

PO BOX 944210, Sacramento, CA 94244-2100 P (916) 322-3350 | TTY (800) 326-2297 | www.rn.ca.gov



COST RECOVERY PAYMENT PLAN

RN Name:_____

Decision/Stipulation No: _____

Payment Terms: _____

Probation Condition: ____

License No:_____

Current Amount Due: \$_____

Cost Recovery Payment Changes

- Now available online.
 - Go to <u>https://www.breeze.ca.gov/datamart/loginCADCA.do</u>
 - If you are a new user, click <u>https://www.breeze.ca.gov/datamart/registration.do?from=loginPage</u> or "BreEZe Registration" and follow the steps.
 - Payments can be made with any card that has a Visa or Mastercard logo.
- Please keep in mind this is a new system. <u>If you submit a payment and get an error, do not</u> <u>try to submit the payment a second time.</u> Contact your probation monitor if this issue occurs. Once a payment is made you will get a receipt for your records.
- Payments can also still be submitted by check, cashier's check, or money order. Those payments can be mailed to:
 - Board of Registered Nursing Attn: Cashiering 1747 N. Market Blvd., Ste 150 Sacramento, CA 95834
 - Write your RN number on the check or money order.

In accordance with my probation requirement, I propose to make payments(s) to the Board as follows:

I will make an initial payment of \$_____by____. Thereafter, I will make _____ payments in the amount of \$_____to reach the Board by the first day of each month thereafter, until the total amount is paid in full.

I understand that if I fail to make any payment(s) as I have described within this payment plan, I will be in violation of my probation requirements and possibly face further disciplinary action against my RN license. I am also aware of Business & Professions Code Section 125.3 that allows the Board to recover the costs of investigation and enforcement.

RN SIGNATURE

DATE

BOARD REPRESENTATIVE

DATE