Respiratory Care Practitioner Online Duplicate Certificate Request Step-by-Step Instructions

To request a duplicate pocket wall certificate online, go to <u>www.breeze.ca.gov</u>, or follow the BreEZe Online License links from the Respiratory Care Board (RCB) website <u>www.rcb.ca.gov</u>.

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 10 to continue.)

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	es before, you will need to re-register with BreEZe.
<text><text><image/><image/></text></text>	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
	Jse Privacy Policy Accessibility 13 State of California

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

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User Registration		
Please complete the information required below to become a reg	istered BreEZe User. You will receive a confirmati	on 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:	(4	e.g. name@domain.com)
* Confirm Email: <u>Note:</u> Please enter a valid email address; this email address will not be sold to solicitors.		
* User ID:		
Password Recovery (In case you forget your password, you will be requ	ired to answer this question to obtain a new temporary pas	isword.)
* Secret Question:	•	
* Secret Answer:		
Communication		
Email Communication:	◎ Yes 🔘 No	
Security Measures (This helps to prevent automated registrations.)		
* Type the characters from the picture below (without spaces):		
	Refresh	
	n sh v a Refresh	
		Next Cancel
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Review the information you entered, and click 'Save'.

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	Logon Contact Us
Preview Registration Press "Save" to save the registration. Press "Edit" to modify your registration details. Press "Cancel" to cancel this registration and return to the main	n menu.
First Name:	Mickey
Second Name:	
Last Name:	Mouse
Email:	mickeymouse@mailinator.com
Userld:	mickeymouse
Secret Question:	Where were you born?
Secret Answer:	Where were you born? ca
Email Communication:	Yes
	Save Edit Cancel
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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 <u>no-reply-breeze-online@dca.ca.gov</u>. (You may need to check spam or junk mail folders.)

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				:	Skip navigatio
				<u>Logon</u>	Contact Us
-	nporary Password Issued een issued and sent to you via e-mail with the in	structions on how to proceed. Read this e	mail and fo	llow the instructions.	
					Return
		<u>Jse Privacy Policy</u> <u>Accessibility</u> 013 State of California			

Open your e-mail message to view the temporary password. Print, write, or copy this temporary password, then click the <u>https://www.breeze.ca.gov/datamart/languageChoice.do</u> 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 tempora 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.

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	ervices before, you will need to re-register with BreEZe.
FOR CONSUMERS Check Licenses and file complaints. Verify a File a LICENSE File a	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? New Users BreEZe Registration

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'**.

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Logged in as Mouse, Mickey			<u>Upd</u>	<u>ate Profile</u> <u>Logo</u>	ff <u>Contact Us</u>
Update Default Registration Information					
Enter your new password and press "Save".					
Your new password must contain the following:					
 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 characte 	r				
 must contain at least (1) lowercase alphabetic character 	r				
 must contain at least (1) numeric character 					
 must contain at least (1) special character 					
* Temporary Password:					
* New Password:					
* Confirm Password:					
					Save
	<u>Conditions of Use Privacy Policy</u> <u>Access</u> Copyright © 2013 State of California	sibility			

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

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Logged in as Mouse, Mickey	<u>Skip navigatio</u> <u>Update Profile</u> <u>Logoff</u> <u>Contact Us</u>
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. Are you, or have you ever been, professionally licensed or registered with the Department of Consumer Affairs?
Step3: Confirm Information	
	Yes How do I know?
	© No
	Next 1
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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.

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Step1: Ever held a license before with DCA? Step2: Provide Identifying Information Step3: Confirm Information	, <u> </u>	t at you have held, or you have applied for, in the past. e/Registration type? Selecting the appropriate board will	narrow the available items found in
	 DCA Board/Bureau/Committee: License/Registration Type 	Respiratory Care Board Respiratory Care Practitioner How do I know?	How do 1 know? Next Cancel
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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.)

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Logged in as Mouse, Mickey		Update Profile Logoff Contact Us
Step1: Ever held a license before with DCA?	Add Licenses To Registration - Validate Help us find your records.	ation
Step2: Provide Identifying Information		file with your licensing Board/Bureau/Committee in order to on-board your you will not be able to onboard your license. Please contact your Board/Bureau
Step3: Confirm Information	 /Committee for instruction on how to provide you Please provide your information in order for the E in the BreEZe system. A previous record may in Required Information 	Department of Consumer Affairs to confirm that you do not have a previous record
	* Last Name:	
	* SSN/ITIN: * Date Of Birth:	Last 4 Digits of SSN/ITIN (mm/dd/yyyy)
	Security Measures (This helps to prevent automated r	registrations.)
	* Type the characters from the picture below (without spaces):	m F v g g W
		Next Cancel
	Back to Top Conditions of Use Copyright © 2013 St	

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

I<u>f for some reason you are not able to link your license information to your BreEZe account, please call the RCB at</u> (916) 999-2194, or toll free at (866) 375-0386 M-F 8am-5pm.

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Logged in as Mouse, Mickey		<u>Update Profile Logoff Contact Us</u>
Step1: Ever held a license before with DCA? Step2: Provide Identifying Information	Add Licenses To Registration Good News! We have located your in Please confirm your license/registra license you are currently pursuing list	nformation tion/certificate credentials below. If you are a current applicant, you will see the type of
Step3: Confirm Information	Indiv / Org Number:	
	Name:	MOUSE, MICKEY
	license/registration Type	license/registration Number
	Respiratory Care Practitioner • Select One:	 I confirm this is my license/registration information (read <u>www.dca.ca.gov/webapps</u>/<u>breeze/dec_descript.php</u>) No this is not my license/registration information
		Next Cancel
	Back to Top Conditio Copyrigi	<u>ns of Use Privacy Policy</u> <u>Accessibility</u> nt © 2013 State of California

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.

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				I Marena i su a	Skip navigation
Logged in as Mouse, Mickey				Update	Profile Logoff Contact Us
Quick Start Menu				License/Registration	Show Details
To start, choose an option, and you	will return to this Quick Start r	nenu after you	nave finished.	License/Registration Number:	29228
				License/Registration Type	Respiratory Care Practitioner =
License Activities			Additional Activit	ies	
 It is time to Renew! Respiratory Care Practitioner 292 Manage your license inform Respiratory Care Practitioner 292 <!--</th--><th>You have successfull license(s). Would you license(s)?</th><th>The second s</th><th></th><th>on to a</th><th>Select Select Select</th>	You have successfull license(s). Would you license(s)?	The second s		on to a	Select Select Select
Applications	a I Maa	_			
Start a New Application or Tak	e an Exam				
<choose board=""></choose>	•	BARRIER B			
<choose application=""> -</choose>		Select			
View Application Status					
Respiratory Care Board - Respirato Practitioner Renewal Application	ry Care Status: Pending	Details			
			I <u>Privacy Policy</u> I <u>Acc</u> State of California	essibility	

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

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Gov BRE	EZE				
					<u>Skip naviga</u>
Logged in as Mouse, Mickey				<u>Update</u>	Profile Logoff Contact
Quick Start Menu				License/Registration Information	Show Details
To start, choose an option, and you will return t	o this Quick Start r	menu after you	have finished.	License/Registration Number: License/Registration	Respiratory Care
				Type	Practitioner
License Activities			Additional Activities		
It is time to Renew!			Make Payments/Cart		Select
Respiratory Care Practitioner		Select	Add Authorized Represe	entative	Select
Manage your license information			License Notification Sul	oscriptions	Select
Respiratory Care Practitioner					
<choose application=""></choose>	•	Select			
A					
Applications					
Start a New Application or Take an Exar	n				
<choose board=""></choose>	•	_			
<choose application=""> 👻</choose>		Select			
View Application Status					
Respiratory Care Board - Respiratory Care Practitioner Renewal Application	Status: Pending	Details			
			<u>Privacy Policy</u> <u>Accessibili</u> State of California	ty	

To request a duplicate RCP pocket card or wall certificate, select **'Duplicate Certificate With Fee'** from the dropdown menu under 'Manage your license information, then click the **'Select'** button.

Please note: This application will only show on this dropdown menu if your license is under a Current/Active status.

Manage your license inform	nation	
Respiratory Care Practitioner		
Duplicate Certificate With Fee	~	Select

At the <u>Duplicate Certificate With Fee – Introduction</u> screen, please read the information carefully, and click **'Next'** to continue.

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Introduction	Duplicate Certificate With Fee - Introduction
Information Privacy Act	To order a duplicate license, you are required to submit a \$25 fee. Duplicate licenses are only provided in instances where the license previously issued to you has been stolen, lost, or destroyed. Once your transaction is complete, your duplicate license
Application Questions	will be mailed to your address of record in approximately 3 business days. If you are requesting a duplicate license due to a
Name and Personal/Organization Details	name change, you must contact the Board's office for additional instructions. Press "Next" to continue. Press "Cancel" to exit this application.
Contact Details	
File Attachments	Next Cancel
Application Summary	

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

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Introduction	Duplicate Certificate With Fee - Information Privacy Act
Information Privacy Act	NOTICE ON COLLECTION OF PERSONAL INFORMATION
Application Questions	Collection and Use of Personal Information:
Name and Personal/Organization Details	The Respiratory Care Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30 and 3730. The Respiratory Care Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and to enforce licensing standards set by law and regulation. Mandatory Submission. Submission of the requested information is mandatory. The Respiratory Care
Contact Details	Board cannot consider your application for licensure or renewal unless you provide all of the requested information. Access to Personal Information. You may review the records maintained by the Respiratory Care Board that contain your personal
File Attachments	information, as permitted by the Information Practices Act. See below for contact information. Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however,
Application Summary	may be disclosed in the following circumstances:
	 In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following); To another government agency as required by state or federal law; or In response to a court or administrative order, a subpoena, or a search warrant. Contact Information: For questions about this notice or access to your records, you may contact: Respiratory Care Board 3750 Rosin Court Suite 100 Sacramento, CA 95834 Phone: (866) 375-0386 Email: rcbinfo@dca.ca.gov For questions about the Department of Consumer Affairs's privacy policy or the Information Practices Act, you may contact: Office of Information Security and Privacy Protection 1625 North Market Blvd. Sacramento, CA 95834 Phone: (866) 785-9663 Email: privacy@oispp.ca.gov Press "Agree" to continue. Press "Agree" to continue.
	Agree Cancel

On the <u>Application Questions</u> screen, select Yes or No from the dropdown menus for each question, then select **'Next'** to continue.

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Logged in as Mouse, Mickey	Update Profile Logoff Contact Us
Introduction Information Privacy Act Application Questions Name and Personal/Organization Details Contact Details File Attachments Application Summary	Duplicate Certificate With Fee - Application Questions Answer the questions and press "Next" to continue. Press "Previous" to return to the previous section. Press "Cancel" to exit this application. Would you like to order a duplicate pocket card? Would you like to order a duplicate large wall certificate (8 1/2" by 11")? Previous Next Cancel

On the <u>Name and Personal Details</u> screen, verify your information is correct and click 'Next'.

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Logged in as Mouse, Micke	у У			<u>Upd</u>	late Profile Logo	
Introduction	Duplicate Certificate	With Fee - Name and Persona	al Details			
Information Privacy Act	Press "Previous" to return t	o the previous screen.				
Application Questions		and press "Next" to continue.				
Name and Personal/Organization Details	Press "Cancel" to exit this Title:	application.				
Contact Details	First Name:	MICKEY				
File Attachments	Middle Name:					
Application Summary	Last Name:	MOUSE				
	Birthdate:	(mm/dd/yyyy)				
	Gender:	Male				
				Previo	ous Next	Cancel

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

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

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Introduction	Duplicate Certificate With Fee - Address I	Detail Summary			
Information Privacy Act Application Questions	Press "Previous" to return to the previous section. Press "Next" when finished adding/changing address	es.			
Name and Personal/Organization Details	Press "Cancel" to exit this application. License Specific Addresses				
Contact Details	Address of Name: Record	MOUSE, MICKEY			
File Attachments	Address:				
Application Summary					
	Please note, the 'Address of Record' will be disclose	d to the public.	Previou	IS Next	Cancel

The <u>Attachments</u> screen is an optional screen where you are able to attach any documents related to this application. 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.

Introduction	Duplicate Certificate With Fee - Attachments				
Information Privacy Act	Locate a file with the "Browse" button and press "Attach" or "Remove" as required.				
Application Questions	Press "Next" when there are no more files to attach.				
Name and Personal/Organization Details	Press "Previous" to return to the previous screen. Press "Cancel" to exit this application.				
Contact Details					
File Attachments	File Name: Browse				
Application Summary	Notes:				
	Note: The character limit for the notes field is 200 characters Attach Previous Next Cancel				

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

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Logged in as Mouse, Mickey			<u>Upda</u>	ate Profile Logoff Contact U
Introduction Information Privacy Act Application Questions Name and	Press "Previous" to the return	roceed to Payment" to submit this ap		
Personal/Organization Details	Duplicate Certificate With Fe	ee Summary		
Contact Details File Attachments		License Type: File Number:	Respiratory Care P	Practitioner
Application Summary		License Number: Application Date:	(mm/dd/yy	yy)
	Application Questions			
	Would you like to order a dupli	cate pocket card?		
	Would you like to order a dupli	cate large wall certificate (8 1/2" by 11	")?	
	Personal Details			
		Title:		
		First Name:		
		Middle Name:		
		Last Name:		
		Birthdate:		
		Gender:		

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



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

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Logged in as Mouse, Mickey	Update Profile Logoff Contact Us
Introduction	Duplicate Certificate With Fee - Attestation
Information Privacy Act	Press "Previous" to return to the previous section.
Application Questions	Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.
Name and Personal/Organization Details	Press "Cancel" to exit this application. I swear under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary information attached hereto,
Contact Details	are true, complete and accurate.
File Attachments	By selecting 'Yes' and clicking 'Next' I attest that I have read and understand this statement.
Application Summary	O Yes O No
	Previous Proceed to Payment Cancel

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

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Logged in as Mouse, Micke	ey		<u>Upd</u>	ate Profile Logoff Contact Us
You are required to pay the ar Press "Pay Now" to proceed t	n submitted. Click on "View PDF Summary Report" nount below for your application to be processed.	and print this report for your records.		
Fees				
Duplicate License Fee:	\$25.00			
Total Amount Due:	\$25.00			
	Pay Now Add to Cart	View PDF Summary R	eport	

Select your Payment Method and click 'Next'.

Online	Application	Payment
Olimite	Application	rayment

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
	Duplicate Certificate With Fee		Respiratory Care Practitioner		\$25.00 🗸
Payment Method	 ◯ Visa ◯ MasterCard ◯ Discover ◯ American Express 			Next Show Fee D	Details Cancel

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

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					
L	Duplicate Certificate With Fee		\$25.00					
		Total	\$25.00					
Payment Method:	Visa							
		Net	xt Cancel					

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.

<u>If you have any questions, please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 for more</u> <u>information.</u>