this application.

* Voluntary Fee:

☐ Yes ☐ No

Amount - \$25.00 Minimum:

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Next

Cancel

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12. Physician's and Surgeon's Renewal – Attachments

Physicians and Surgeons will **not** have any attachments. Please click the **Next** button.

The screenshot displays the BREZE website interface for the 'Physician's and Surgeon's Renewal - Attachments' step. The top header features the CA.GOV logo, the Department of Consumer Affairs name, and the BREZE logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help/Tutorials' are present. A 'Skip navigation' link is also available. The user is logged in, and links for 'Update Profile', 'Logoff', and 'Contact Us' are shown. The sidebar on the left contains a list of navigation items: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments (highlighted), and Application Summary. The main content area is titled 'Physician's and Surgeon's Renewal - Attachments' and provides instructions: 'Locate a file with the "Browse" button and press "Attach" or "Remove" as required.', 'Press "Next" when there are no more files to attach.', 'Press "Previous" to return to the previous screen.', and 'Press "Cancel" to exit this application.' Below these instructions, there is a 'File Name:' field with a 'Browse...' button and the text 'No file selected.', a 'Notes:' text area, and a note stating 'Note: The character limit for the notes field is 200 characters'. At the bottom of the main content area are four buttons: 'Attach', 'Previous', 'Next', and 'Cancel'. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

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.



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Physician's and Surgeon's Renewal - Application Summary

Press "Previous" to the return to the previous section.
Review the data and press "Proceed to Payment" to submit this application.
Press "Cancel" to exit this application.

Physician's and Surgeon's Renewal Summary

License Type:	Physician and Surgeon A
File Number:	123
License Number:	
Application Number:	14287
Application Date:	08/01/2016 (mm/dd/yyyy)

Application Questions

Have you served or are you currently serving in the military?

No

Personal Details

Title:	
First Name:	JOHN
Middle Name:	
Last Name:	SMITH
Birthdate:	09/08/1922
Gender:	Male

Addresses

License Specific Addresses

Address of Record (Required)

Name:	SMITH, JOHN
Address:	1234 MAIN ST ANYWHERE, CA 00000-0000 US
E-mail:	removed_by_obfuscation@dummy.domain

Confidential Address

Name:	
Address:	

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.

The screenshot shows the 'Physician's and Surgeon's Renewal - Attestation' page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links include 'About BreEze', 'FAQ's', and 'Help/Tutorials'. A user is logged in, with links for 'Update Profile', 'Logoff', and 'Contact Us'. A sidebar on the left lists various steps in the renewal process, with 'Application Summary' currently selected. The main content area displays the title 'Physician's and Surgeon's Renewal - Attestation' and provides instructions: 'Press "Previous" to return to the previous section.', 'Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.', and 'Press "Cancel" to exit this application.' Below this, a declaration statement reads: 'I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.' There are two radio buttons for 'Yes' and 'No'. At the bottom right of the main content area are three buttons: 'Previous', 'Proceed to Payment', and 'Cancel'. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

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Physician's and Surgeon's Renewal - Attestation

Press "Previous" to return to the previous section.
Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.
Press "Cancel" to exit this application.

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.


☐ Yes
☐ No

Previous Proceed to Payment Cancel


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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.

Fees	
Biennial Renewal Fee:	\$783.00
DUE TO CURES FUND:	\$22.00
Steven M. Thompson Physician Corps Loan Repayment Program:	\$25.00
Total Amount Due:	\$830.00


[Pay Now](#) [Add to Cart](#) [View PDF Summary Report](#)




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16. Online Application Payment and Confirm Payment Details

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



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Online Application Payment

Optionally, reduce payment amount where allowed by deselecting the checkboxes below.
Press "Show Fee Details" to show a breakdown of the fee amounts.
Press "Cancel" to cancel the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
14287	Physician's and Surgeon's Renewal			SMITH, JOHN	\$830.00 <input checked="" type="checkbox"/>

Payment Method

☒ Visa
☐ MasterCard
☐ Discover
☐ American Express

Next

Show Fee Details

Cancel

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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.

CA.GOV Department of Consumer Affairs BREZE

The California Department of Consumer Affairs

SALE

Order Section

Credit Card Number: *
Expiration Date(MMYY): *
Amount: \$830.00 *
CVV2: *
Description:
Invoice Number: 187329

Billing Address

First Name:
Last name:
Address1:
Address2:
City:
State/Province:
Postal Code:
Phone:
Email Address:

Process

If you need help regarding a payment, please contact your Board or Bureau by returning to the Quick Start Menu and clicking on the Contact Us link.

Processing your payment may take a moment. Please wait for the confirmation screen before closing your browser. Do not re-click the Submit/Process button. If you need help regarding a payment, please contact your Board or Bureau by returning to the Quick Start Menu and clicking on the Contact Us link.

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.

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', 'FAQ's', and 'Help Tutorials' are on the right. Below the header, a blue bar indicates the user is 'Logged in as' and provides links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Online Application Payment Success' and includes instructions to press 'Next' to return to the main menu and to press 'View PDF Summary' to print the page. A table displays payment details: Amount Paid (\$830.00), Authorization Number (123456), and Trace Number (18732975). Below this, a table lists application details with columns for Application Number, Description, Applicant Name, and Fee. The first row shows Application Number 8002-14324761, Description 'Physician's and Surgeon's - Renewal Application', and Fee \$830.00. At the bottom of the table, there are 'Next' and 'View PDF Summary Report' buttons, along with an Adobe Reader icon. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', and a copyright notice for 2013 State of California.

Application Number	Description	Applicant Name	Fee
8002-14324761	Physician's and Surgeon's - Renewal Application		\$830.00

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