

Respiratory Care Practitioner Online Verification Letter

Step-by-Step Instructions

To request a license verification online, go to www.breeze.ca.gov, or follow the BreEZe Online License 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 10 to continue.)

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?](#)

New Users

[BreEZe Registration](#)

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

[Logon](#) | [Contact Us](#)

User Registration

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

Enter your details and press "Next".

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

Account Owner Contact Information

* First Name:

Middle Name:

* Last Name:

Account Login

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

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

* User ID:

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

* 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):



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

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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 menu.

First Name:	Mickey
Second Name:	
Last Name:	Mouse
Email:	mickeymouse@mailinator.com
UserId:	mickeymouse
Secret Question:	Where were you born?
Secret Answer:	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 no-reply-breeze-online@dca.ca.gov. (You may need to check spam or junk mail folders.)

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User Registration - Temporary Password Issued

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.

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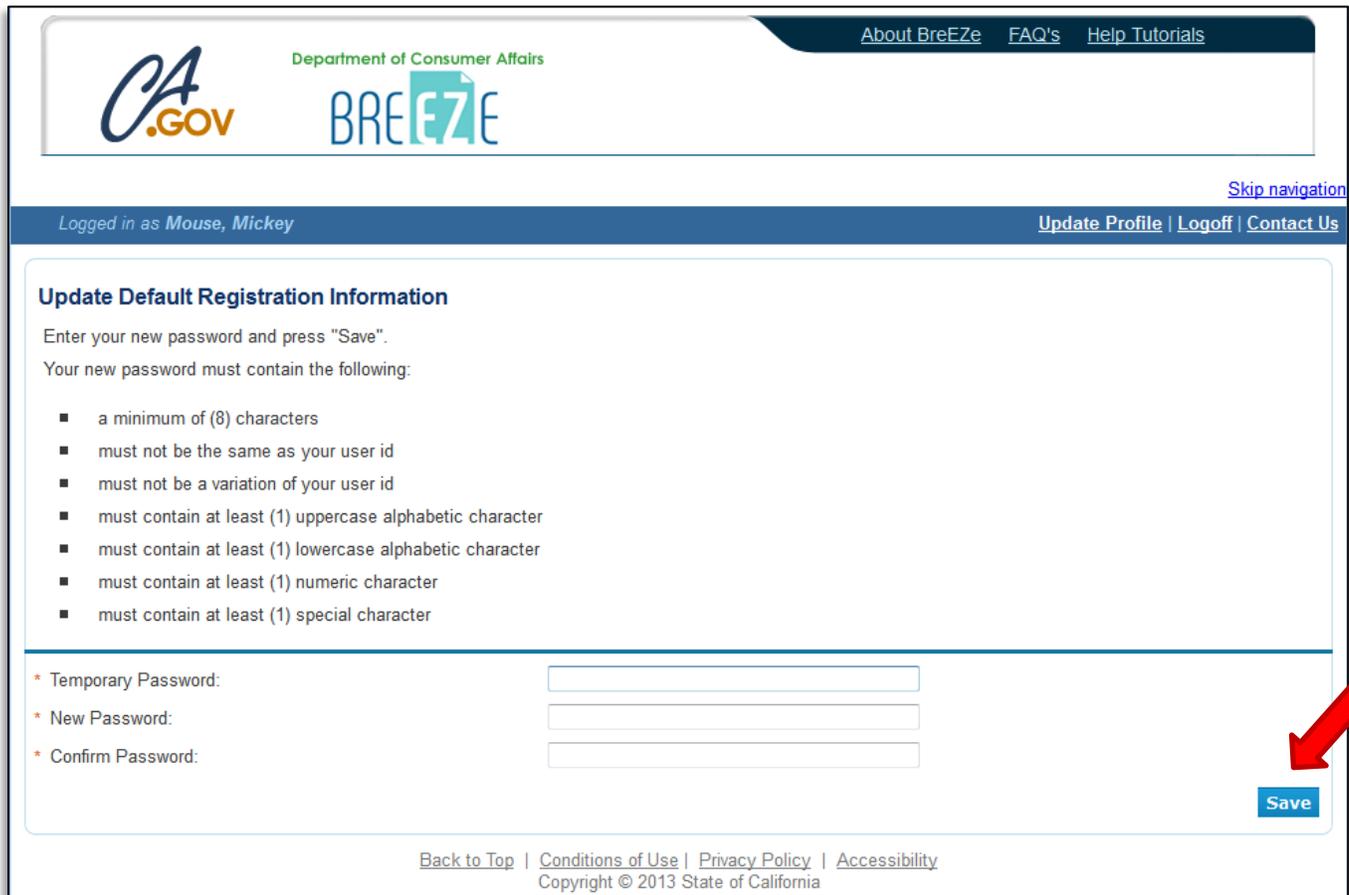
Open your e-mail message to view the temporary password. Print, write, or copy this temporary password, then click the <https://www.breeze.ca.gov/datamart/languageChoice.do> link to complete the registration process.



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'**.



The screenshot shows the BreEze user interface. At the top, there is a navigation bar with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. The user is logged in as "Mouse, Mickey". The main content area is titled "Update Default Registration Information" and contains instructions for entering a new password. A list of requirements is provided, and there are three input fields for "Temporary Password", "New Password", and "Confirm Password". A red arrow points to the "Save" button in the bottom right corner of the form area.

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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 character
- must contain at least (1) lowercase alphabetic character
- must contain at least (1) numeric character
- must contain at least (1) special character

* Temporary Password:

* New Password:

* Confirm Password:

Save

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

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Step1: Ever held a license before with DCA?

Add Licenses To Registration

Welcome to DCA OnlineQuickStart

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

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

Yes [How do I know?](#)

No

Next

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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?

Add Licenses To Registration - Select License Type

Welcome to DCA OnlineQuickStart

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

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

DCA Board/Bureau/Committee: **Respiratory Care Board** [How do I know?](#)

License/Registration Type: **Respiratory Care Practitioner** [How do I 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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Step1: Ever held a license before with DCA?

Step2: Provide Identifying Information

Step3: Confirm Information

Add Licenses To Registration - Validation

Help us find your records.

Please note that you must have an SSN/ITIN on file with your licensing Board/Bureau/Committee in order to on-board your license. If you do not have an SSN/ITIN on file, you will not be able to onboard your license. Please contact your Board/Bureau /Committee for instruction on how to provide your SSN/ITIN.

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

- Required Information

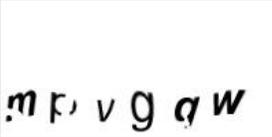
* Last Name:

* SSN/ITIN: Last 4 Digits of SSN/ITIN

* Date Of Birth: (mm/dd/yyyy)

Security Measures (This helps to prevent automated registrations.)

* Type the characters from the picture below (without spaces):

 Refresh

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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) 999-2194, or toll free at (866) 375-0386 M-F 8am-5pm.

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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: MOUSE, MICKEY

license/registration Type	license/registration Number
Respiratory Care Practitioner	

* 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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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.

The screenshot shows the CA.gov BREZE portal interface. At the top, there is a navigation bar with the CA.GOV logo, the Department of Consumer Affairs name, and the BREZE logo. A user is logged in as 'Mouse, Mickey'. The main content area is divided into sections: 'Quick Start Menu', 'License Activities', 'Applications', and 'Additional Activities'. A 'License/Registration Information' box on the right shows details for a Respiratory Care Practitioner license with number 29228. A modal dialog box is centered on the screen, asking: 'You have successfully linked your online registration to a license(s). Would you like to link your online registration to more license(s)?'. The dialog has 'Yes' and 'No' buttons. A red arrow points to the 'No' button. 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.

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

Quick Start Menu

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

License Activities

- It is time to Renew!
Respiratory Care Practitioner **Select**
- Manage your license information
Respiratory Care Practitioner
<Choose Application> **Select**

Applications

- Start a New Application or Take an Exam
<Choose Board>
<Choose Application> **Select**
- View Application Status
Respiratory Care Board - Respiratory Care Practitioner Renewal Application Status: Pending **Details**

Additional Activities

- Make Payments/Cart **Select**
- Add Authorized Representative **Select**
- License Notification Subscriptions **Select**

License/Registration Information **Show Details**

License/Registration Number:
License/Registration Type **Respiratory Care Practitioner**

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To request a verification letter for your RCP license to be sent to another state, select **'Verification Letter'** from the dropdown menu under 'Manage your license information', then click the **'Select'** button.

Please note: Before beginning this application, ensure you have the other state agency's address as this will be requested during this application process.

Manage your license information

Respiratory Care Practitioner

<Choose Application> **Select**

- Change of Address
- Change of Name
- Verification Letter**

At the Verification Letter – Introduction screen, please read the information carefully, and click **'Next'** to continue.

Introduction	Verification Letter - Introduction
Information Privacy Act	To request a verification of your license be sent to another state, you are required to submit a \$25 fee. Once your transaction is complete, your license verification will be mailed to the state you select within approximately 7 business days. If you need to update your address of record, you can do so on the Contact Details page. To request a verification of your license, please select "Next". Press "Next" to continue.
Name and Personal/Organization Details	
Contact Details	Press "Cancel" to exit this application.
Verification Letter Destination	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.
Letter Destination Address	
File Attachments	
Application Summary	
 <input type="button" value="Next"/> <input type="button" value="Cancel"/>	
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On the Information Privacy Act screen, please read the information carefully and click 'Agree' to continue.

Introduction	Verification Letter - Information Privacy Act
Information Privacy Act	NOTICE ON COLLECTION OF PERSONAL INFORMATION
Name and Personal/Organization Details	Collection and Use of Personal Information: 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 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 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, may be disclosed in the following circumstances:
Contact Details	<ul style="list-style-type: none">• 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.
Verification Letter Destination	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: rcinfo@dca.ca.gov
Letter Destination Address	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
File Attachments	Press "Agree" to continue.
Application Summary	Press "Cancel" to exit this application.
	 <input type="button" value="Agree"/> <input type="button" value="Cancel"/>

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

Introduction

Information Privacy Act

Name and Personal/Organization Details

Contact Details

Verification Letter Destination

Letter Destination Address

File Attachments

Application Summary

Verification Letter - Name and Personal Details

Press "Previous" to return to the previous screen.

Verify your personal details and press "Next" to continue.

Press "Cancel" to exit this application.

* Title:

First Name: **MICKEY**

Middle Name:

Last Name: **MOUSE**

Birthdate: (mm/dd/yyyy)

Gender: **Male**

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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 ['Address of Record'](#) link under **'License Specific Addresses'** to edit the information.

Introduction

Information Privacy Act

Name and Personal/Organization Details

Contact Details

Verification Letter Destination

Letter Destination Address

File Attachments

Application Summary

Verification Letter - Address Detail Summary

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](#) Name: **MOUSE, MICKEY**

Address:

Phone Number:

Alternate Phone:

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

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

On the Verification Letter Destination – Information screen, select the State Destination from the dropdown menu, and click **'Next'** to continue.

Verification Letter - Verification Letter Destination - Information

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

* Destination: ✓

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

On the Letter Destination Address – Information screen:

Enter the Agency Name and Address where you would like the Verification Letter to be sent to, and click **'Next'** to continue.

Verification Letter - Letter Destination Address - Information

Please enter the requesting state agency's mailing address below.
Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
Press "Cancel" to exit this application.

Agency Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

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

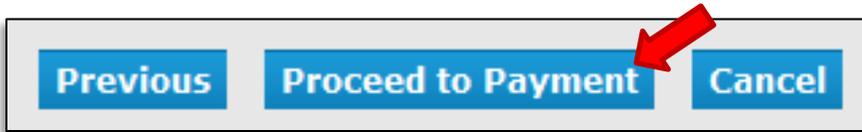
The Attachments screen is an optional screen where you are able to attach any documents related to this application. (State Endorsement Form, etc.) Click the 'Browse' button to select the file from your computer, then click 'Attach' to include the attached documents to your application. Click '**Next**'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

Introduction	<h3>Verification Letter - Attachments</h3> <p>Locate a file with the "Browse" button and press "Attach" or "Remove" as required.</p> <p>Press "Next" when there are no more files to attach.</p> <p>Press "Previous" to return to the previous screen.</p> <p>Press "Cancel" to exit this application.</p>
Information Privacy Act	
Name and Personal/Organization Details	
Contact Details	
Verification Letter Destination	
Letter Destination Address	
File Attachments	
Application Summary	
	<p>File Name: <input type="text"/> <input type="button" value="Browse..."/></p> <p>Notes: <input type="text"/></p> <p>Note: The character limit for the notes field is 200 characters</p> <p style="text-align: right;"> <input type="button" value="Attach"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/> </p>

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

Introduction	<h3>Verification Letter - Application Summary</h3> <p>Press "Previous" to return to the previous section.</p> <p>Review the data and press "Proceed to Payment" to submit this application.</p> <p>Press "Cancel" to exit this application.</p>
Information Privacy Act	
Name and Personal/Organization Details	
Contact Details	
Verification Letter Destination	
Letter Destination Address	
File Attachments	
Application Summary	
	<h4>Verification Letter Summary</h4> <p>License Type: Respiratory Care Practitioner</p> <p>File Number: <input type="text"/></p> <p>License Number: <input type="text"/></p> <p>Application Date: <input type="text"/> (mm/dd/yyyy)</p>
	<h4>Personal Details</h4> <p>Title: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Birthdate: <input type="text"/></p> <p>Gender: <input type="text"/></p>

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.

<ul style="list-style-type: none">IntroductionInformation Privacy ActName and Personal/Organization DetailsContact DetailsVerification Letter DestinationLetter Destination AddressFile AttachmentsApplication Summary	<h3>Verification Letter - Attestation</h3> <p>Press "Previous" to return to the previous section.</p> <p>Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.</p> <p>Press "Cancel" to exit this application.</p> <hr/> <p>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, are true, complete and accurate.</p> <p>By selecting 'Yes' and clicking 'Next' I attest that I have read and understand this statement.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
	<p>Previous Proceed to Payment Cancel</p>

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

<h3>Fee and Summary Report</h3> <p>Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.</p> <p>You are required to pay the amount below for your application to be processed.</p> <p>Press "Pay Now" to proceed to the fee payment page.</p> <p>Press "Add to Cart" to Add to Shopping Cart and return to the main menu.</p>	
Fees	
Endorse:	\$25.00
Total Amount Due:	\$25.00
<p>Pay Now Add to Cart View PDF Summary Report</p>	
<p></p>	
<p>Back to Top Conditions of Use Privacy Policy Accessibility Copyright © 2013 State of California</p>	

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

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
	Verification Letter		Respiratory Care Practitioner		\$25.00 <input checked="" type="checkbox"/>

Payment Method

Visa
 MasterCard
 Discover
 American Express

[Next](#) [Show Fee 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
	Verification Letter		\$25.00
Total			\$25.00

Payment Method: **Visa**

[Next](#) [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.

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