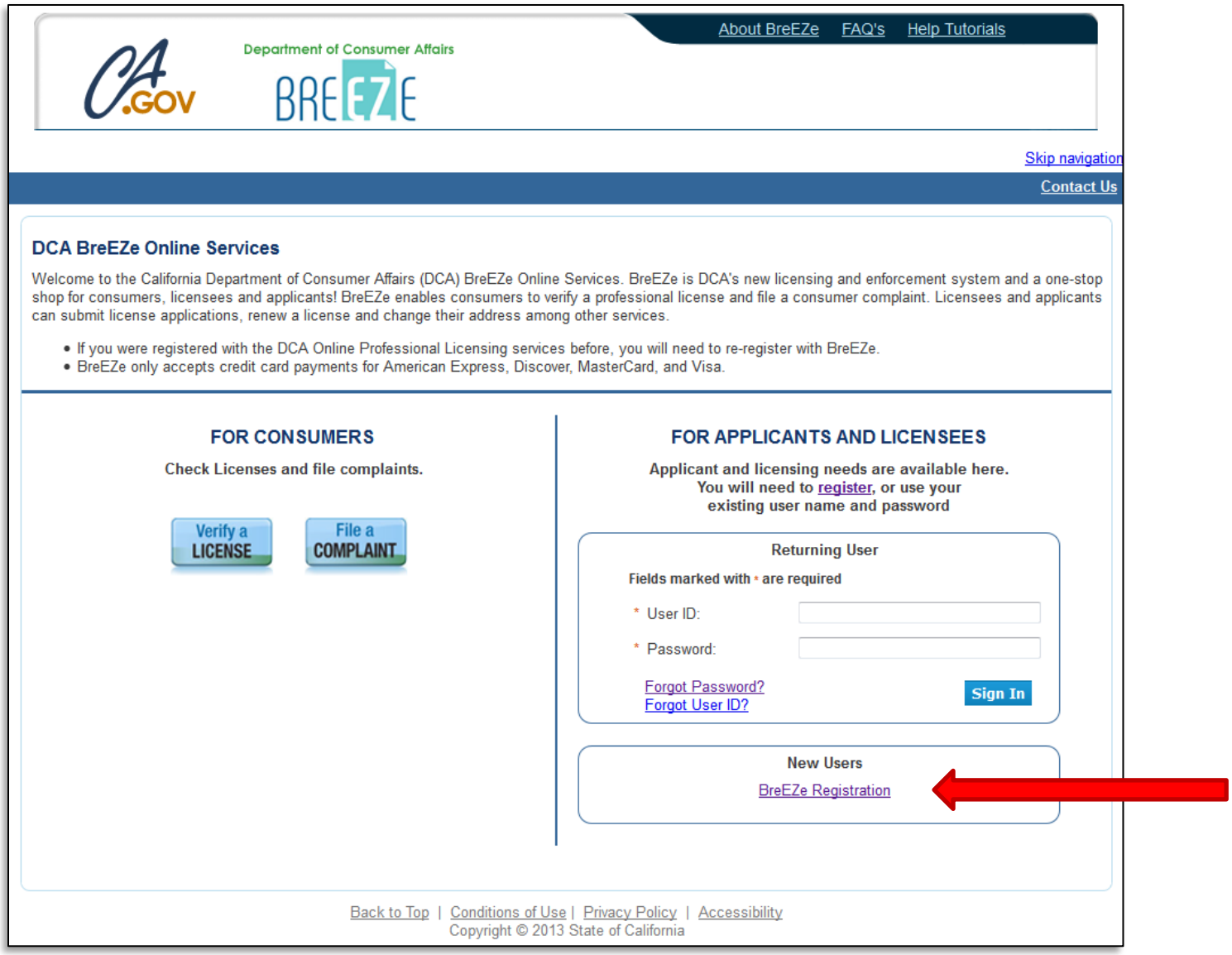
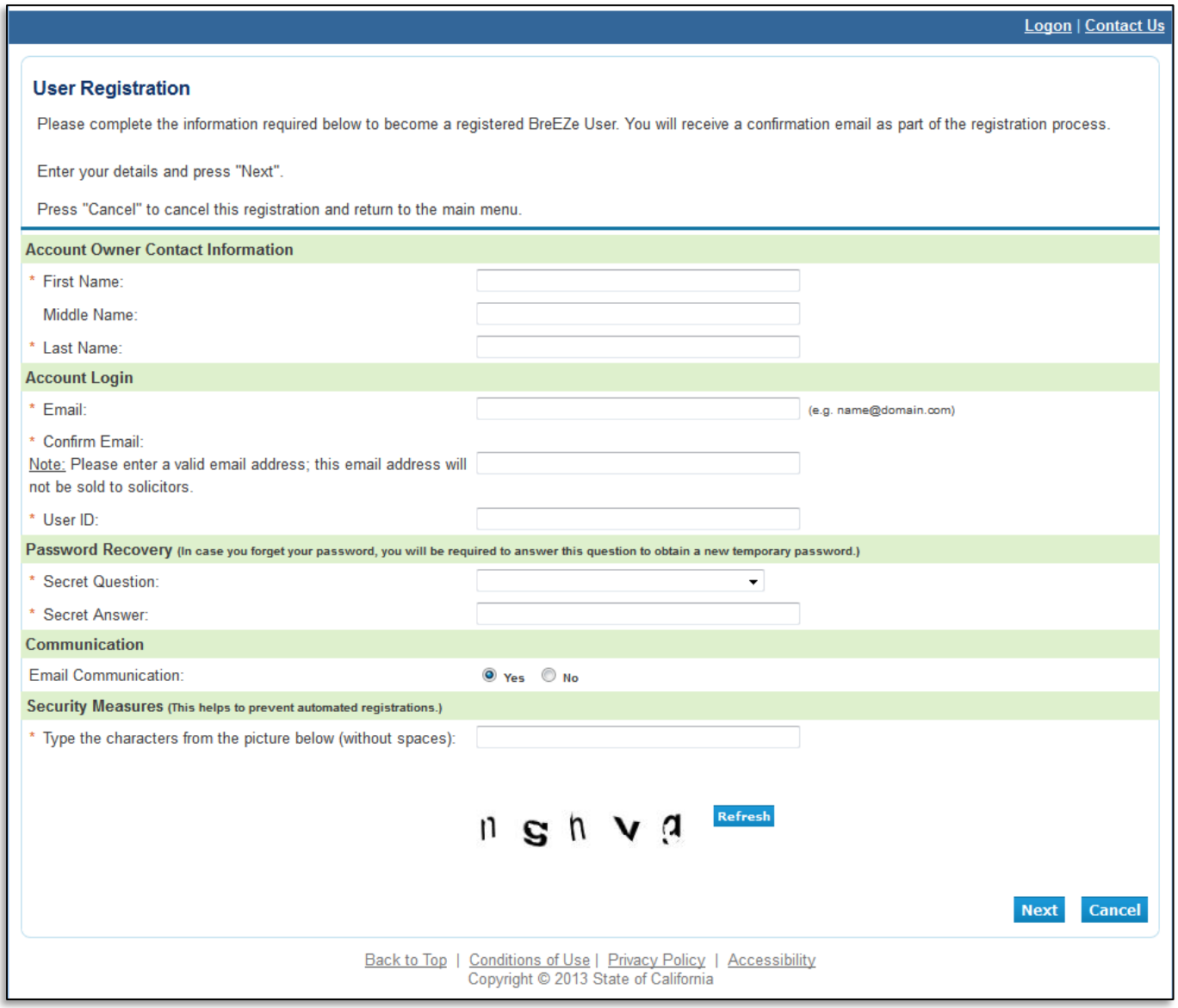
Respiratory Care Practitioner Online Renewal
Step-by-Step Instructions

To renew online, go to www.breeze.ca.gov, or follow the Online License Renewal links from the Respiratory Care Board (RCB) website www.rcb.ca.gov.

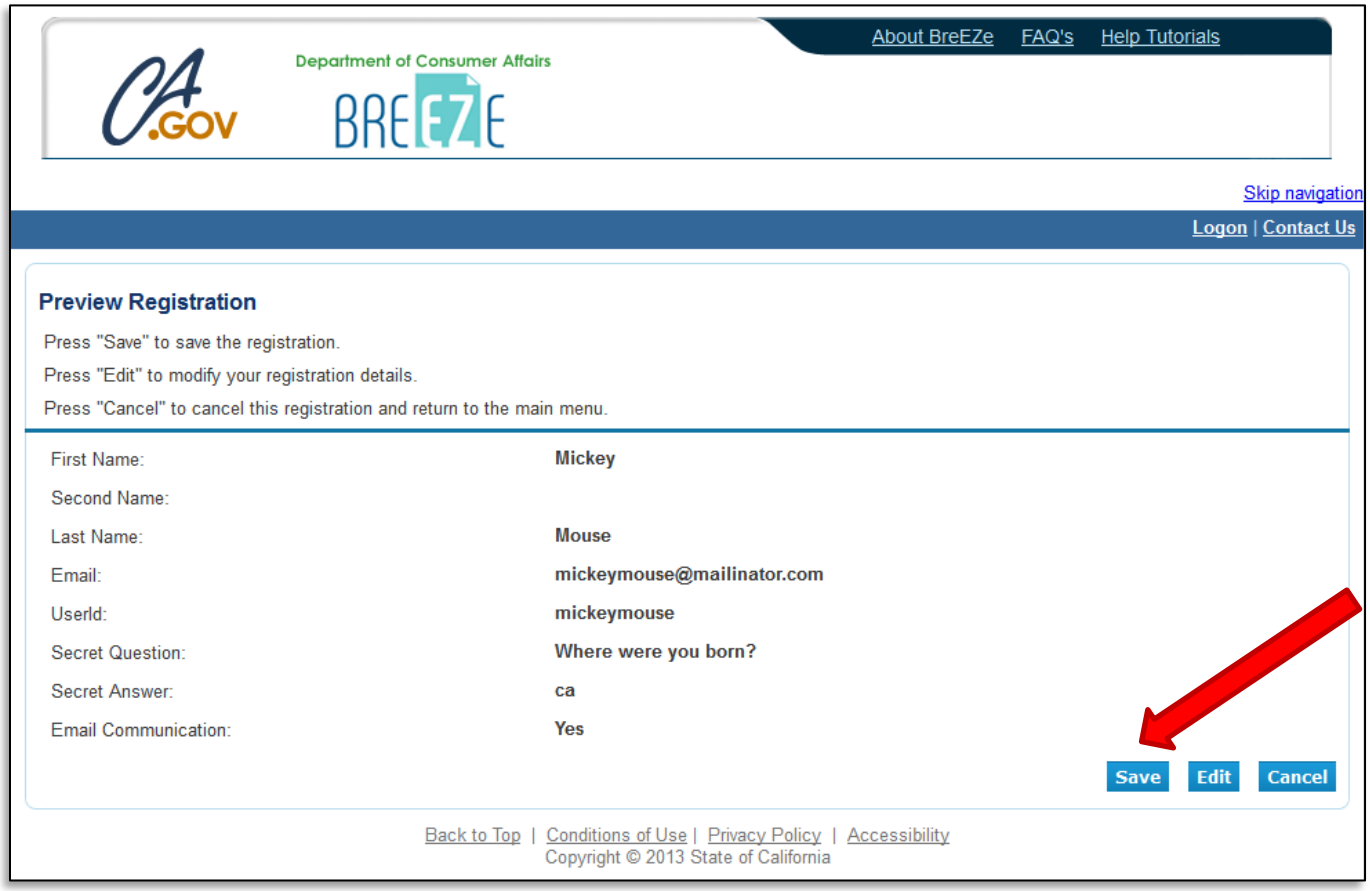
If you have **never** registered for a BreEZe account, click on 'BreEZe Registration' on the bottom right of the screen.
(If you have an existing BreEZe account, enter your User ID and Password and skip to page 11 to continue.)



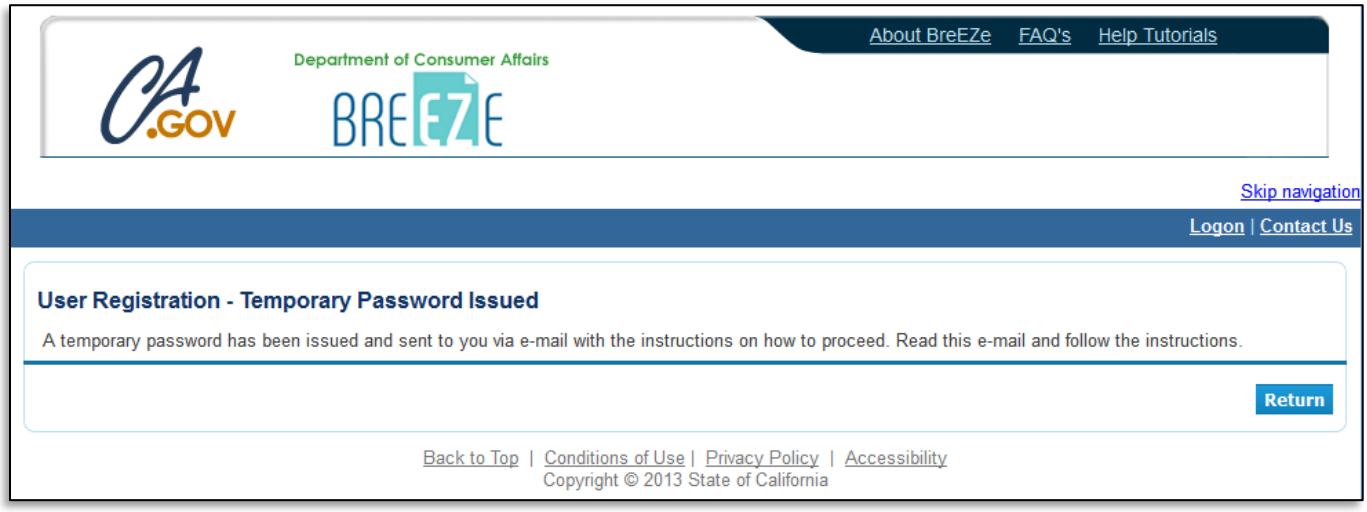
Complete the required fields for the User Registration (marked with *) and click **'Next'**.



Review the information you entered, and click **'Save'**.



A notification will show that a temporary password has been sent to your e-mail address. Check your e-mail for this password sent from no-reply-breeze-online@dca.ca.gov. (You may need to check spam or junk mail folders.)



Open your e-mail message to view the temporary password. Print, write, or copy this temporary password, then click the https://www.breeze.ca.gov/datamart/languageChoice.do link to complete the registration process.

Hello Mickey,

Thank you for registering for a BreEZe Online Services account. Please complete your registration by using the temporary password provided below. Please note that your online password is case sensitive.

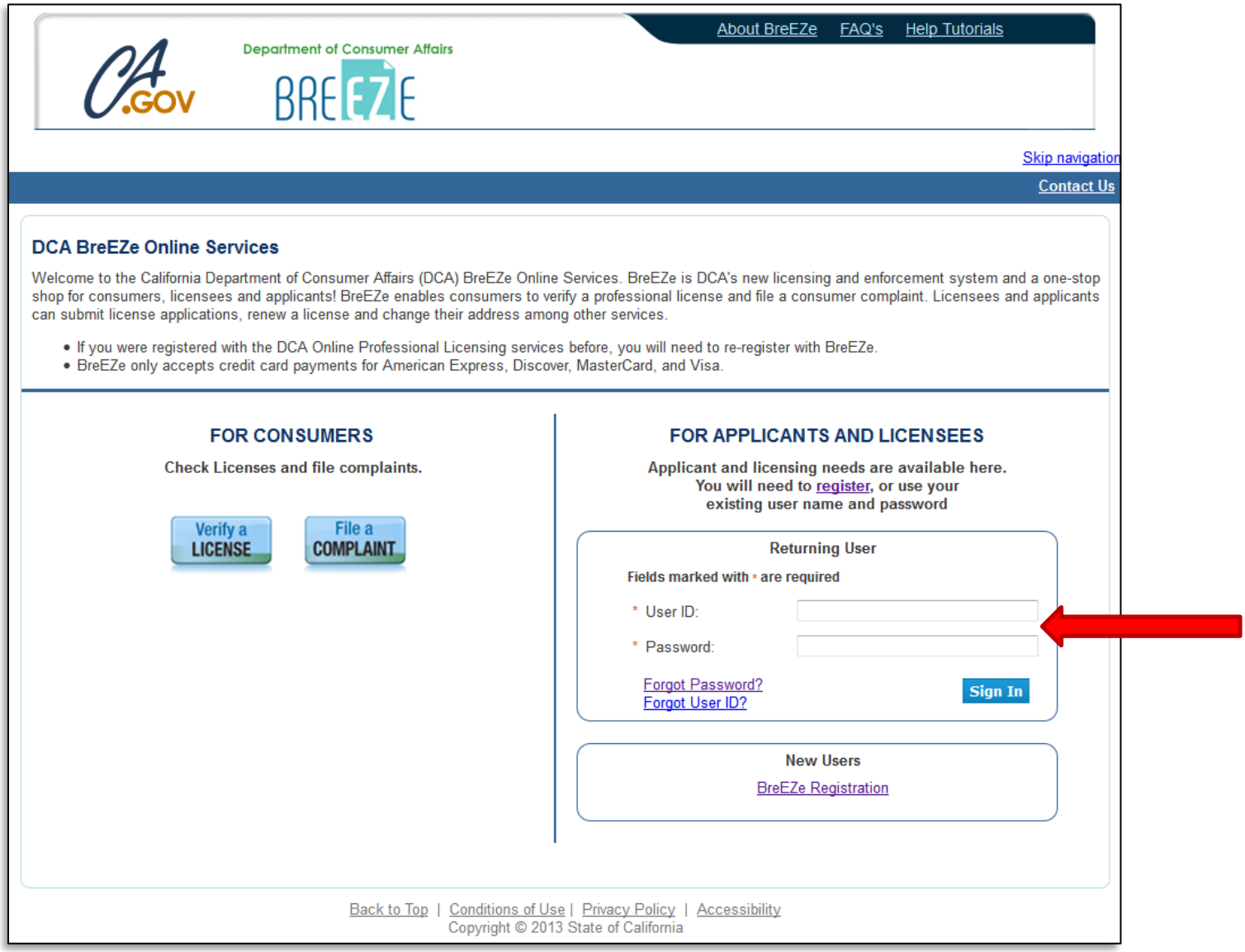
Your temporary password is : PqMkQRK5

Complete the registration process at:

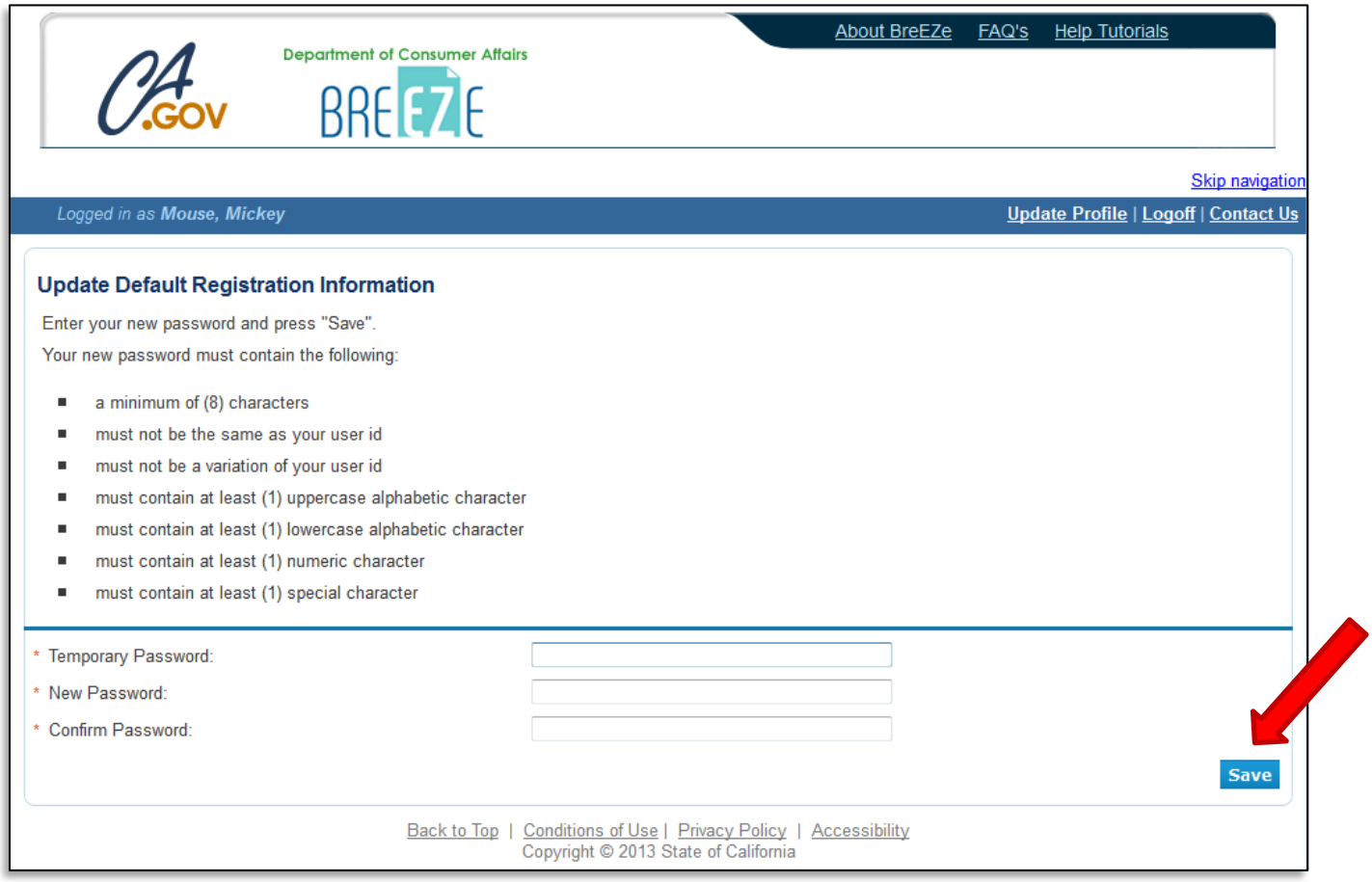
https://www.breeze.ca.gov/datamart/languageChoice.do

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

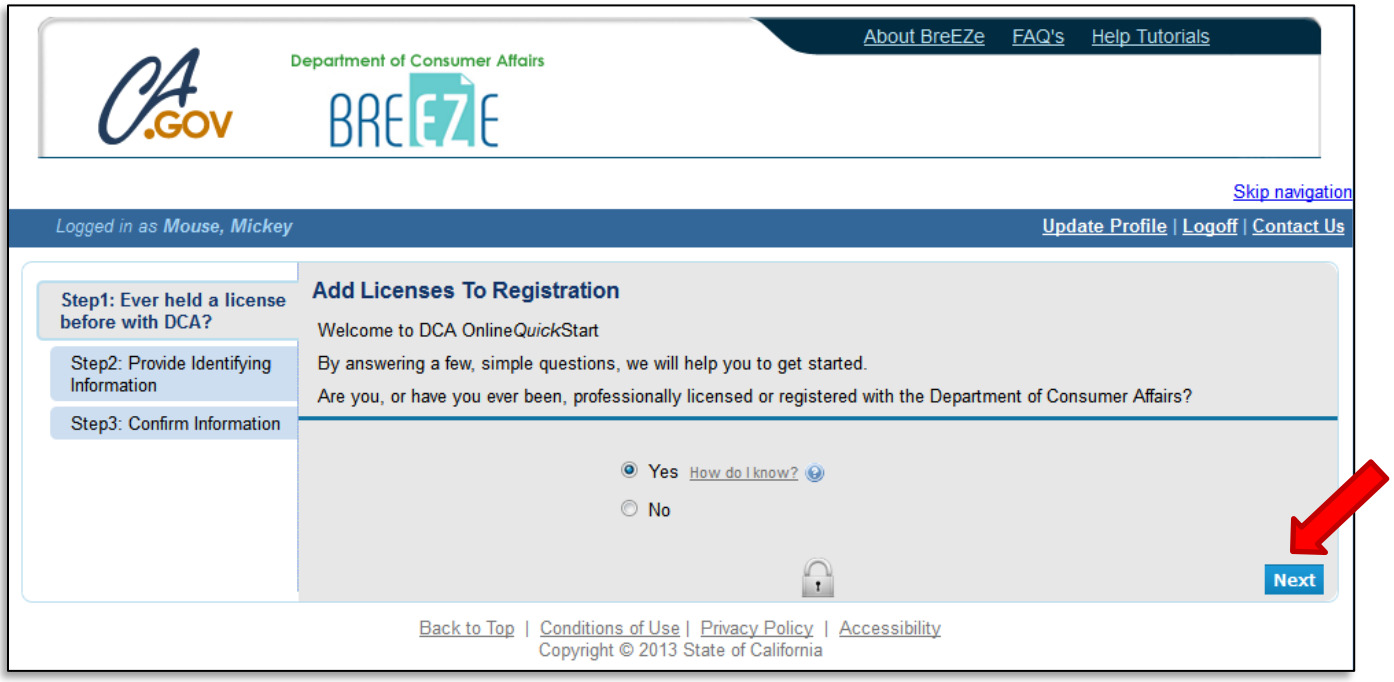
Enter the User ID you created during User Registration, and enter the temporary password.



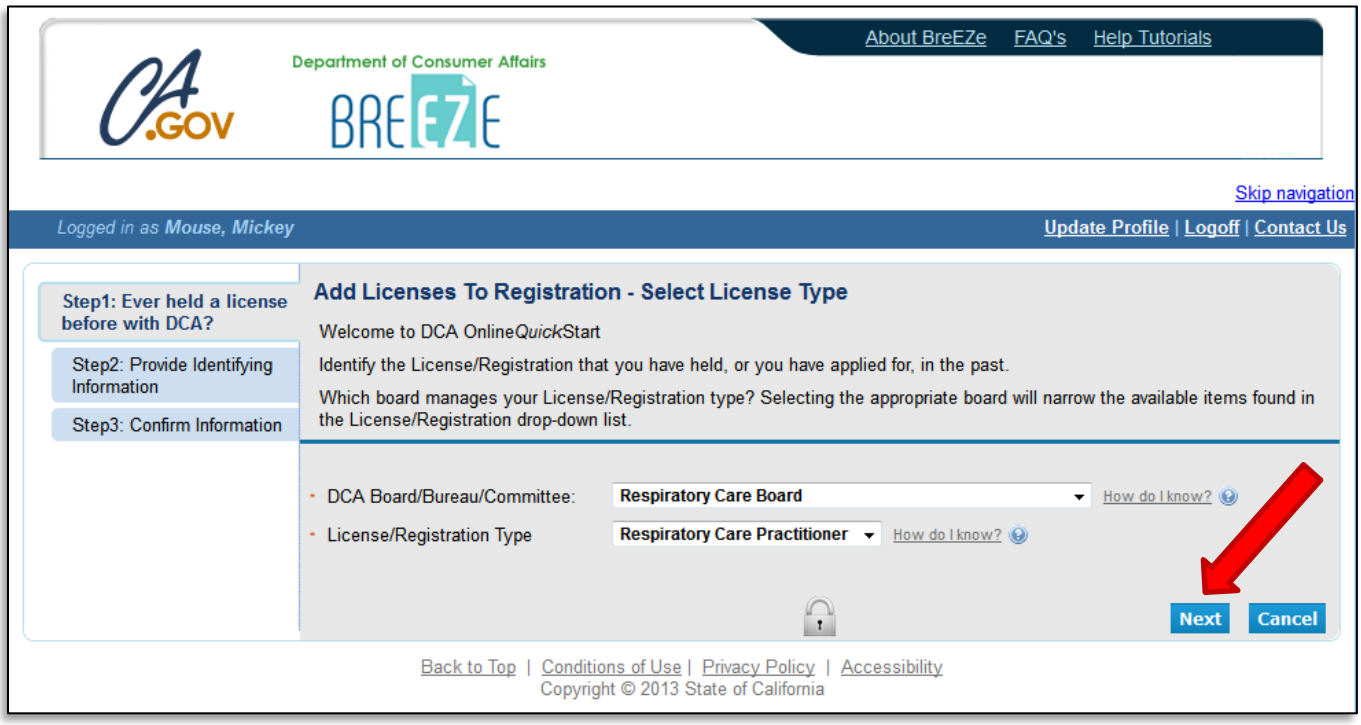
Enter the temporary password again, then create your new password. **Your new password must include**: a minimum of 8 characters, must not be the same as your user id, must not be a variation of your user id, must contain at least 1 uppercase alphabetic character, must contain at least 1 lowercase alphabetic character, must contain at least 1 numeric character, must contain at least 1 special character. (A special character is a symbol such as: !, @, #, %, etc.) Confirm your new password by re-entering it in the Confirm Password box, and click **'Save'**.



At the Add Licenses to Registration screen, click **'Yes'**, then click **'Next'** to continue.

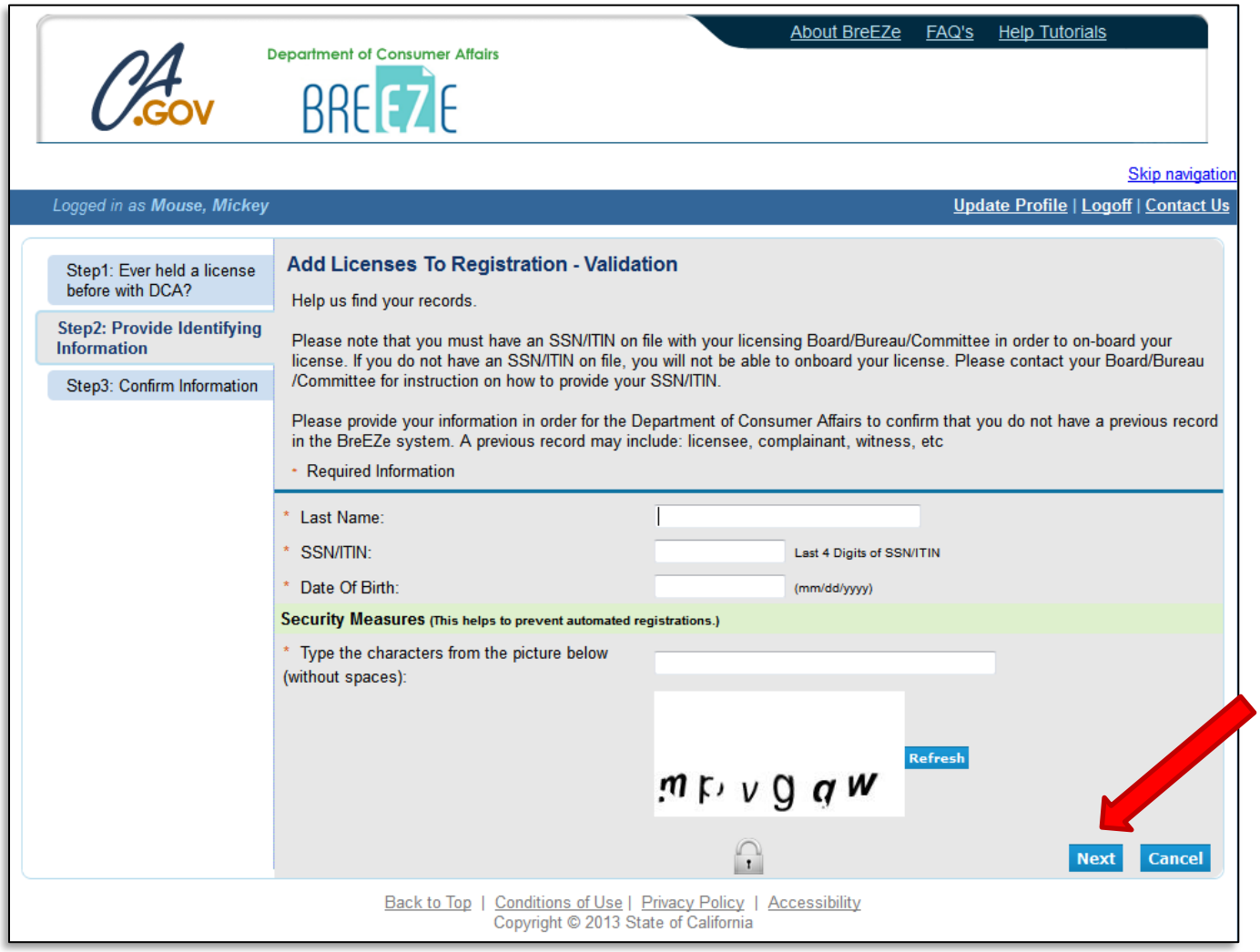


Select '**Respiratory Care Board**' from the 'DCA Board/Bureau/Committee' dropdown box, and '**Respiratory Care Practitioner**' from the 'License/Registration Type' dropdown box, then click **'Next'** to continue.



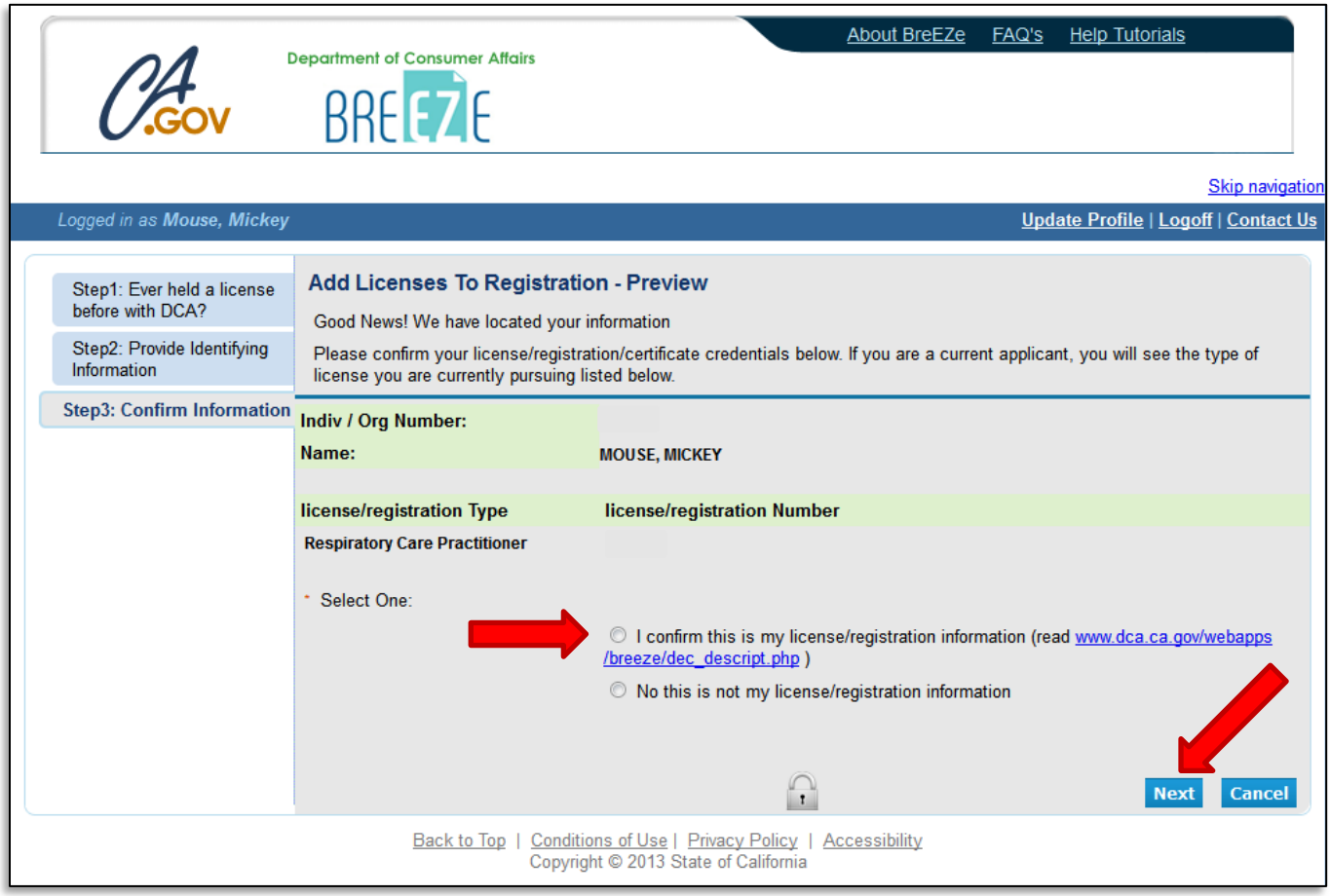
Enter the personal information requested to validate your license information. [If you have a suffix in your name (Jr., III, etc.) please include this in the 'Last Name' field. (Example: Mouse Jr.)] Enter the security characters*, and click **'Next'**.

*(If you have troubles reading the security characters, click **'Refresh'** until they become easier to read.)

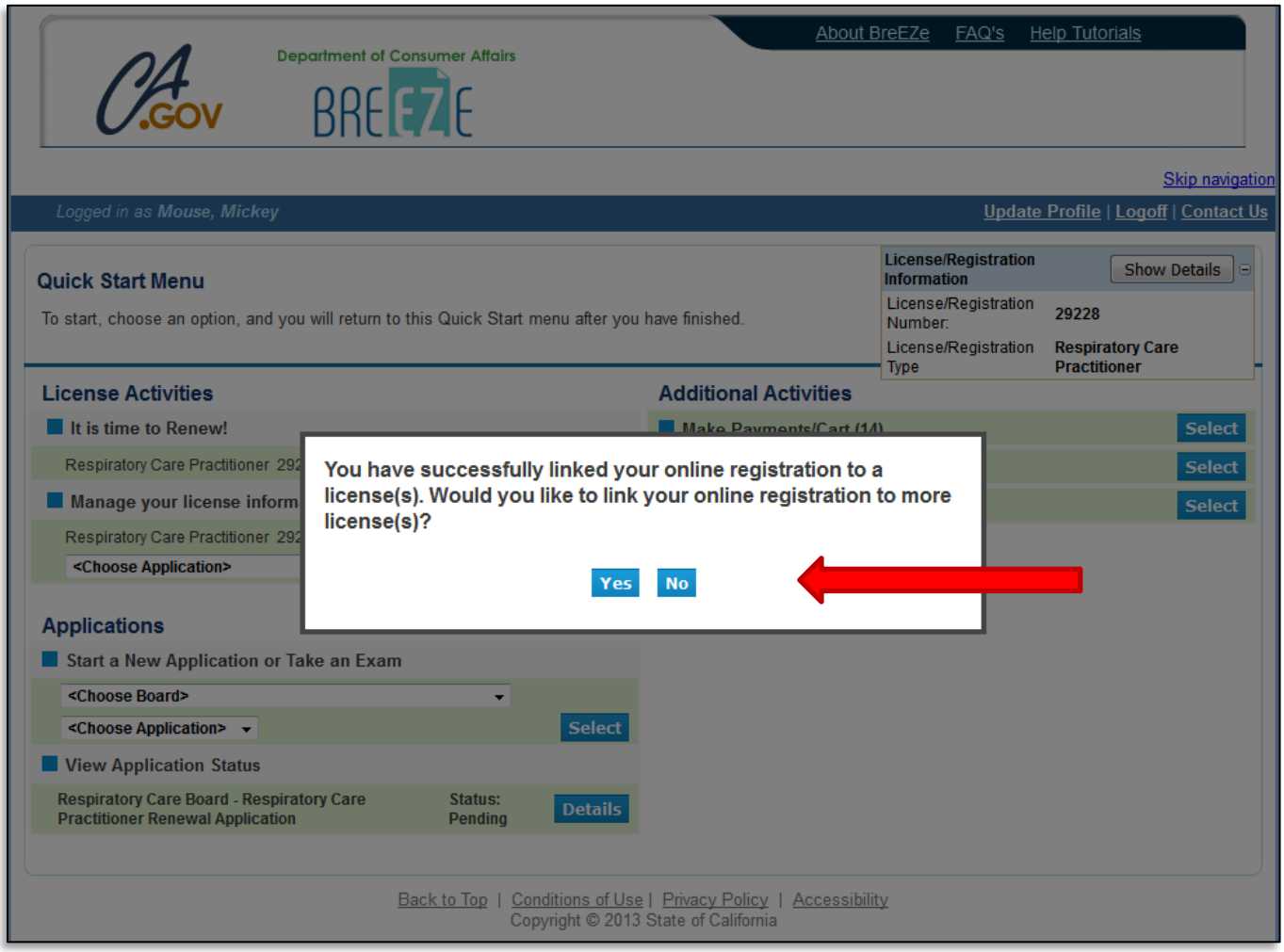


Verify that this is your name and license number, then click 'I confirm this is my license/registration information', and click **'Next'**.

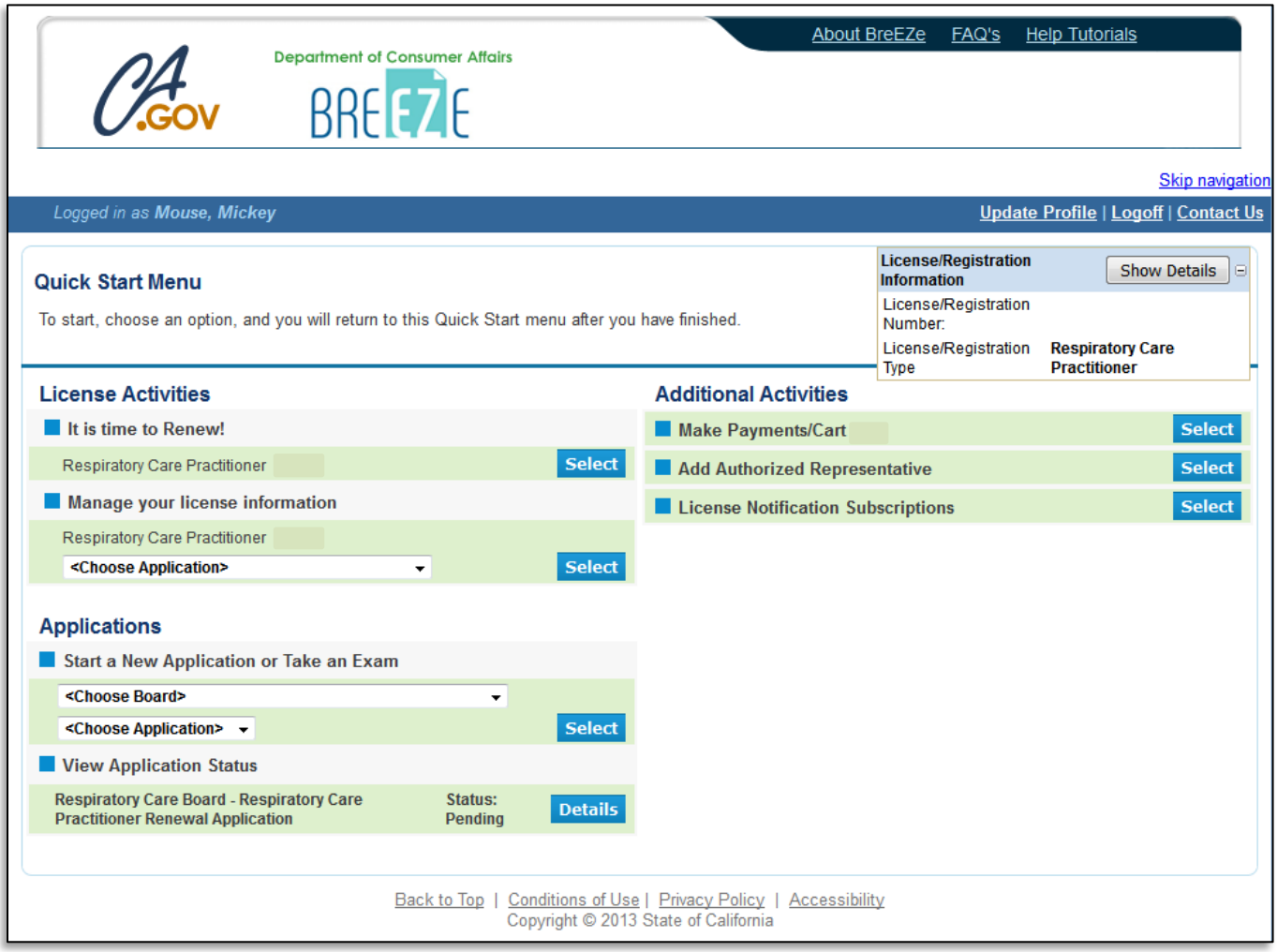
If for some reason you are not able to link your license information to your BreEZe account, please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 M-F 8am-5pm.



After successfully linking your license, you will receive the following message asking if you would like to link more licenses to your profile, click **'No'** to continue.

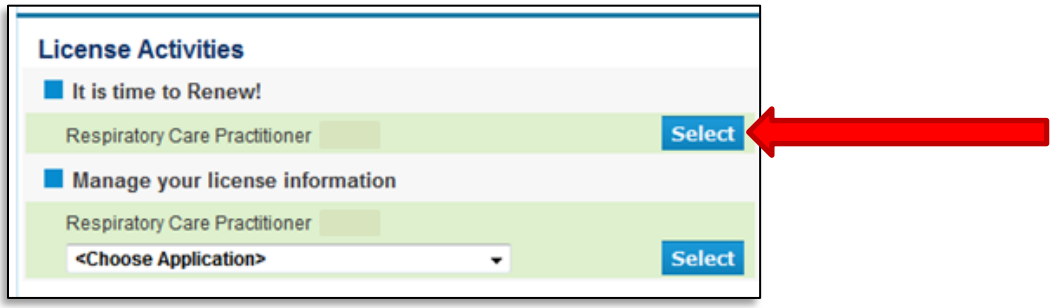


This will bring you to the **Quick Start Menu**.



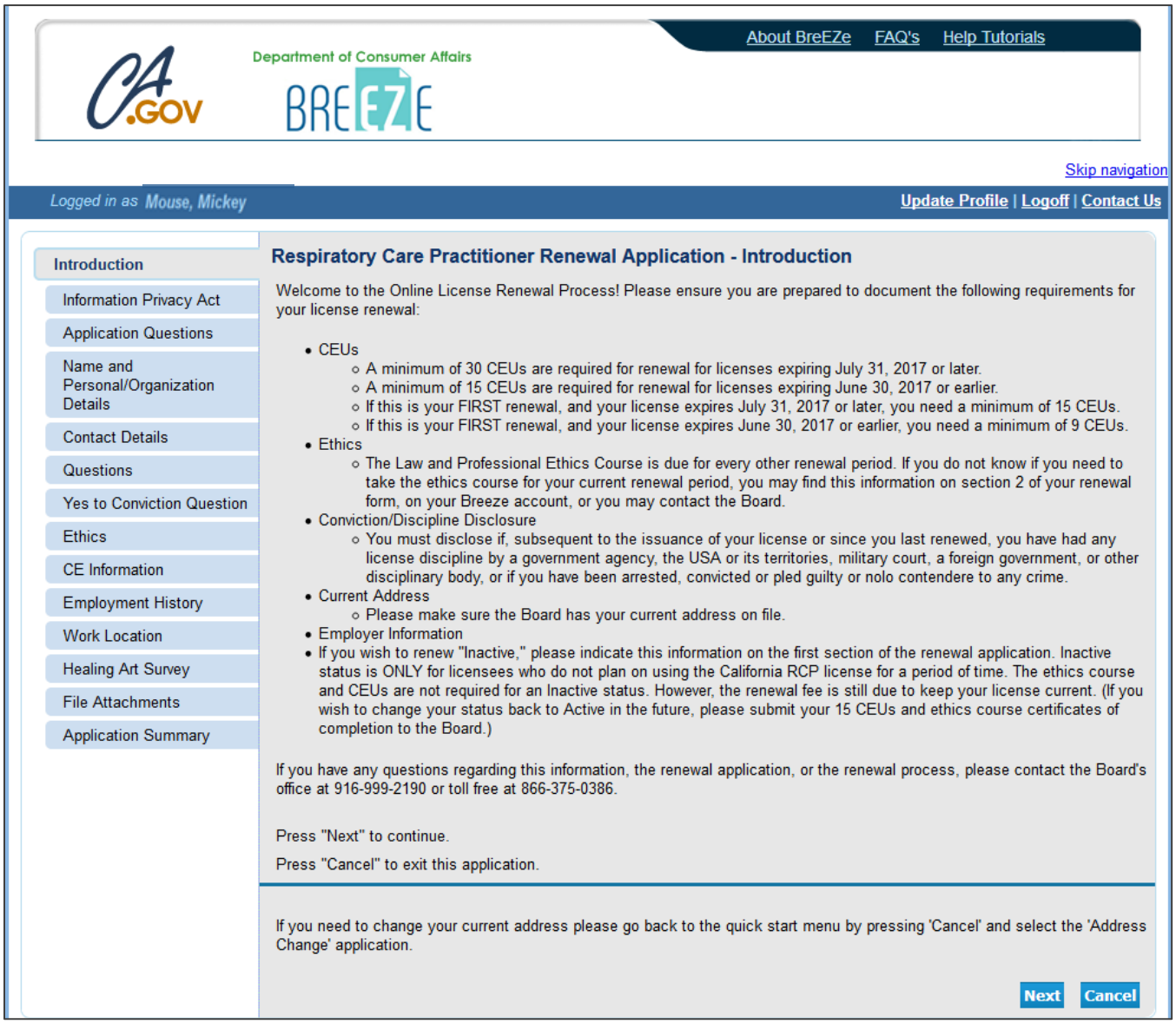
To renew your RCP license, click the **'Select'** button under **License Activities - 'It is time to Renew!'**.

Please note: This renewal message will only show during the 90 days prior to your license expiration date, and up to 3 years after your expiration date if your license is delinquent. If this message is not showing within 30 days of your license expiration date, please contact the RCB.

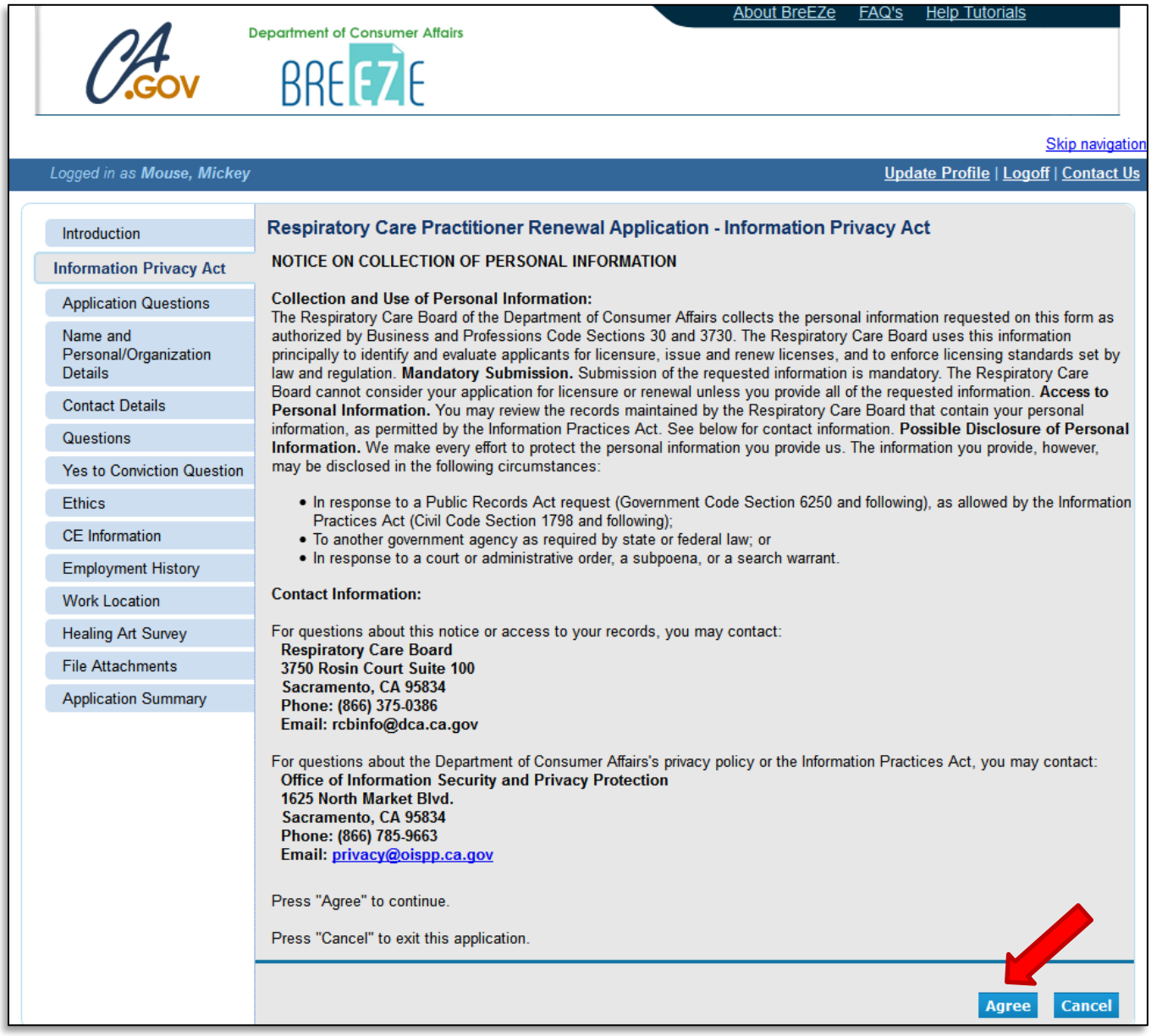


At the Respiratory Care Practitioner Renewal Application – Introduction screen, please read the information carefully, and click **'Next'** to continue.

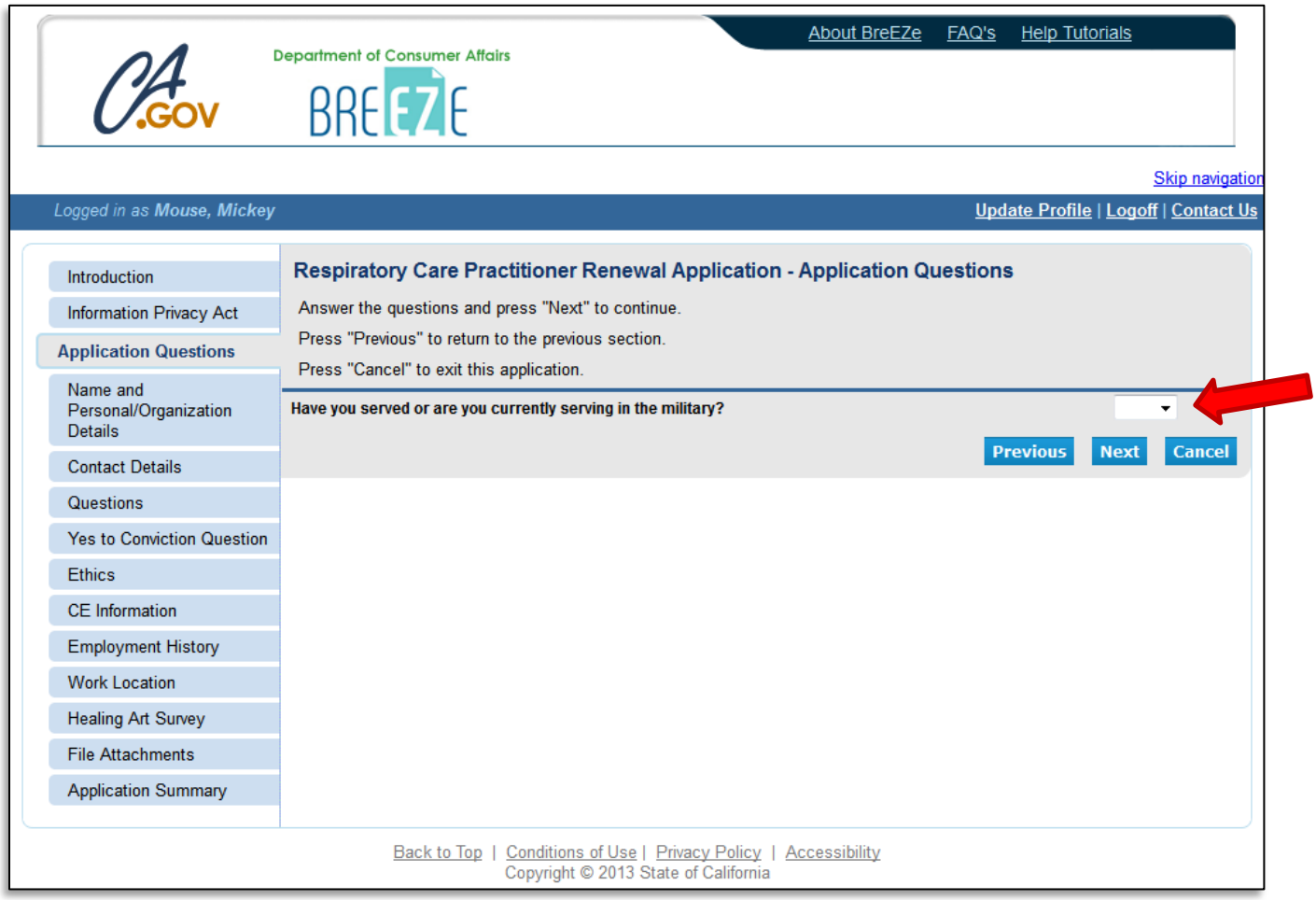
Please note: If you have a name change, STOP HERE and click 'Cancel' to return to your Quick Start Menu. You will need to complete the Name Change application before returning to renew your license.



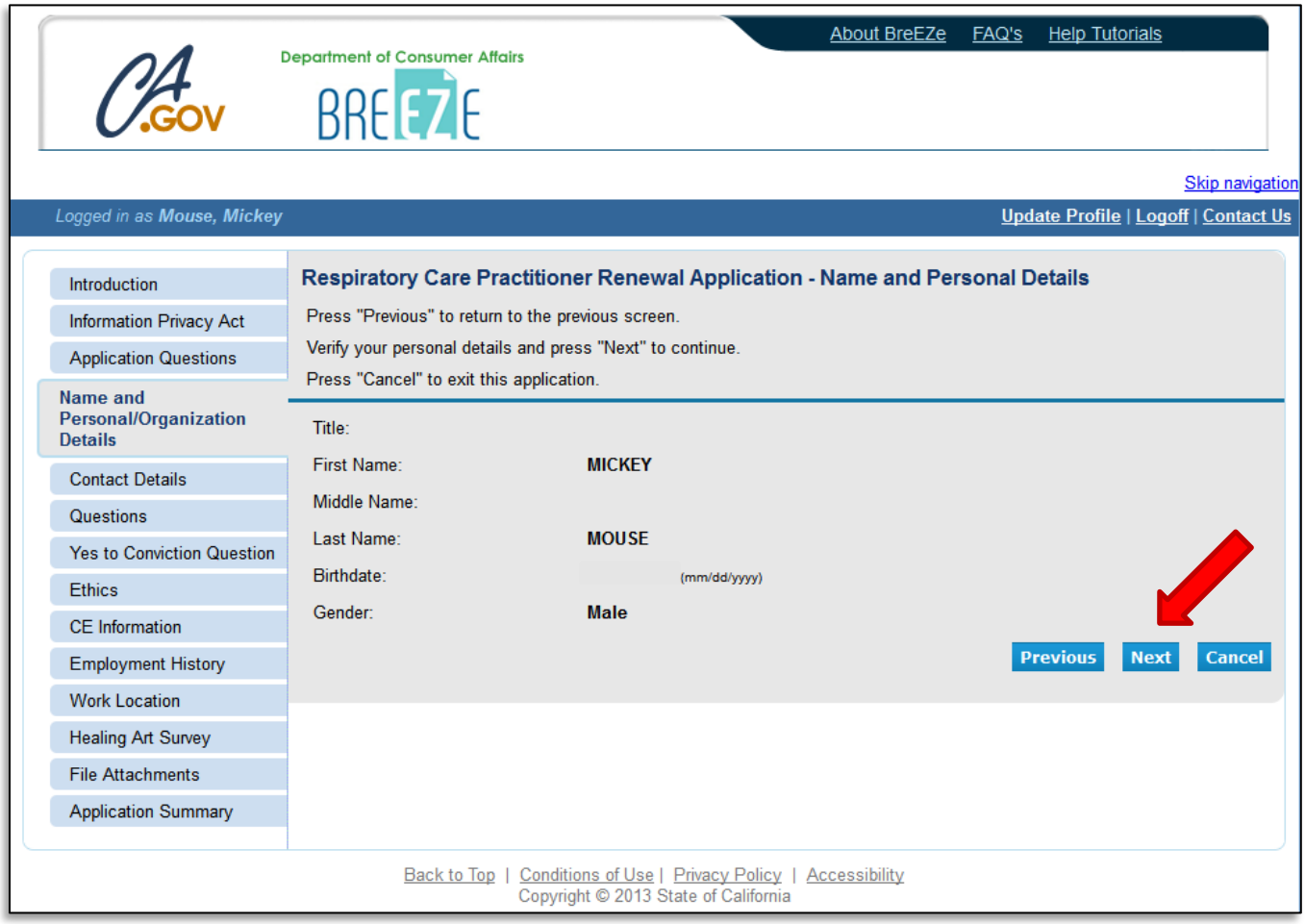
On the Information Privacy Act screen, please read the information carefully and click **'Agree'** to continue.



On the Application Questions screen, answer the military question and click **'Next'** to continue.

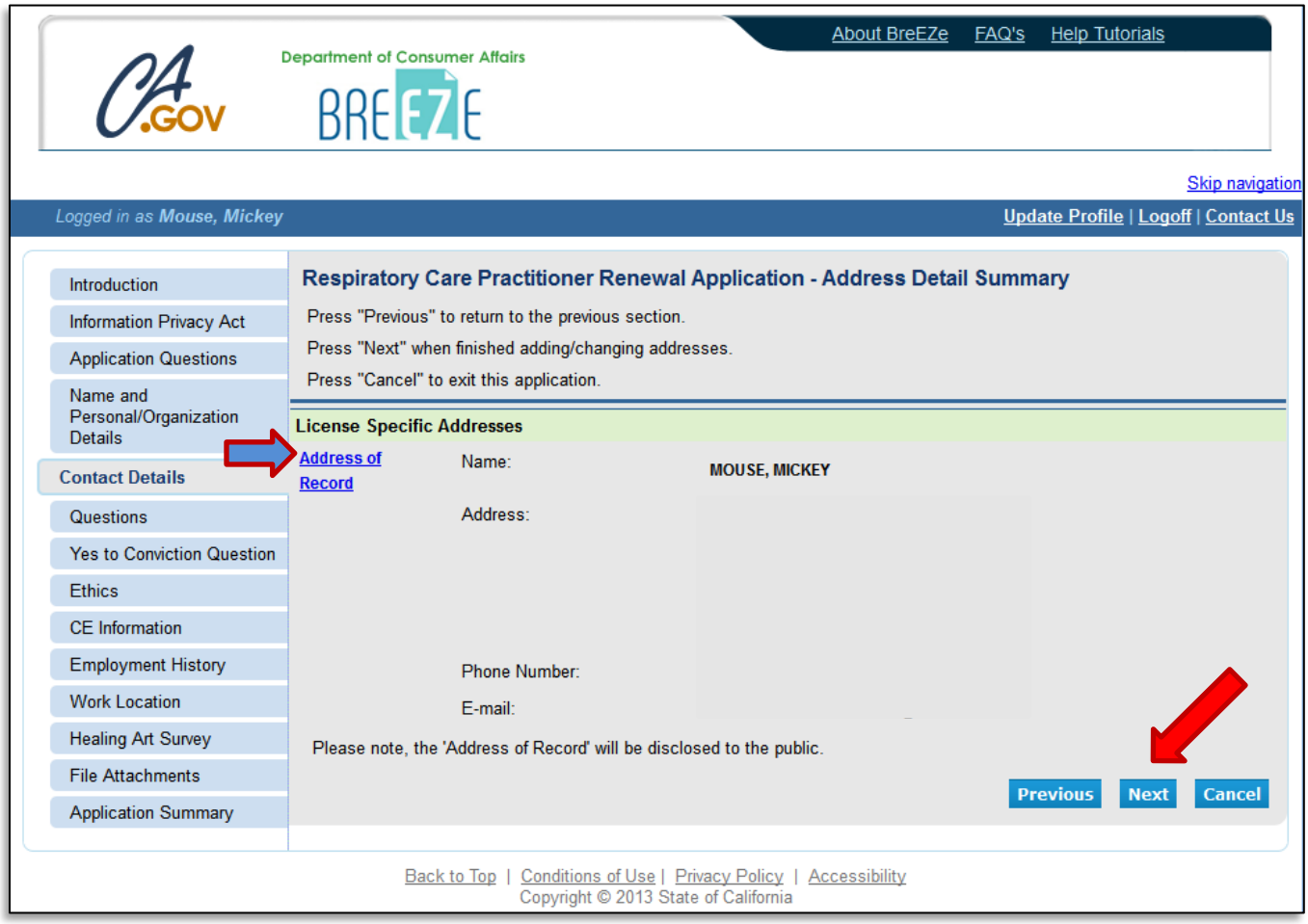


On the Name and Personal Details screen, verify your information is correct and click **'Next'**.



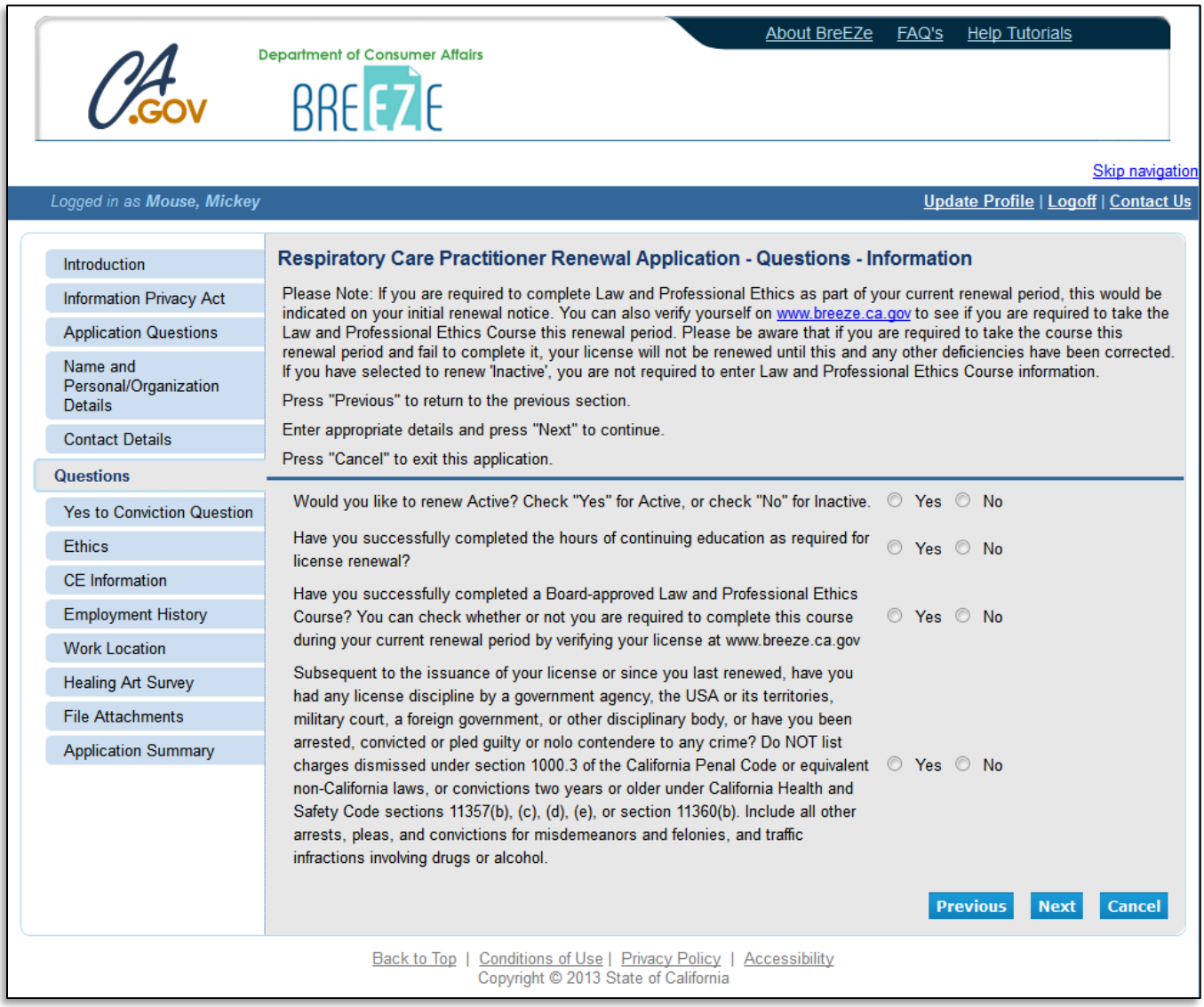
On the Address Detail Summary screen, verify your information is correct and click **'Next'**.

If you need to fix/update your address, phone number, or e-mail, click the blue 'Address of Record' link under 'License Specific Addresses' to edit the information.



On the Questions – Information screen, answer the renewal questions and click **'Next'** to continue.

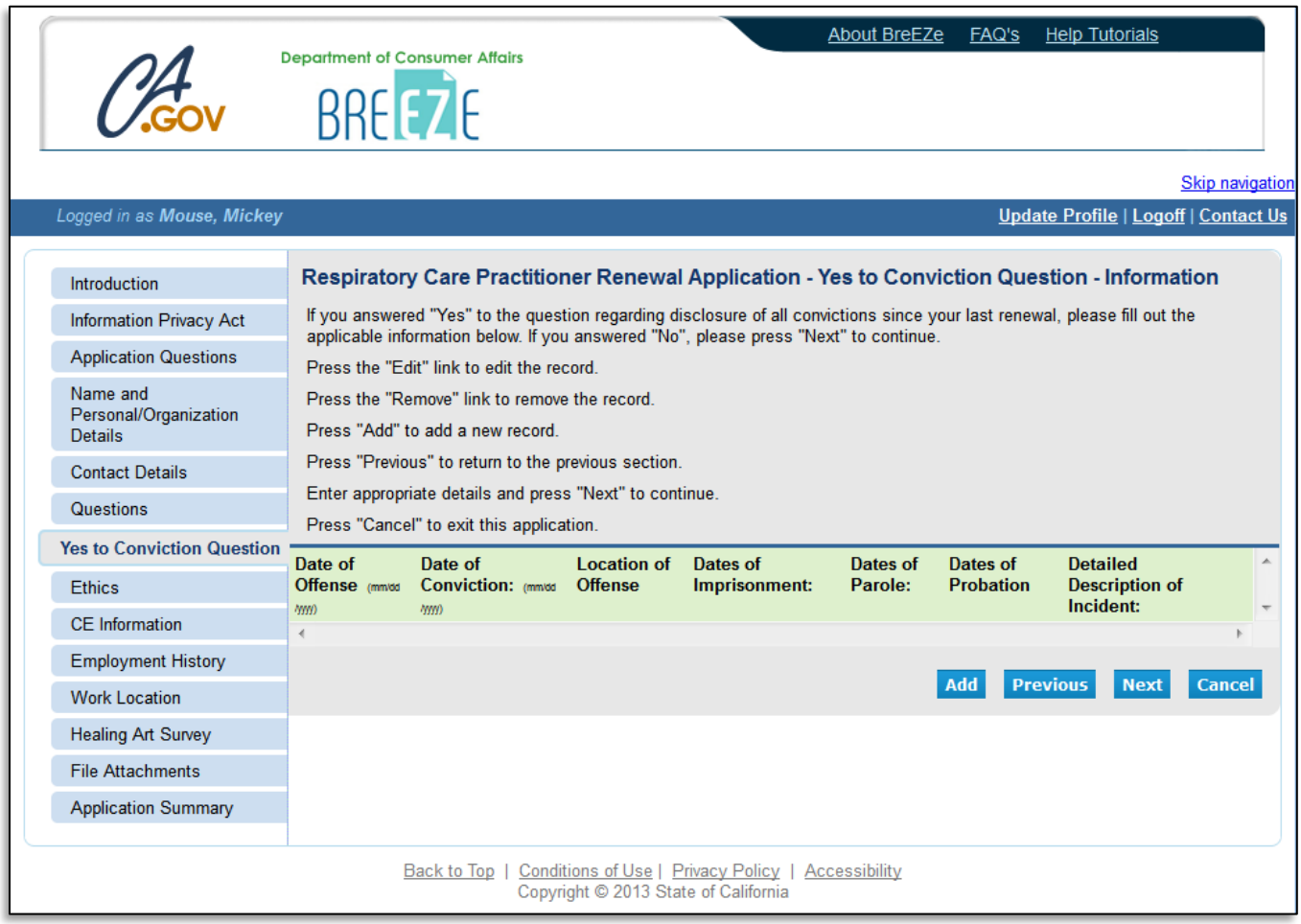
If you are unsure if you need to take the Law and Professional Ethics course required for every other renewal period, you may go to www.breeze.ca.gov and click on 'Verify a License' to see if the Ethics course is required for this renewal period. You may also contact the RCB.



On the Yes to Conviction Question – Information screen:

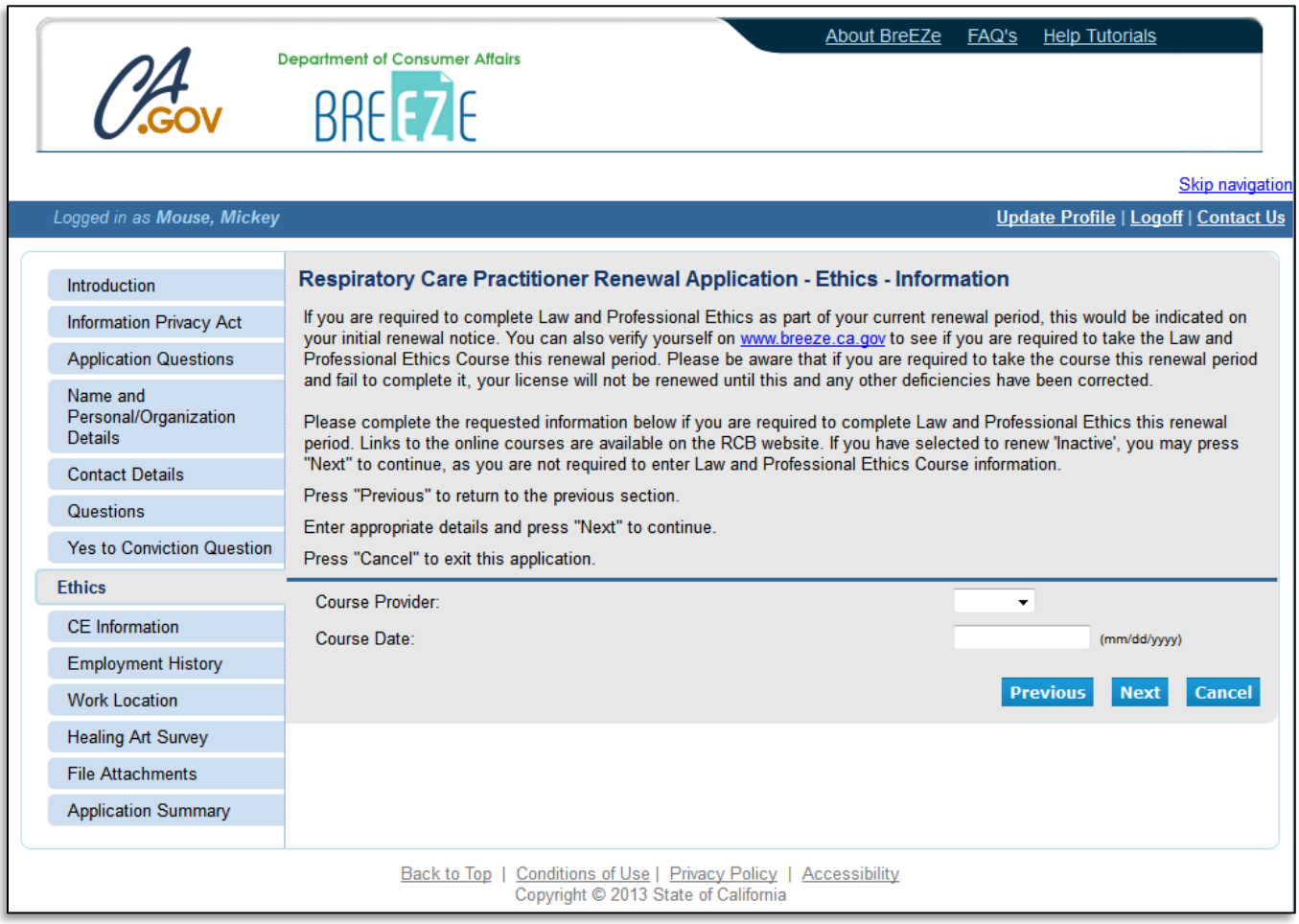
If you answered **'Yes'** to the last question on the previous screen regarding disclosure of all convicitons since your last renewal, click **'Add'** to enter applicable information. Once you are done adding details, click **'Save'** then **'Next'** to continue.

If you answered **'No'** to the last question on the previous screen regarding disclosure of all convictions since your last renewal, click **'Next'** to continue.



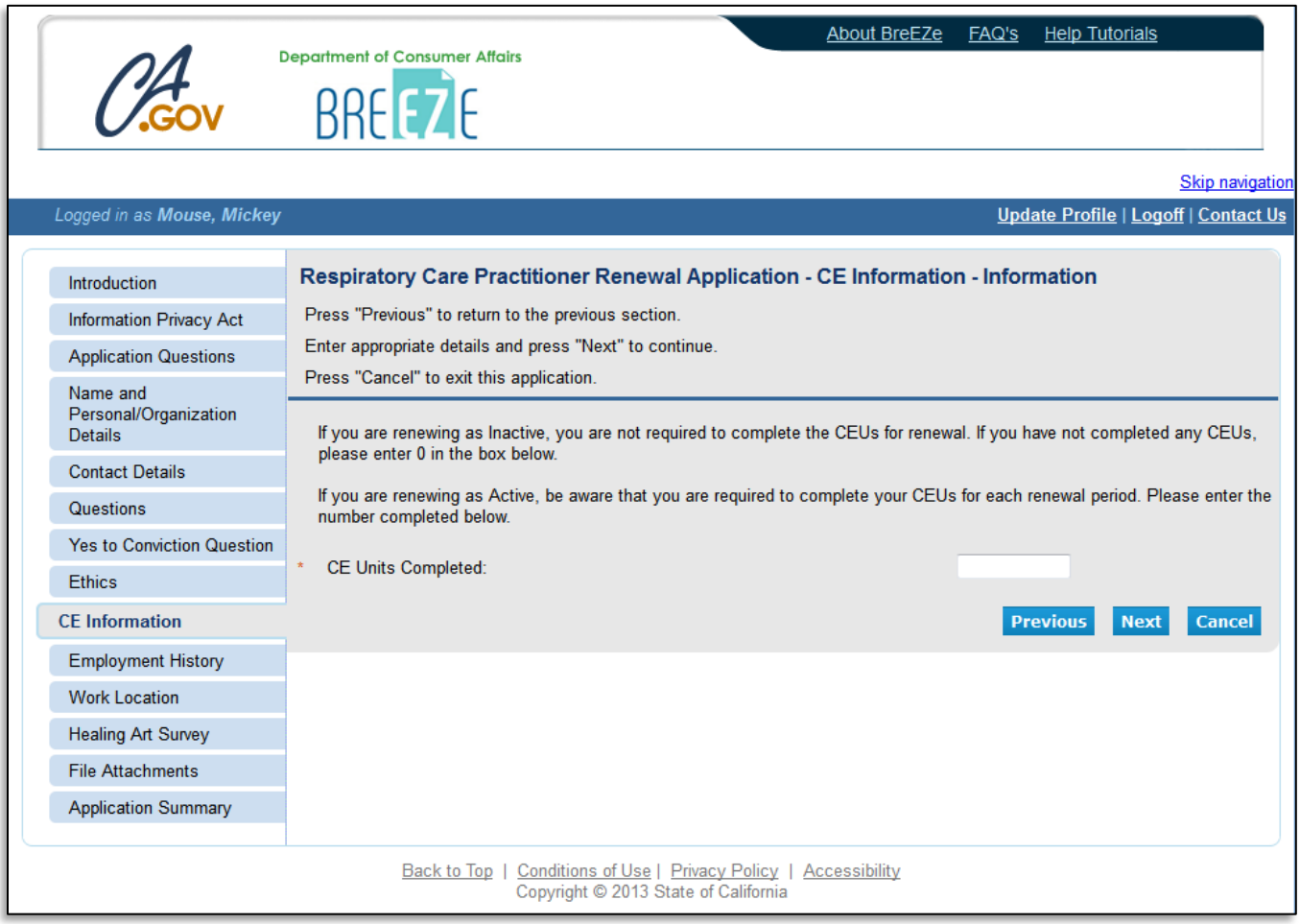
On the Ethics – Information screen, select the Course Provider and enter the Course Date if the Ethics course is required for your current renewal. Then click **'Next'** to continue.

If you are not required to take this course, you may leave these areas blank and click **'Next'** to continue.

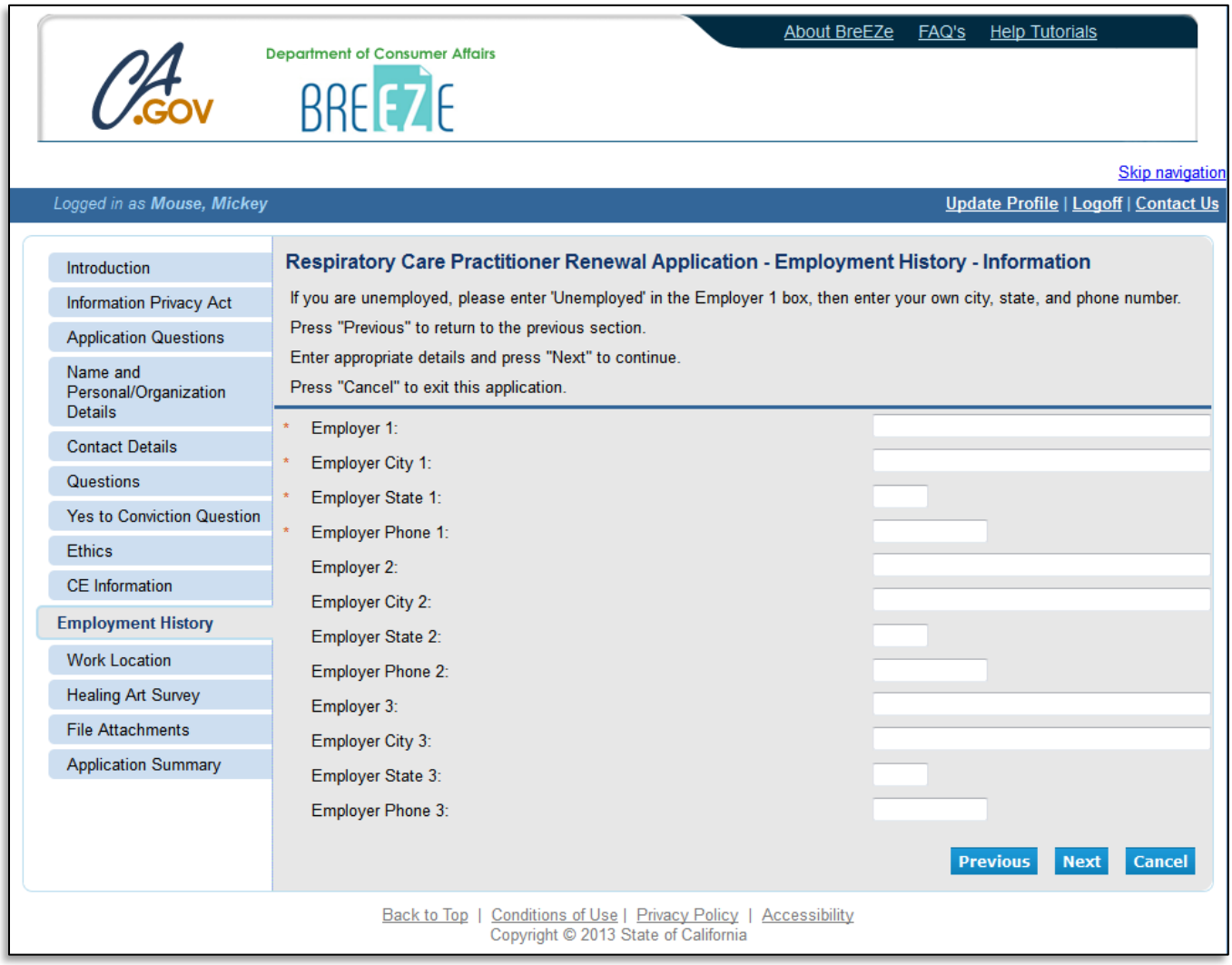


On the CE Information screen, enter the number of units completed for this renewal period, then click **'Next'** to continue.

(If you selected to renew Inactive, enter "0" in the box and click 'Next' to continue.)



On the Employment History – Information screen, enter you employer name, city, state, and phone number, then click **'Next'** to continue.



The Work Location – Information screen contains an optional survey relating to your work in the healing arts profession. You may click **'Add'** to take the survey, and **'Next'** to continue.

The Healing Art Survey – Information screen contains another optional survey relating to your healing arts profession. You may enter the appropriate details and click **'Next'**.

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Respiratory Care Practitioner Renewal Application - Healing Art Survey - Information

Please consider completing the following optional survey questions relating to your healing arts profession. Completion of the survey helps determine health professionals' shortages and improves access to patient care. If you do not wish to complete this component of the survey, select 'Next' at the bottom of the screen to proceed forward with your application.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to exit this application.

Additional Credentials/Certificates:

Are you presently pursuing credentials or certifications in addition to your previously obtained qualifying degree? ○ Yes ○ No

If you answered 'Yes' to the previous question, please enter the name of the credential/certification:

If you are pursuing additional credentials or certifications, what is the expected year of completion (e.g. 2018)?

If applicable, please enter the name of the school at which you are pursuing your additional credential/certification:

If applicable, please enter the address of the school at which you are pursuing your additional credential/certification:

Cultural/Ethnic Background:

If you identify your cultural/ethnic background as African American, please select 'Yes.' ○ Yes ○ No

If you identify your cultural/ethnic background as American Indian/Native American/Alaskan Native, please select 'Yes.' ○ Yes ○ No

If you identify your cultural/ethnic background as Caucasian/White European/Middle Eastern, please select 'Yes.' ○ Yes ○ No

If you identify your cultural/ethnic background as Latino/Hispanic, please select 'Yes.' ○ Yes ○ No

The Attachments screen is an optional screen where you are able to attach any documents related to this application. (CEU certificates, Ethics certificate, etc.) Click the 'Browse' button to select the file from your computer, then click 'Attach' to include the attached documents to your application. Click **'Next'** to continue.

The next screen contains the Application Summary. Review the information that was entered on this application.

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Respiratory Care Practitioner Renewal Application - Application Summary

NOTICE:

Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.

You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at https://www.dca.ca.gov/webapps/oshpd_survey.php. Please go to this web address and complete the survey at this time. Instructions will be provided in the survey.

Once you have completed this survey, please submit the application.

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.

Respiratory Care Practitioner Renewal Application Summary

License Type:	**Respiratory Care Practitioner**
File Number:	
License Number:	
Application Number:	
Application Date:	(mm/dd/yyyy)

Application Questions

Have you served or are you currently serving in the military?	**No**

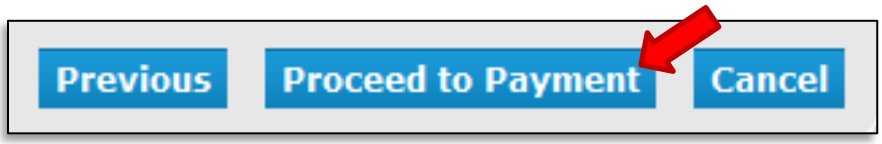
Personal Details

Title:	
First Name:	**MICKEY**
Middle Name:	
Last Name:	**MOUSE**
Birthdate:	
Gender:	**Male**

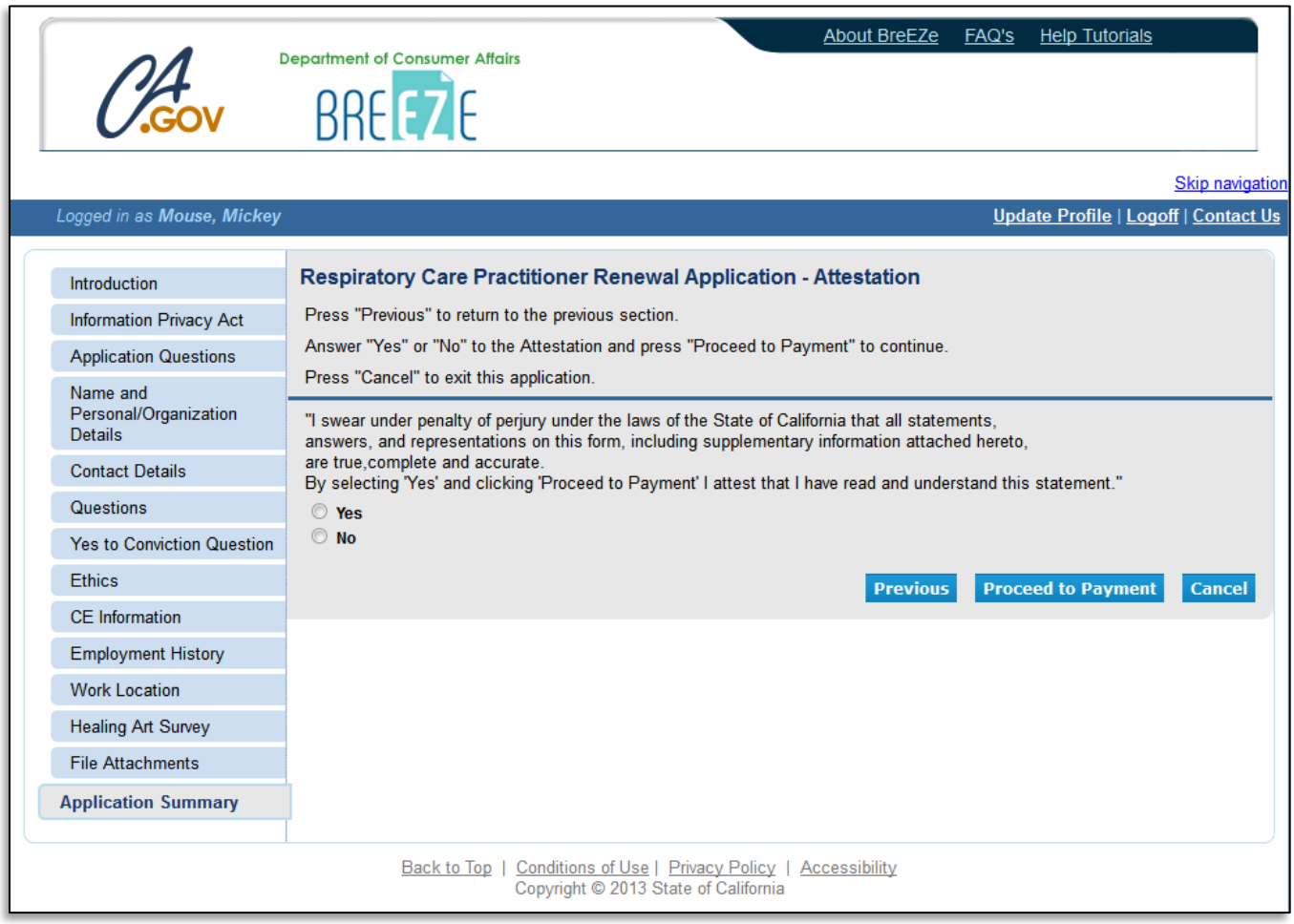
Addresses

License Specific Addresses

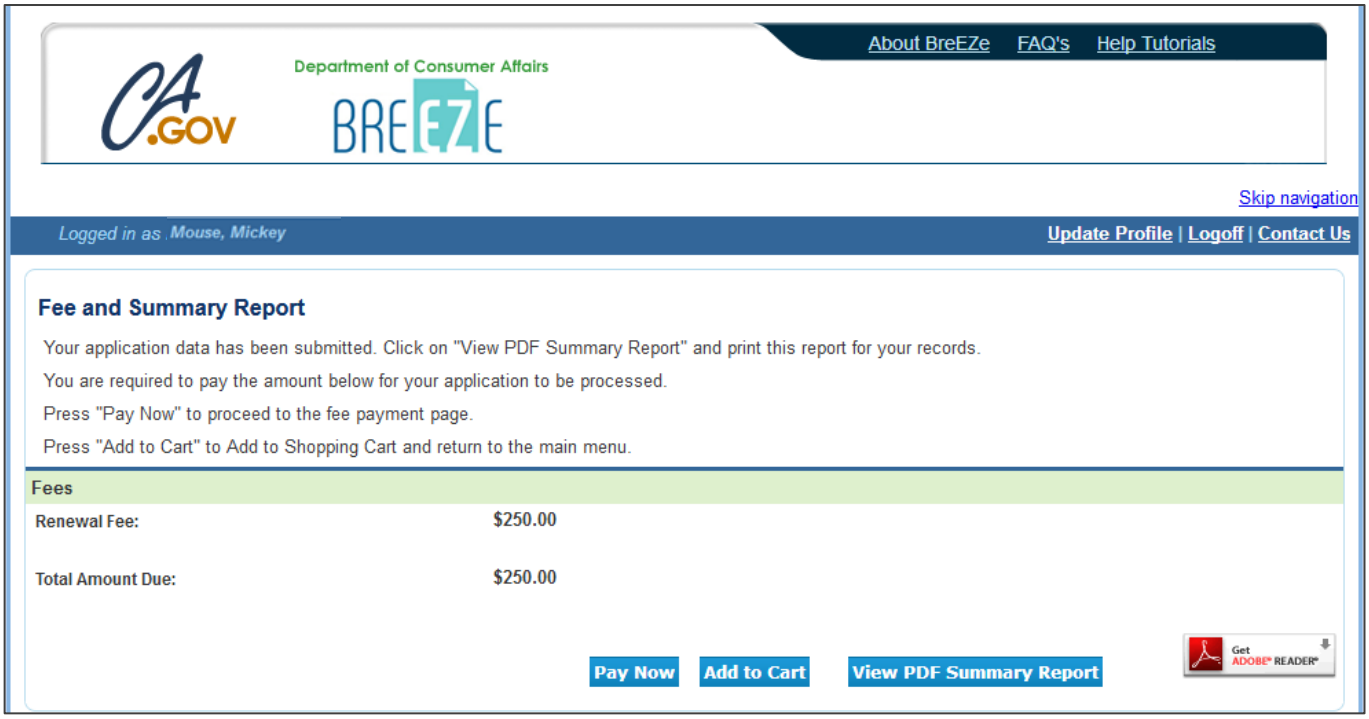
Once you review the information entered, click **'Proceed to Payment'** at the bottom of the screen.



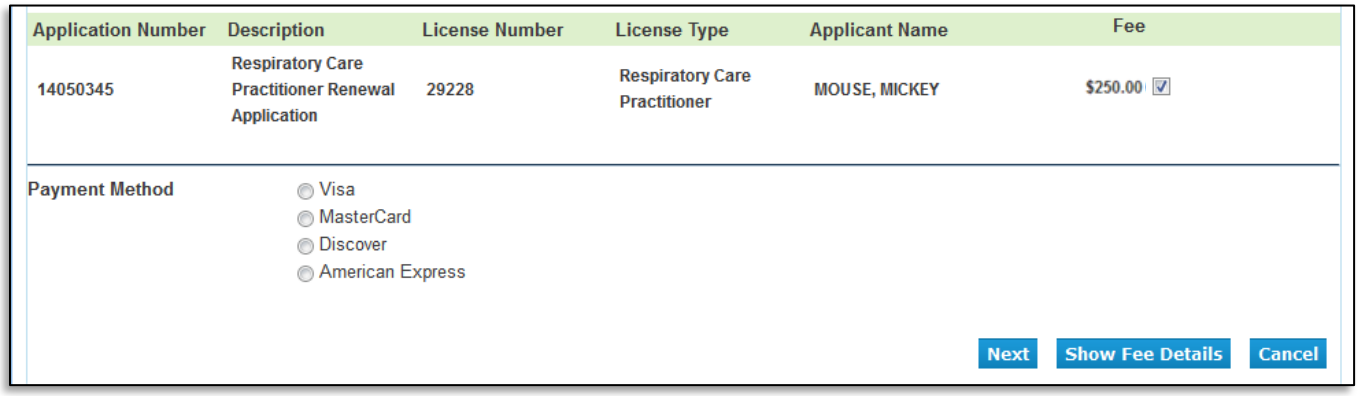
On the Attestation screen, read the statement, click **'Yes'**, then click **'Proceed to Payment'** to continue.



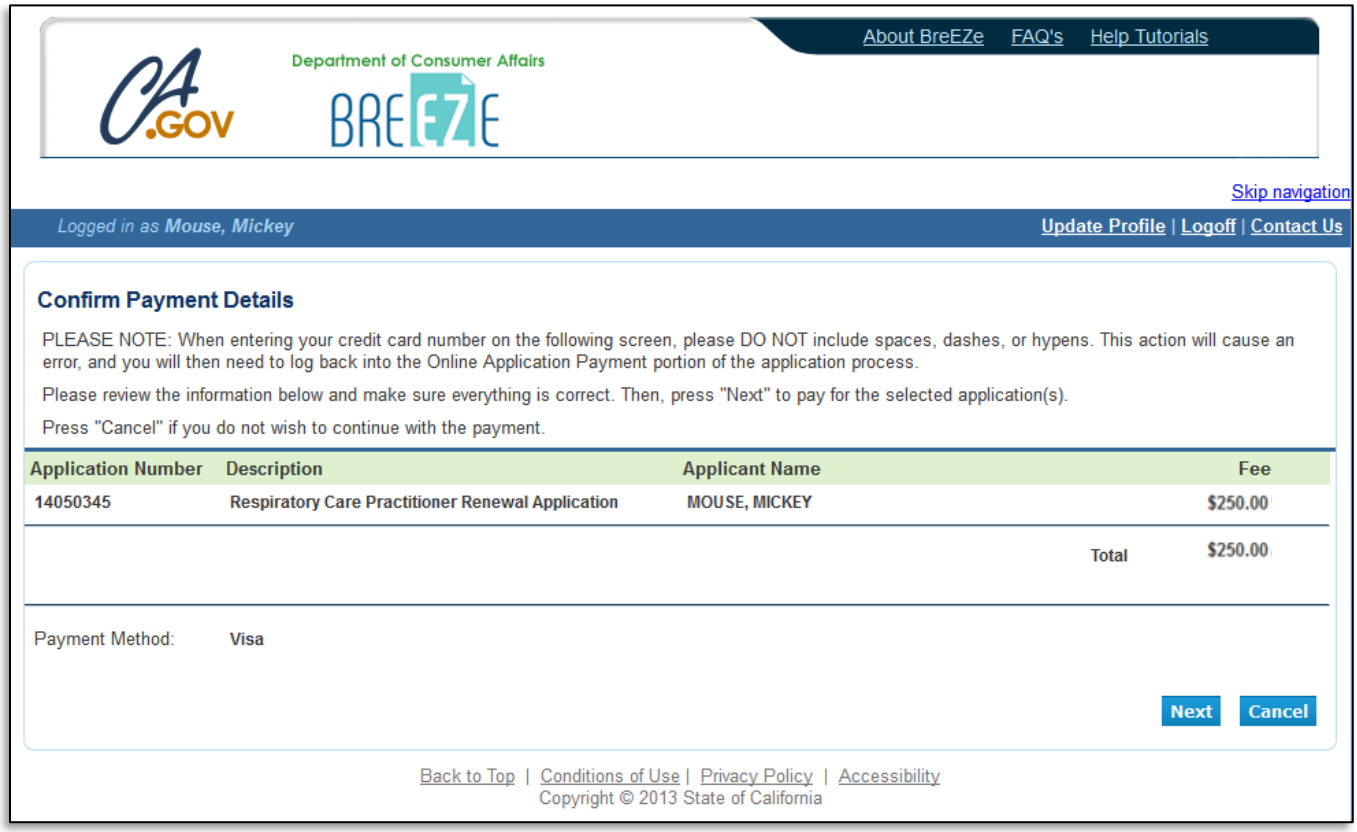
You will then be taken to the Fee and Summary Report. Click **'Pay Now'** to pay with a debit or credit card.



Select your Payment Method and click **'Next'**.



Review the fee and Payment Method, and click **'Next'**.



After clicking **'Next'** from the Confirm Payment Details screen, you will be taken to a screen to enter your debit or credit card information.

(Please note: The 'CVV2' is the 3 digit code on the back of your payment card, and the card expiration date needs to be entered in the 'MMYY' format.)

After you click 'Process', you will be taken to a Successful Payment screen where you will have the option to print a PDF receipt for your records. You may check to ensure your license has been renewed by checking the 'License/Registration Information' from the Quick Start Menu, or by clicking 'Verify a License' from www.breeze.ca.gov.

If you do not see a new expiration date associated with your license, there may be a hold on your renewal. Please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 for more information.