

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

CA.GOV Department of Consumer Affairs BREZE

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Quick Start Menu

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

License Activities

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

Applications

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

Additional Activities

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

License/Registration Information

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>

- 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'**.

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.

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: ✓

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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](#)

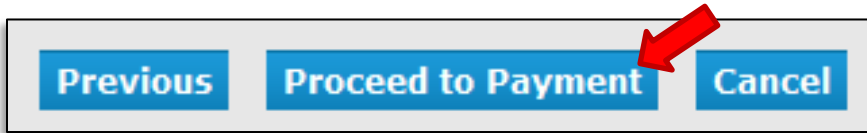
The Attachments screen is an optional screen where you are able to attach any documents related to this application. (State Endorsement Form, etc.) Click the 'Browse' button to select the file from your computer, then click 'Attach' to include the attached documents to your application. Click '**Next**'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