

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:

The screenshot shows the DCA BreEZe Online Services website. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for "About BreEZe", "FAQ's", and "Help Tutorials" are visible. Below the header, there are links for "Skip navigation" and "Contact Us". The main content area is titled "DCA BreEZe Online Services" and includes a welcome message and a list of services. The page is divided into two columns: "FOR CONSUMERS" and "FOR APPLICANTS AND LICENSEES". The "FOR CONSUMERS" column has buttons for "Verify a LICENSE" and "File a COMPLAINT". The "FOR APPLICANTS AND LICENSEES" column has a "Returning User" section with fields for "User ID" and "Password", a "Sign In" button, and links for "Forgot Password?" and "Forgot User ID?". Below this is a "New Users" section with a "BreEZe Registration" link. Red arrows point to the "Returning User" and "BreEZe Registration" links. 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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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 (*), enter the security letters, and click the **Next** button. YOU CREATE YOUR OWN USER ID. The only criteria is that it be at least eight (8) characters.

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

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

The screenshot shows the BreEZe User Registration page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEZe logo. Navigation links for "About BreEZe", "FAQ's", and "Help Tutorials" are visible. Below the header, there are links for "Skip navigation", "Logon", and "Contact Us". The main content area is titled "User Registration" and contains the following sections:

- Account Owner Contact Information:** Fields for First Name, Middle Name, and Last Name.
- Account Login:** Fields for Email, Confirm Email, and User ID. A note states: "Note: User ID must be a minimum of 8 characters, cannot be your email address or contain special characters (i.e @, #, \$, %, &, *, +)." There is also a note: "Note: Please enter a valid email address; this email address will not be sold to solicitors."
- Password Recovery:** A note states: "In case you forget your password, you will be required to answer this question to obtain a new temporary password." Fields for Secret Question (a dropdown menu) and Secret Answer.
- Communication:** A note states: "Note: Select Yes if you would like to receive Email communications; otherwise select No." Radio buttons for Yes and No.
- Security Measures:** A note states: "This helps to prevent automated registrations." A checkbox for "I'm not a robot" and a reCAPTCHA widget.

At the bottom right of the form, there are "Next" and "Cancel" buttons.

NOTE: If you have trouble reading the security characters, click the **Not readable? Get 2 more words** link until you can read them.

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

The screenshot shows the 'Preview Registration' screen. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help Tutorials' are in the top right. A dark blue bar below the header contains 'Logged in as' on the left and 'Skip navigation', 'Logoff', and 'Contact Us' on the right. The main content area is titled 'Preview Registration' and includes 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'. Below the table, there 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 features the same header and navigation as the previous screen. 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 the message is a large empty rectangular box and a 'Return' button at the bottom right. At the bottom of the page, there 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.

The screenshot shows the BreEZe Online Services main screen. At the top, there is a navigation bar with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEZe logo. To the right of the logos are links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials'. Below the navigation bar is a blue bar with 'Skip navigation' and 'Contact Us' links. The main content area is titled 'DCA BreEZe Online Services' and includes a welcome message and a list of services. The 'FOR CONSUMERS' section has two buttons: 'Verify a LICENSE' and 'File a COMPLAINT'. The 'FOR APPLICANTS AND LICENSEES' section has a login form for 'Returning User' with fields for 'User ID' and 'Password', and a 'Sign In' button. A red arrow points to the 'Returning User' section. Below the login form is a 'New Users' section with a 'BreEZe Registration' link. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

- 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 BreEze user interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help Tutorials' are visible. Below the header, there is a blue bar with 'Logged in as' and links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Update Default Registration Information' and contains instructions to enter a new password. A list of password requirements is provided: a minimum of 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 the list are three input fields for '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

Step1: Ever held a license before with DCA? **Add Licenses To Registration**

Welcome to DCA OnlineQuickStart

Step2: Provide Identifying Information By answering a few, simple questions, we will help you to get started.

Step3: Confirm Information 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.

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Step1: Ever held a license before with DCA? **Add Licenses To Registration - Select License Type**

Welcome to DCA OnlineQuickStart

Step2: Provide Identifying Information Identify the License/Registration that you have held, or you have applied for, in the past.

Step3: Confirm Information 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, type the security characters displayed then click the **Next** button.

The screenshot shows the 'Add Licenses To Registration - Validation' screen on the CA.GOV BREZE website. The page header includes the CA.GOV logo, the Department of Consumer Affairs logo, and navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials'. A 'Skip navigation' link is also present. The user is logged in, with links for 'Update Profile', 'Logout', and 'Contact Us'. The main content area is titled 'Add Licenses To Registration - Validation' and includes instructions: 'Help us find your records.' and '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.' It also states: 'Please provide your information in order for the Department of Consumer Affairs to confirm that you do not have a previous record in the BreEZe system. A previous record may include: licensee, complainant, witness, etc'. A 'Required Information' section contains three fields: 'Last Name', 'SSN/ITIN' (with a sub-field for 'Last 4 Digits of SSN/ITIN'), and 'Date Of Birth' (with a format '(mm/dd/yyyy)'). Below this is a 'Security Measures' section with a reCAPTCHA 'I'm not a robot' checkbox and a 'reCAPTCHA Privacy - Terms' link. At the bottom right are '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'.

NOTE: If you have trouble reading the security characters, click the **Not readable? Get 2 more words** link until you can read them.

- 12 At the Preview screen, select the **I Confirm this is my license** option, then click the **Next** button.

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

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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 an BreEZe account. Please call the Medical Board of California’s Help Desk at (916) 263-2205 for assistance.

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

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 BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are visible. Below the header, there is a 'Logged in as' section and links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Quick Start Menu' and contains several sections: 'License Activities', 'Additional Activities', and 'Applications'. A red arrow points to the 'Select' button for the 'It is time to Renew!' option in the 'License Activities' section. The 'License Activities' section also includes 'Manage your license information' and 'Applications' sections. The 'Additional Activities' section includes 'Add Authorized Representative' and 'License Notification Subscriptions'. The 'Applications' section includes 'Start a New Application or Take an Exam' and 'View Application Status'. A 'License/Registration Information' sidebar is visible on the right side of the screen.

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.

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 BRE EZE logo. To the right of the logo are links for 'About BreEZE', 'FAQ's', and 'Help Tutorials'. Below the header, there is a navigation bar with 'Skip navigation', 'Logged in as', 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Physician's and Surgeon's Renewal - Introduction'. On the left, there is a vertical menu with the following items: Introduction (selected), 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, and Application Summary. The main content area contains the following text:

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) 833-2322
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.

At the bottom right of the main content area, there are two buttons: 'Next' and '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 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, with links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Physician's and Surgeon's Renewal - Information Privacy Act'. It contains a notice: 'NOTICE: All items in this application are mandatory; none are voluntary.' Below this, there is a detailed explanation of the information requested by the Licensing Program of the Medical Board of California. At the bottom of the main content area, there are instructions: 'Press "Agree" to continue.' and 'Press "Cancel" to exit this application.' There are 'Agree' and 'Cancel' buttons at the bottom right. A footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

4. Physician's and Surgeon's Renewal – Function Suitability

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

To view your profile, please go to www.breeze.ca.gov. 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.

CA.GOV Department of Consumer Affairs BREZE About BreEZe FAQ's Help/Tutorials

Logged in as [Skip navigation](#) [Update Profile](#) | [Logoff](#) | [Contact Us](#)

Physician's and Surgeon's Renewal - Function Suitability

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.

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

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

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

5. Physician's and Surgeon's Renewal – Application Questions

Select **Yes** or **No** from the down arrow on the white box to answer the question. Then click the **Next** button.

The screenshot shows the BREZE application 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 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 titled "Physician's and Surgeon's Renewal - Application Questions" and contains instructions: "Answer the questions and press 'Next' to continue.", "Press 'Previous' to return to the previous section.", and "Press 'Cancel' to exit this application." The current question is "Have you served or are you currently serving in the military?". To the right of the question is a white dropdown menu with a down arrow, which is highlighted by a red arrow. Below the question are three buttons: "Previous", "Next", and "Cancel". A sidebar on the left lists various sections: "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", and "Application Summary". At the bottom, there are links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California".

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

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

The screenshot shows the BREZE application interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for "About BreEZe", "FAQ's", and "Help/Tutorials" are visible. Below the header, there is a "Logged in as" section with 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 includes instructions: "Press 'Previous' to return to the previous screen.", "Verify your personal details and press 'Next' to continue.", and "Press 'Cancel' to exit this application." The form fields are: Title (empty), First Name (John), Middle Name (empty), Last Name (smith), Birthdate (09/08/1922 (mm/dd/yyyy)), and Gender (Male). At the bottom right of the form are buttons for "Previous", "Next", and "Cancel". A sidebar on the left contains a list of navigation options: 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".

7. Physician's and Surgeon's Renewal – Address Detail Summary

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

Please go to

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

If the address information displayed on the **Address Detail Summary** is correct, then click the **Next** button.

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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
Application Summary

Physician's and Surgeon's Renewal - Address Detail Summary

An Address of Record (public mailing address) is public information and is included in your online profile. 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.

Press "Previous" to return to the previous section.
Press "Next" when finished adding/changing addresses.
Press "Cancel" to exit this application.

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:	SMITH, JOHN
	Address:	9876 OAK ST ANYWHERE, CA 00000-0000
		US
	Phone Number:	

Please note, the 'Address of Record' will be disclosed to the public.

Previous Next Cancel

8. Physician's and Surgeon's Renewal – Physician Survey Screens

Complete the **Activities in Medicine** (per week) questions then click the next button.

The screenshot shows a web application interface for the Department of Consumer Affairs (BREZE). The page title is "Physician's and Surgeon's Renewal - Activities in Medicine". The left sidebar contains a navigation menu with the following items: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, Physician Survey (highlighted), Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments, and Application Summary. The main content area contains the following text and form elements:

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Are you retired? Yes No

Current Training Status Residency Fellow Not in Training

Patient Care Hours None 1-9 10-19 20-29 30-39 40+

Telemedicine Hours None 1-9 10-19 20-29 30-39 40+

Administration Hours None 1-9 10-19 20-29 30-39 40+

Research Hours None 1-9 10-19 20-29 30-39 40+

Teaching Hours None 1-9 10-19 20-29 30-39 40+

Other Hours None 1-9 10-19 20-29 30-39 40+

Primary Practice Location (U.S. Only)

Patient Care	Zip	<input type="text"/>	County	<input type="text"/>
Telemedicine	Zip	<input type="text"/>	County	<input type="text"/>

Secondary Practice Location (CA Only)

Patient Care	Zip	<input type="text"/>	County	<input type="text"/>
Telemedicine	Zip	<input type="text"/>	County	<input type="text"/>

Buttons: Previous, Next, Cancel

Footer: [Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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On the **Areas of Practice** screen, click on the dropdown box to select your primary area of practice. If applicable, click on the boxes for any secondary areas of practice. Then click the **Next** button to proceed to the next screen.

CA.GOV Department of Consumer Affairs **BREZE**

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Physician's and Surgeon's Renewal - Areas of Practice

Select one Primary Area of Practice and any Secondary Area(s) of Practice applicable and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Primary Area of Practice

Secondary Area(s) of Practice

<input type="checkbox"/> Aerospace Medicine	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Public Health and General Preventive Medicine
<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> General Practice	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Geriatric Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Radiologic Physics
<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Hematology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Complementary and Alternative Medicine	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cosmetic Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Sleep Medicine
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Medical Genetics	<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Spine Surgery
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Neonatal-Perinatal Medicine	<input type="checkbox"/> Pathology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Surgical Oncology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Neurodevelopmental Disabilities	<input type="checkbox"/> Physical Medicine and Rehabilitation	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Urology
<input type="checkbox"/> Facial, Plastic and Reconstructive Surgery	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Neurology with Special Qualification in Child Neurology	<input type="checkbox"/> Psychosomatic Medicine	<input type="checkbox"/> Other – Not Listed

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On the **Board Certifications** screen (listed by the board), select any that apply by clicking on the box then scroll down to click the **Next** button.

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Physician's and Surgeon's Renewal - Board Certifications

Select any board certifications you may have and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

None

American Board of Allergy and Immunology <input type="checkbox"/> Allergy and Immunology	American Board of Medical Genetics <input type="checkbox"/> Clinical Biochemical Genetics <input type="checkbox"/> Clinical Cytogenetics <input type="checkbox"/> Clinical Genetics (MD) <input type="checkbox"/> Clinical Molecular Genetics <input type="checkbox"/> Medical Biochemical Genetics <input type="checkbox"/> Molecular Genetic Pathology	American Board of Pediatrics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Adolescent Medicine <input type="checkbox"/> Child Abuse Pediatrics <input type="checkbox"/> Developmental-Behavioral Pediatrics <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Medical Toxicology <input type="checkbox"/> Neonatal-Perinatal Medicine <input type="checkbox"/> Neurodevelopmental Disabilities <input type="checkbox"/> Pediatric Cardiology <input type="checkbox"/> Pediatric Critical Care Medicine <input type="checkbox"/> Pediatric Emergency Medicine <input type="checkbox"/> Pediatric	American Board of Psychiatry and Neurology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Neurology <input type="checkbox"/> Neurology with Special Qualification in Child Neurology <input type="checkbox"/> Addiction Psychiatry <input type="checkbox"/> Brain Injury Medicine <input type="checkbox"/> Child and Adolescent Psychiatry <input type="checkbox"/> Clinical Neurophysiology <input type="checkbox"/> Epilepsy <input type="checkbox"/> Forensic Psychiatry <input type="checkbox"/> Geriatric Psychiatry <input type="checkbox"/> Hospice and Palliative Medicine
American Board of Anesthesiology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Critical Care Medicine <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Pediatric Anesthesiology <input type="checkbox"/> Sleep Medicine	American Board of Neurological Surgery <input type="checkbox"/> Neurological Surgery		
American Board of Colon and Rectal Surgery <input type="checkbox"/> Colon and Rectal Surgery	American Board of Nuclear Medicine <input type="checkbox"/> Nuclear Medicine		
	American Board of Obstetrics and Gynecology <input type="checkbox"/> Obstetrics and		

On the **Post Graduate Training and Cultural Background** screen, select the number of years of Postgraduate Training you completed after finishing medical school and your Cultural Background, then click the **Next** button.

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Physician's and Surgeon's Renewal - Post Graduate Training and Cultural Background

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Postgraduate Training (Years Completed) 1 2 3 4 5 6 7 8 9+

Cultural Background

<input type="radio"/> African	<input type="radio"/> Fijian	<input type="radio"/> Mexican	<input type="radio"/> South American
<input type="radio"/> African American	<input type="radio"/> Filipino	<input type="radio"/> Middle Eastern	<input type="radio"/> Taiwanese
<input type="radio"/> Alaskan Native	<input type="radio"/> Guamanian	<input type="radio"/> Native American	<input type="radio"/> Thai
<input type="radio"/> American Indian	<input type="radio"/> Hawaiian	<input type="radio"/> Other Asian	<input type="radio"/> Tongan
<input type="radio"/> Black	<input type="radio"/> Indian	<input type="radio"/> Other Hispanic	<input type="radio"/> Vietnamese
<input type="radio"/> Cambodian	<input type="radio"/> Indonesian	<input type="radio"/> Other Pacific Islander	<input type="radio"/> White
<input type="radio"/> Central American	<input type="radio"/> Japanese	<input type="radio"/> Pakistani	<input type="radio"/> Other (not listed)
<input type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Puerto Rican	<input type="radio"/> Decline to State
<input type="radio"/> Cuban	<input type="radio"/> Laotian/Hmong	<input type="radio"/> Samoan	
<input type="radio"/> European	<input type="radio"/> Malaysian	<input type="radio"/> Singaporean	

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On the **Foreign Language Proficiency and Web Site Profile** screen, select additional languages in which you are proficient.

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

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

Click the **Next** button.

Physician's and Surgeon's Renewal - Foreign Language Proficiency and Web Site Profile

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

FOREIGN LANGUAGE PROFICIENCY
In addition to English, indicate additional languages in which you are proficient.

<input type="checkbox"/> African Languages	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Panjabi (Punjabi)	<input type="checkbox"/> Turkish
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Hindi	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Armenian	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Russian	<input type="checkbox"/> Xiang Chinese
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Croatian	<input type="checkbox"/> Italian	<input type="checkbox"/> Scandinavian Languages	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Fijian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Serbian	<input type="checkbox"/> Other Chinese
<input type="checkbox"/> Formosan (Amis)	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other Non-English
<input type="checkbox"/> French	<input type="checkbox"/> Lao	<input type="checkbox"/> Swahili	<input type="checkbox"/> Other Sign Language
<input type="checkbox"/> French Creole	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (not listed)
<input type="checkbox"/> German	<input type="checkbox"/> Mien	<input type="checkbox"/> Telugu	<input type="checkbox"/> None
<input type="checkbox"/> Greek	<input type="checkbox"/> Mon-Khmer (Cambodian)	<input type="checkbox"/> Thai	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tonga	

WEB SITE PROFILE
Do you want the following information included in your physician profile on the Medical Boards's Web site?

Cultural Background Yes No Foreign Language Proficiency Yes No Gender Yes No

Email Address: WILL NOT BE RELEASED TO THE PUBLIC

Previous **Next** **Cancel**

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, with 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 disclosure requirements, including definitions of financial interest and health-related facilities. A table is provided for entering health-related facility information, with columns for 'Health-Related Facility Name' and 'Address'. The table is currently empty. Below the table are buttons for 'Add', 'Previous', 'Next', and 'Cancel'. 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.

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Questions
Family Physician Training Program Voluntary Fee
File Attachments
Application Summary

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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- Application Questions
- Name and Personal/Organization Details
- Contact Details
- Physician Survey
- Financial Interest Disclosure Summary
- Questions**
- Family Physician Training Program Voluntary Fee
- File Attachments
- Application Summary

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

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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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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 BreEze web application interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREEZE logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help/Tutorials' are visible. A user is logged in, with options to 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Physician's and Surgeon's Renewal - Attachments' and contains the following 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.
- Press "Cancel" to exit this application.

The file upload section shows a 'File Name:' field with a 'Browse...' button and the text 'No file selected.' Below this is a 'Notes:' text area with a character limit of 200 characters. At the bottom right 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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Introduction	Physician's and Surgeon's Renewal - Application Summary												
Information Privacy Act	Press "Previous" to return to the previous section.												
Transaction Suitability Questions	Review the data and press "Proceed to Payment" to submit this application. Press "Cancel" to exit this application.												
Application Questions	Physician's and Surgeon's Renewal Summary												
Name and Personal/Organization Details	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">License Type:</td> <td>Physician and Surgeon A</td> </tr> <tr> <td>File Number:</td> <td>123</td> </tr> <tr> <td>License Number:</td> <td></td> </tr> <tr> <td>Application Number:</td> <td>14287</td> </tr> <tr> <td>Application Date:</td> <td>08/01/2016 (mm/dd/yyyy)</td> </tr> </table>	License Type:	Physician and Surgeon A	File Number:	123	License Number:		Application Number:	14287	Application Date:	08/01/2016 (mm/dd/yyyy)		
License Type:	Physician and Surgeon A												
File Number:	123												
License Number:													
Application Number:	14287												
Application Date:	08/01/2016 (mm/dd/yyyy)												
Contact Details													
Physician Survey													
Financial Interest Disclosure Summary													
Questions	Application Questions												
Family Physician Training Program Voluntary Fee	Have you served or are you currently serving in the military? No												
File Attachments	Personal Details												
Application Summary	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Title:</td> <td></td> </tr> <tr> <td>First Name:</td> <td>JOHN</td> </tr> <tr> <td>Middle Name:</td> <td></td> </tr> <tr> <td>Last Name:</td> <td>SMITH</td> </tr> <tr> <td>Birthdate:</td> <td>09/08/1922</td> </tr> <tr> <td>Gender:</td> <td>Male</td> </tr> </table>	Title:		First Name:	JOHN	Middle Name:		Last Name:	SMITH	Birthdate:	09/08/1922	Gender:	Male
Title:													
First Name:	JOHN												
Middle Name:													
Last Name:	SMITH												
Birthdate:	09/08/1922												
Gender:	Male												
	Addresses												
	License Specific Addresses												
Address of Record (Required)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name:</td> <td>SMITH, JOHN</td> </tr> <tr> <td>Address:</td> <td>1234 MAIN ST ANYWHERE, CA 00000-0000 US</td> </tr> <tr> <td>E-mail:</td> <td>removed_by_obfuscation@dummy.domain</td> </tr> </table>	Name:	SMITH, JOHN	Address:	1234 MAIN ST ANYWHERE, CA 00000-0000 US	E-mail:	removed_by_obfuscation@dummy.domain						
Name:	SMITH, JOHN												
Address:	1234 MAIN ST ANYWHERE, CA 00000-0000 US												
E-mail:	removed_by_obfuscation@dummy.domain												
Confidential Address	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name:</td> <td></td> </tr> <tr> <td>Address:</td> <td></td> </tr> </table>	Name:		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 BRE7E website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BRE7E logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help/Tutorials' are visible. A user is logged in, with options to 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Physician's and Surgeon's Renewal - Attestation'. It contains 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 is a perjury statement: '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 of the main content area are three buttons: 'Previous', 'Proceed to Payment', and 'Cancel'. A left-hand navigation menu lists various sections: 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, 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 a copyright notice for 2013 State of California.

15. Fee and Summary Report

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

The screenshot shows the 'Fee and Summary Report' page on the BREZE website. The page header includes the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are in the top right. A 'Skip navigation' link is in the top right corner. The user is logged in, with links for 'Update Profile', 'Logout', and 'Contact Us' in the top right. The main content area is titled 'Fee and Summary Report' and contains an important notice about a survey, a link to 'UCSF 2015 Physician and Surgeon Survey', and instructions on how to proceed with the application. A table lists the fees: Biennial Renewal Fee (\$783.00), DUE TO CURES FUND (\$12.00), Steven M. Thompson Physician Corps Loan Repayment Program (\$25.00), and Total Amount Due (\$820.00). Below the table are three buttons: 'Pay Now', 'Add to Cart', and 'View PDF Summary Report'. A PDF icon is also present. 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.

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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:	\$12.00
Steven M. Thompson Physician Corps Loan Repayment Program:	\$25.00
Total Amount Due:	\$820.00

[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	\$820.00 <input checked="" type="checkbox"/>

Payment Method

Visa
 MasterCard
 Discover
 American Express

[Next](#) [Show Fee Details](#) [Cancel](#)

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Confirm Payment Details

PLEASE NOTE: When entering your credit card number on the following screen, please DO NOT include spaces, dashes, or hypens. This action will cause an error, and you will then need to log back into the Online Application Payment portion of the application process.
Please review the information below and make sure everything is correct. Then, press "Next" to pay for the selected application(s).
Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	Applicant Name	Fee
14129231	Physician's and Surgeon's Renewal	DOE, JANE	\$820.00
Total			\$820.00

Payment Method: Visa

[Next](#) [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.

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SALE

Order Section

Credit Card Number: *

Expiration Date(MMYY): *

Amount: *

CVV2: *

Billing Address

Company:

First Name: *

Last Name: *

Address 1: *

Address 2:

City: *

State/Province: *

Postal Code: *

Phone:

Email Address:

Process

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 navigation bar with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEZE logo. To the right of the BreEZE logo are links for "About BreEZE", "FAQ's", and "Help Tutorials". Below the navigation bar, there is a "Logged in as" section with links for "Update Profile", "Logout", and "Contact Us". The main content area is titled "Online Application Payment Success" and contains the following text: "Press 'Next' to return to the main menu." and "Press 'View PDF Summary' and print this page for your records using the print function of your browser." Below this text is a table with payment details:

Amount Paid:	\$ 820.00
Authorization Number:	123456
Trace Number:	18732975

Below the payment details is a table with application information:

Application Number	Description	Applicant Name	Fee
8002-14324761	Physician's and Surgeon's - Renewal Application		\$907.50

At the bottom of the application table, there are two buttons: "Next" and "View PDF Summary Report". To the right of these buttons is a small icon for "Get Adobe Reader". At the very 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".