STEP BY STEP USER GUIDE FOR NURSES TO RENEW ONLINE

Go to www.breeze.ca.gov and click on the Click Here to Access BreEZe Online Services link.

About BreEZe FAQ's Help Tutorials
Skip naviga
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 the professional license and file a consumer complaint (with or without registering). 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. If you would like to learn more about BreEZe please visit the following links on this website:
About BreEZe Frequently Asked Questions (FAQ's) Online Help Tutorials
Click Here to Access BreEZe Online Services
Remember you do not have to register to File a Complaint or Verify a License.
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If you <u>have never registered in the new BreEZe system</u>, click on **BreEZe Registration** link on the right column under **NEW USERS**. (If you have already registered on the BreEZe system, enter your User ID and Password and skip to page 7.)

	<u>Contact Us</u>
A BreEZe Online Services come to the California Department of Consumer Affairs (DCA) BreEZe for consumers, licensees and applicants! BreEZe enables consumer submit license applications, renew a license and change their address • If you were registered with the DCA Online Professional Licensing s • BreEZe only accepts credit card payments for American Express,	Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop 's to verify a professional license and file a consumer complaint. Licensees and applicants s among other services. services before, y ou will need to re-register with BreEZe. Discover, MasterCard, and Visa.
FOR CONSUMERS	FOR APPLICANTS AND LICENSEES
Verify a File a	You will need to <u>register</u> , or use your existing user name and password
LIGENSE	Returning User Fields marked with * are required
	* User ID:
	* Password:
	Forgot Password? Sign In Forgot User ID?
	New Users
	BreEZe Registration

Complete the required fields (marked with *) and enter the security letters, and click **Next** button. Note: For the User ID, please create a unique login name which needs to be at least 8 characters long. The User ID is not case sensitive and should not contain special characters (@,*,#, etc.)

		Logon Lontact Us
		Evgon Contact Of
User Registration		
Please complete the information required below to become a regist	tered 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 m	ienu.	
Account Owner Contact Information		
* First Name:		
Middle Name:		
★ Last Name:		
Account Login		
* Email:		(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 required	d to answer this question to obtain a new temporary pas	sword.)
* 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):		
	W D m S C ll Refresh	
		Next Cancel
		Next Calicel

Click Save on the Preview Registration screen.

Department of Consumer Atfall	About BreEZe FAQ's Help Tutorials
	Logon <u>Contact Us</u>
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 to	menu.
First Name:	Donald
Second Name:	
Last Name:	Duck
Email:	donald.duck@gmail.com
Userld:	donaldduck
Secret Question:	What is your mother's maiden name?
Secret Answer:	Daisy Duck
Email Communication:	Yes
	Save Edit Cancel
Back to Top	Conditions of Use Privacy Policy Accessibility Copyright © 2013 State of California

After saving your user account, **check your email account** that you entered in your registration for the temporary password (**please also check spam or junk mail folders**) for an email message from no-reply-breeze-online@dca.ca.gov

• no-reply-breeze-online@dca.ca.gov
 BreEZe Online Services - User Account Hello Donald, BreEZe Online Services has issued you a temporary password. Please reset you

Once email is received, open it. Write down or print temporary password. Note: Passwords are case sensitive

	★ ★ →	
	BreEZe Online Services - User Account	*
	no-reply-breeze-online@dca.ca.gov Tod To Me	ay at 4:05 PM 🖈
	Hello Donald, BreEZe Online Services has issued you a temporary password. Please reset your password by logging on to your account wit temporary password provided below. Please note that your online password is case sensitive. Temporary Password: sVHwCMf6 Complete your password reset at: https://www.breeze.ca.gov/datamart/languageChoice.do	h the
K	*** Note: This is an automated email. Do NOT reply to this message.	
	Reply, Reply All or Forward More	

Then click on the <u>https://www.breeze.ca.gov/datamart/languagechoice.do</u> link within the email and enter the User ID you created and then enter the temporary password.

Gov BRE EZE	
	<u>Contact Us</u>
BreEZe Online Services ome to the California Department of Consumer Affairs (DCA) BreEZe Onlin for consumers, licensees and applicants! BreEZe enables consumers to w ubmit license applications, renew a license and change their address amo If you were registered with the DCA Online Professional Licensing service BreEZe only accepts credit card payments for American Express, Disco	e Services. BreEZe is DCA's new licensing and enforcement system and a one-stop erify a professional license and file a consumer complaint. Licensees and applicants ong other services. es before, you will need to re-register with BreEZe. wer, MasterCard, and Visa.
FOR CONSUMERS	FOR APPLICANTS AND LICENSEES
Check Licenses and file complaints.	Applicant and licensing needs are available here. You will need to <u>reqister</u> , or use your existing user name and password Returning User Fields marked with* are required • User ID: • Password: <u>Forgot Password?</u> Forgot User ID? New Users

Enter **Temporary Password** again and then click on **New Password** and enter a new password. Click on **Confirm Password** and reenter the **New Password** (minimum 4 characters-1uppercase, 1 lowercase, 1 special character (*,#, etc.) and one numeric) and click the **Save** button.

Department of Consumer Affairs BREEZE	About BreEZe FAQ's Help Tutorials
Logged in as Duck, Donald	Update Profile Logoff Contact Us
Update Default Registration Information Enter your new password and press "Save". Your new password must contain the following: a minimum of (4) 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:	
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At the Add License to Registration Yes or No question, click on **Yes** button and then click on the **Next** button.

C.Gov	BREEZE
	Skip navigat
Logged in as Duck, Donald	Update Profile Logoff Contact
Step1: Ever held a license before with DCA?	Add Licenses To Registration
Step2: Provide Identifying Information	By answering a few, simple questions, we will help you to get started.
Step3: Confirm Information	The you, of have you ever been, processionally incertised of registered with the bepartment of oursumer vitans?
	Yes How dolknow? No
	. Next

- 1. At the DCA Board/Bureau/Committee field, click on the **drop down arrow** and select "**Board of Registered Nursing**"
- 2. At the License/Registration Type field, click on the **drop down arrow** and select "**Registered Nursing RN**"
- 3. Click the **Next** button.

		Skip nave
Logged in as Duck, Donald		Update Profile Logoff Contac
Step1: Ever held a license before with DCA?	Add Licenses To Registrati	ion - Select License Type
Step2: Provide Identifying Information	Identify the License/Registration th	n at you have held, or you have applied for in the past.
Step3: Confirm Information	Which board manages your Licens	e/Registration type? Selecting the appropriate board will narrow the available items found in birt
	the Electrise registration disp-down	n nat.
	DCA Board/Bureau/Committee.	Board of Registered Nursing
	DCA Board/Bureau/Committee License/Registration Type	Board of Registered Nursing Registered Nurse - RN How dolknow 2 @

Enter the personal info requested (Last name, Last 4 of your SSN and your DOB following the format) and the security characters and click the **Next** button.

If you have trouble reading the security characters, click **Refresh** until you can read them, and then click the **Next** button.

Note: If you receive an error message, some users will have to erase their last name from the Last Name field and retype your last name and the security characters. Click the **Next** button again.

				Skie opviori
Logged in as Duck Donald			Upd	ate Profile Logolf Contact
Step1: Ever held a license before with DCA? Step2: Provide Identifying Information Step3: Confirm Information	Add Licenses To Registration - Validat Help us find your records. Please note that you must have an SSN on file w do not have an SSN on file, you will not be able to on how to provide your SSN. Please provide your information in order for the Di the BreEZe system. A previous record may inclu- - Required Information	tion ith your licensing Board/Br o onboard your license. Pi epartment of Consumer Aff de: licensee, complainant,	ureau/Committee in order t ease contact your Board/B lairs to confirm that you do witness, etc	o on-board your license. If you ureau/Committee for instruction not have a previous record in
	Last Name: SSN: Date Of Birth:	Last (mon	4 Digits of SSN vidd/yyyy)	
	• Type the characters from the picture below (without spaces):	s m n	y C Refresh	

At the Preview screen, click on **I Confirm this is my license** option and then click on the **Next** button.

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U.GOV	DHCLAC	
.ogged in as Duck, Donald		<u>Skip nav</u> Update Profile Logoff Contar
Step1: Ever held a license before with DCA? Step2: Provide Identifying Information	Add Licenses To Regist Good News! We have located y Please confirm your license/reg	ration - Preview /our information jistration/certificate credentials below. If you are a current applicant, you will see the type of ing listed below
Step3: Confirm Information	Indiv / Org Number:	1937612
	Name:	Duck, Donald
	license/registration Type	license/registration Number
	Registered Nurse	381100
	· Select One:	
		 I confirm this is my license/registration information (read www.dca.ca.gov/webapps/breeze/dec_descript.php.)
		O No this is not my license/registration information

Note: If you hold multiple licenses with the Board, you will only need to do the above process once, as the system will find all licenses associated to you.

After successfully linking your online registration to a license, and you receive the following message, **Click the No button**.

Control Control	Lick Start Menu Lick o start, choose an option, and yo You have successfully linked your online registration to a lick (s). Would you like to link your online registration to more lick (s)? License Activities It is time to Renew! Registered Nurse 381100 Yes Manage your license inform Yes	ense nse Registration stration ense stration	Show Detail 381100 Registered N	Is _
To start, choose an option, and yo You have successfully linked your online registration to a license (s). Would you like to link your online registration to more license (s)? It is time to Renew! Registered Nurse 381100 Manage your license inform Registered Nurse 381100 C <choose application=""> Select Applications</choose>	o start, choose an option, and yo You have successfully linked your online registration to a lic. iccense Activities It is time to Renew! Registered Nurse 381100 Yes Manage your license inform Yes Registered Nurse 381100 Yes Yes No	ense stration	381100 Registered N •	
Registered Nurse 381100 Yes No Select Registered Nurse 381100 Choose Application> V Select Applications	Registered Nurse 381100 Manage your license inform Registered Nurse 381100 Crosse a holie attrice to the second		Se Se	elect
Registered Nurse 381100 Choose Application> Select Applications	Registered Norse 381100		Se	elect
Applications	Sciect			
	Applications			
Start a New Application or Take an Exam	Start a New Application or Take an Exam			
Choose Board> V	<choose application=""> Select</choose>			
Choose Application> Y Select	View Application Status			

Note: If you cannot link your license to your Breeze USER ID, call the Board of Registered Nursing Help Desk @916-322-3350 M-F 8:00 – 5:00 PST.

You should see the Quick Start menu screen.

CARCON BRE	z Lt				
Logged in as Duck, Donald				<u>Update</u>	Skip na
uick Start Menu				License/Registration Information	Show Details
o start, choose an option, and you will return to	this Quick Star	t menu after you	have finished.	License/Registration Number:	381100
				License/Registration Type	Registered Nurse
icense Activities			Additional Activities		
It is time to Renew!			Add Authorized Repres	entative	Sele
Registered Nurse 381100		Select	License Notification Su	bscriptions	Sele
Manage your license information				•	
Registered Nurse 381100					
<choose application=""></choose>		Select			
Applications					
Start a New Application or Take an Exar	n				
<choose board=""></choose>					
<choose application=""> V</choose>		Select			
View Application Status					
Roard of Registered Nursing - Registered Nurse	Status:	_			

Under the License Activities

You should see **It is time to Renew!** Click on the blue **Select** box.

Quick Start Menu	
To start, choose an option, and you will retum to	this Quick Start menu after y
License Activities	
It is time to Renew!	Å
Registered Nurse 381100	Select
Manage your license information	
Registered Nurse 381100	
<choose application=""></choose>	Select

At the Registered Nurse Renewal Introduction, please read this information and then Click on the Next button.

Introduction	Registered Nurse Renewal Application - Introduction				
Information Privacy Act	CALIFORNIA BOARD OF REGISTERED NURSING (BRN), ONLINE LICENSE RENEWAL APPLICATION				
Transaction Suitability Questions	Requirements In order to renew your RN license you will need to:				
Application Questions	1 Answer the renewal questions				
Name and Personal/Organization Details	2. Verify your personal information 3. Provide information regarding your Continuing Education 4. Meet the fingerprint requirement 5. Contification of Accuracy Statement				
Contact Details	6. Attachments (if needed)				
CE Information	7. Pay the appropriate renewal fee				
Questions	Legality of Practice Between Renewal and Receipt of License: Section 121 of the Business and Professions Code				
Work Location	provides that a nurse may work pending receipt of his/her renewed license providing the renewal fee has been submittee and all renewal requirements have been met.				
Healing Art Survey	Certification Reminder: Registered nurses must be certified by the Board in order to use the titles Clinical Nurse Specialis				
File Attachments	(CNS), Nurse Practitioner (NP), Nurse Practitioner Furnishing (NPF), Nurse Anesthetist (NA), Public Health Nurse (PHN), Nurse-Midwife (NMW), Nurse-Midwife Furnishing (NMF) or Psychiatric Mental Health Nurse(PMH)				
Application Summary	Advanced Practice Certificate Renewals: If you are a CNS, NA, NMW, or if you possess a furnishing number certificate, must renew your certificate(s) in addition to your registered nurse license. Each certificate has an associated fee due at time renewal. Note: The following certifications are automatically updated upon renewal of the RN license: NP, PHN, and PMH.				
	Late Fee: Renewal fees are due prior to the expiration date. A late penalty is added for renewals submitted after the expirate date.				
	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.				
	Press "Next" to continue.				
	To exit this application, click on the "Cancel" button.				
1					
	Next Cance				

Please read the information and then click on the **Agree** button to proceed.

ogged in as Duck, Donald	Update Profile Logoff Cont
Introduction	Registered Nurse Renewal Application - Information Privacy Act
formation Privacy Act	INFORMATION COLLECTION AND ACCESS
Transaction Suitability	
Questions	collecting information from individuals.
Application Questions	Agency Name: Board of Registered Nursing
Name and Pers onal/Organization Details	Title of official responsible for information maintenance: Executive Officer
Contact Details	Addre 35: P.O. BOX944210, SACRAMENTO, CA 94244-2100
CE Information	Telephone Number: (916) 322-3350
Ques tions	Authority which authorizes the maintenance of the information: Section 30, Section 2732 1(a) Business and Profess
Work Location	code all information is mandatory.
Healing Art Survey	The consequences, if any of not providing all or any part of the requested information: Failure to provide any of the
File Attachments	requested information will result in the application being rejected as incomplete.
, , , , , , , , , , , , , , , , , , ,	Interprincipal purposet purposet, for which the information is to be used : Section 30 of the buildes and professions dode and public laws 94.455 (42) uses 405 (42) (c) and thor be collection of your social security number. Your social security number will used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in public diverses and the purposes of compliance with any judgment or order for family support in public diverses and the purposes as of compliance with any judgment or order for family support in public diverses and the public diverses of compliance with any judgment or order for family support in public diverses and the request ing state. The processed is exclusively number, your application for initial or renewal license will not be processed. You will be application to the fanches tax board, which may assess as \$100 penalty against you. Your name and address is ted on this application will be disclosed to the public upon request if and when you become licensed or renewed. Any known or foresee able interagency or intergovernmental transfer which may be made of the information: Possible transfer to law enforcement, other government agencies and reporting social security number to the fanches tax to or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure. Mandatory Reporter: Under California law each person license dby the Board of Registered Nursing is a "Mandated Report for child abue e or neglect purposes. Frior to commencing his or her employment, and as a prerequisite to that employment, mandated reporter must sign a statement on a form provided to him or her by his or her employen that enforce that he or si has knowledge of the provisions of Section 11166 and will comply with those provisions. California Penal Code Section 11166 and will comply with tho

Answer the Transaction Suitability Questions and click **NEXT** to proceed.

If you need to do a name change, STOP!

Please go to <u>http://m.ca.gov/pdfs/forms/namechange.pdf</u> for a name change form. Please complete the name change form, sign it, and fax it to the number listed or mail it to the address listed on the form with the appropriate documentation. Please <u>wait until the name change is</u> <u>completed to proceed with the online renewal</u>. Once your name change is completed, then skip to page 7 and continue.

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			Skip navi
Logged in as Duck, Donald		Update P	rofile Logoff Contae
Introduction	Registered Nurse Renewal Application - Function Suitability	1	
Information Privacy Act	Please answer the following questions. You must respond to each question in	n order to proceed with re	newal.
Transaction Suitability Questions	Press "Previous" to return to the previous section. Answer the questions and press "Next".		
Application Questions	To exit this application, click on the "Cancel" button.		
Name and Personal/Organization Details	Question Do you have a name change to make with this renewal?		Answer Yes
Contact Details			O No
CE Information		Previous	Next Cancel
Questions			
Work Location			
Healing Art Survey			
File Attachments			
Application Summary			

Answer the Application Question – Then Click the **Next** button.

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	Skip navi
Logged in as Duck, Donald	Update Profile Logoff Conta
Introduction	Registered Nurse Renewal Application - Application Questions
Information Privacy Act	Answer the questions and press "Next" to continue.
Transaction Suitability Questions	Press "Previous" to return to the previous section. To exit this application, click on the "Cancel" button.
Application Questions	
Name and Personal/Organization Details	since you last renewed your incense, have you had a license disciplined by a government agency or other Tes disciplinary body: or have you been convicted of any crime in any state, the USA and its territories, military court or other country? http://www.rn.ca.gov/enforcement/convictions.shtml
Contact Details	Previous Next Cancel
CE Information	
Questions	
Work Location	
Healing Art Survey	
File Attachments	
Application Summary	
	Deals to Tan J. Conditions' of Hand J. Drivers' Deline: J. Assessibility
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Verify information on screen is correct – Click **Next** button.

01	Department of Consumer A	Ifairs	About BreEZe	FAQ's	Help Tutorials
C.Gov	BREEZE				
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Logged in as Duck, Donald				Upd	ate Profile Logoff Con
Introduction	Registered Nurse F	Renewal Application - Name an	d Personal Detai	is	
Information Privacy Act	Please verify your perso	nal information is accurate.			
Transaction Suitability Questions	Press "Previous" to retu Verify your personal det	rn to the previous screen. ails and press "Next" to continue.			
Application Questions	To exit this application,	click on the "Cancel" button.			
Name and Personal/Organization Details	Title First Name:	Donald			
Contact Details	Middle Name:				
CE Information	Last Name:	Duck			
Questions	Birthdate:	11/03/1908 (mm/dd/yyyy)			
Work Location	Gender:				
Healing Art Survey	If your name or date of b	with is incorrect please contact the BRN	at (916) 322-3350.		
File Attachments	If all the information is o	orrect select "Next" to proceed.			
Application Summary				Previo	ous Next Cano

Contact Detail: If the Next button is grey, Click on the '<u>Address of Record</u>' link.

				Skip navig
ogged in as Duck, Donald				Update Profile Logoff Contac
Introduction Information Privacy Act Transaction Suitability Questions Application Questions Name and Personal/Organization Details Contact Details	Registered If the address Please note th The following ar the relevant add • Address Press "Previou Press "Next" 1 To exit this ap	Nurse Renewal Appli below is incorrect, please c iat you will need to make a ddress types need to be up dresses below. a of Record is" to return to the previous when finished adding/changi plication, click on the "Cani	cation - Address Detail Summary lick or Address of Record" and make the appr sentrate change of address for each license ty ated to include required information. Please m section. ng addresses. :ef" button.	ropriate changes. pe you hold (ex RN, NMW, etc.) rodify them by clicking on the links fo
CE Information	License Speci	c Addresses		
CE Information Questions	License open	P Name	Duck Denald	
CE Information Questions Work Location	Address of Record	Name.	Duck, Donald	
CE Information Questions Work Location Healing Art Survey	Address of Record	Address:	1313 Disneyland Dr	
CE Information Questions Work Location Healing Art Survey File Attachments	Address of Record	Address:	1313 Disneyland Dr ANAHEIM , CA ORANGE	
CE Information Questions Work Location Healing Art Survey File Attachments Application Summary	Address of Record	Address:	1313 Disneyland Dr ANAHEIM , CA ORANGE 92802	

Enter in the missing information (typically the Country is missing)

Logged III as Duck, Donald		opuate Frome Logon Contact os
Introduction Information Privacy Act Transaction Suitability Questions Application Questions Name and Personal/Organization Details Contact Details Contact Details CE Information Questions Work Location Healing Art Survey File Attachments Application Summary	Registered Nurse Renewal Application - Maintain Contact Details Edit the data and press "Done" to save your changes. Press "Cancel" if you do not want to save your changes. Address of Record • Address Line 1: 1313 Disneyland Dr Address Line 2: Address Line 3: • City: Address Line 3: • City: Address Line 3: • City: Andress Line 3: • City: Andress Line 3: • City: • County: • ORANGE • Country: • Phone Number: Extension: E-mail: Alternate Phone	Done Cancel
	Back to Top Conditions of Use Privacy Policy Accessibility Copyright © 2013 State of California	

Now the **Next** button is available. Click the **NEXT** button to continue.

C.GOV	BREEZE				
					Skip navigatio
Logged in as Duck, Donald				Update Profile	Logoff Contact Us
Introduction	Registered Nurse Re	newal Application	Address Detail Summ	ary	
Information Privacy Act	If the address below is inco	rrect, please click on "A	ddress of Record" and make t	he appropriate changes.	
Transaction Suitability Questions	Please note that you will ne Press "Previous" to return t	eed to make a separate of the previous section.	change of address for each lic	ense type you hold (ex RN	N, NMW, etc.)
Application Questions	Press "Next" when finished	adding/changing addres	ses.		
Name and Personal/Organization Details	License Specific Addresse	k on the "Cancel" buttor s			
Contact Details	Record Name:		Duck, Donald		
CE Information	Addres	s:	1313 Disneyland Dr ANAHEM , CA		
Questions			ORANGE		
Work Location			92802 US		
Healing Art Survey	Altema	te Phone			
File Attachments	Please note, the 'Address	of Record' will be disclos	ed to the public.		
Application Summary				Previous N	ext Cancel
	Back to Top	Conditions of Use Pri Copyright © 2013 State	vacy Policy <u>Accessibility</u> of California		

Complete the Continuing Education by clicking the **Add** button to enter a new record.

	<u>Skip nav</u>
Logged in as Duck, Donald	Update Profile Logoff Conta
Introduction	Registered Nurse Renewal Application - CE Information - Information
Information Privacy Act	Registered nurses are required by law to complete 30 hours of continuing education (CE) to renew their license in an active status. Courses must be completed during the preceding 2 year period
Transaction Suitability Questions	If using academic courses taken for CE credit, use the following breakdown to compute the number of hours: 1 quarter unit =
Application Questions	contact hours; and 1 semester unit = 15 contact hours.
Name and	CE Certificates: You are required to keep certificates or grade slips for four years as proof of completion in case of an audit.
Personal/Organization Details	CE Exemption For Certain First-Time Renewals: If you obtained your initial RN license by passing the national licensing examination (NCLEX-RN) within the past two years and this is your first renewal, you are exempt from the CE requirement.
Contact Details	Please enter EXEMPT as the Course Name, NCLEX as the Providers name, today's date as the Date of Completion and 30 a the Number of CE Hours
CE Information	Press the "Edit" link to edit the record.
Questions	Press the "Remove" link to remove the record.
Work Location	Press "Add" to add a new record.
Healing Art Survey	Press "Previous" to return to the previous section.
File Attachments	Enter appropriate details and press "Next" to continue.
Application Summary	To exit this application, click on the "Cancel" button.
	Course Name Date of Completion (mmtddyyy) Provider Name Provider Number Number of Hours
	< >>
	Add Previous Next Cancel
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Enter the required information which can be found on your CEU certificate. Click the **Next** button and continue the process until the required 30 hours is entered.

Note: If renewing Inactive enter 'Renewing Inactive' as course name and enter '30' as the Number of CE Hours

	SKP Have			
ogged in as Duck, Donald	Update Profile Logoff Contac			
Introduction	Registered Nurse Renewal Application - CE Information - Add			
Information Privacy Act	Registered nurses are required by law to complete 30 hours of continuing education (CE) to renew their license in an active status. Courses must be completed during the preceding 2 year period.			
Transaction Suitability Questions	If using academic courses taken for CE credit, use the following breakdown to compute the number of hours: 1 quarter unit =			
Application Questions	contact hours; and 1 semester unit = 15 contact hours.			
Name and Personal/Organization Details	E Certificates: You are required to keep certificates or grade slips for four years as proof of completion in case of an audit. E Exemption For Certain First-Time Renewals: If you obtained your initial RN license by passing the national licensing amination (NCLEX-RN) within the past two years and this is your first renewal, you are exempt from the CE requirement.			
Contact Details	Please enter EXEMPT as the Course Name, NCLEX as the Providers name, today's date as the Date of Completion and 30 a the Number of CE Hours			
E Information	Press "Next" to save this record and continue.			
Questions	Press "Cancel" if you do not want to save your changes.			
Work Location	Course Name:			
Healing Art Survey	Date of Completion: (mm/dd/yyyy)			
File Attachments	Provider Name:			
Application Summary	Provider Number:			
	Number of Hours:			
	Next Cancel			
	Back to Top Conditions of Use Privacy Policy Accessibility Copyright © 2013 State of California			

Click Next when done.

.ogged in as Duck, Donald	Update Profile Logoff Contr
Introduction	Registered Nurse Renewal Application - CE Information - Information
Information Privacy Act	Registered nurses are required by law to complete 30 hours of continuing education (CE) to renew their license in an active status. Courses must be completed during the preceding 2 year period.
Transaction Suitability Questions	If using academic courses taken for CE credit, use the following breakdown to compute the number of hours: 1 quarter unit
Application Questions	contact nours; and 1 semester unit = 15 contact nours.
Name and Personal/Organization Details	CE Certificates: You are required to keep certificates or grade slips for four years as proof of completion in case of an audit. CE Exemption For Certain First-Time Renewals: If you obtained your initial RN license by passing the national licensing examination (NCLEX-RN) within the past two years and this is your first renewal, you are exempt from the CE requirement.
Contact Details	Please enter EXEMPT as the Course Name, NCLEX as the Providers name, today's date as the Date of Completion and 30 the Number of CE Hours
CE Information	Press the "Edit" link to edit the record.
Questions	Press the "Remove" link to remove the record.
Work Location	Press "Add" to add a new record.
Healing Art Survey	Press "Previous" to return to the previous section.
File Attachments	Enter appropriate details and press "Next" to continue.
Application Summary	To exit this application, click on the "Cancel" button.
	Course Name Date of Completion (meridaly) Provider Name Provider Number of Hours
	Add Previous Next Cance
	Back to Top Conditions of Use Privacy Policy Accessibility Copyright © 2013 State of California

Read and answer ALL the renewal questions carefully and click the **Next** button.

Note: -Renewing Active answer yes.

Renewing Inactive answer no.

-If you have submitted fingerprints/live scan to the Board previously, you are considered compliant and should answer "Yes" to the Fingerprint Compliance question.



Click the Add button to begin filling out the Work Location. Once done Click the Next button.

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Logged in as Duck Donald										Indate Pr		Skip navie
Logged in as Duck, Donald	_								<u>_</u>			i j comure
Introduction	Registe	red Nurse	Renev	val A	pplication	- Work	Locatio	on - Informati	on			
Information Privacy Act	Please co	onsider comp	leting the	e follow	ving optional s	urvey qu	estions re	elating to your wo	ork in th	e healing	arts professio	on.
Transaction Suitability Questions	wish to completion	on of the sun omplete this on.	ey nelps compone	aetem ent of th	nine nealth pro he survey, sele	ect Nex	ais shorta t' at the bo	ottom of the scre	en to pr	oceed for	vard with you	ir ir
Application Questions	Please s	elect 'Add' be	low to ac	ld infor	mation relevar	nt to one	or more o	of your current w	ork loca	tions. You	will be allow	ed to ente
Name and Personal/Organization Details	more that Press the	n one work lo e "Edit" link to	ocation. o edit the	record	1.							
Contact Details	Press the	e "Remove" li	nk to rem	oveth	e record.							
CE Information	Press "A	dd" to add a	new reco	rd.								
Questions	Press "P	revious" to re	turn to th	e previ	ous section.							
Work Location	To exit th	is application	nis and p	n the "(Cancel" buttor	1.						
Healing Art Survey	Years	Self	County	Zip	Health	Work	Acute	Home	Long-	Skilled	Accredited	Manufa
File Attachments	with	Employed		Code	Occupation	Hours	Care	Care/Durable Medical	Term	Nursing	Education	
Application Summary	Linproyer						rivepriar	Equipment	Care	activity		
	<											>
								Add	Prev	vious	Next	Cancel
		Back to 1	Fop Co	ndition	s of Use Pri	vacy Po	licy I Ac	cessibility				

Fill out the Healing Art Survey and Click the **Next** button at the bottom of the page to continue.

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Introduction	Registered Nurse Renewal Application - Healing Art Survey	- Information
Information Privacy Act	Please consider completing the following optional survey questions relating to y survey helps determine health professionals' shortages and improves access to	your healing arts profession. Completion of the p patient care. If you do not wish to complete this
Transaction Suitability Questions	component of the survey, select Next' at the bottom of the screen to proceed for Press "Previous" to return to the previous section.	prward with your application.
Application Questions	Enter appropriate details and press "Next" to continue.	
Name and Personal/Organization	To exit this application, click on the "Cancel" button.	
Details	Additional Credentials/Certificates:	
Contact Details	Are you presently pursuing credentials or certifications in addition to your	○ Yes ○ No
CE Information	previously obtained qualifying degree?	
Questions	If you answered 'Yes' to the previous question, please enter the name of the credential/certification:	
Work Location	If you are pursuing additional credentials or certifications, what is the	
Healing Art Survey	expected year of completion (e.g. 2018)?	
File Attachments	If applicable, please enter the name of the school at which you are pursuing	
Application Summary	your additional credential/certification:	
	If applicable, please enter the address of the school at which you are pursuing your additional credential/certification:	\bigcirc
	Cultural/Ethnic Background:	
	If you identify your cultural/ethnic background as African American, please select 'Yes.'	\bigcirc Yes \bigcirc 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.'	\bigcirc Yes \bigcirc No
	If you identify your cultural/ethnic background as Latino/Hispanic, please select 'Yes.'	\bigcirc Yes \bigcirc No
	If you identify your cultural/ethnic background as Latino/Hispanic, please select the appropriate value from the dropdown options.	
	If you identify your cultural/ethnic background as Asian, please select 'Yes.'	○ Yes ○ No
	If you identify your cultural/ethnic background as Asian, please select the	

At the Attachments screen, if you have any Conviction documentation, CEU Certificate(s) (not needed if you entered your course(s) at the CE Information tab) or other information to upload, click on the Attach button to add the documents.

If you have no attachments, click the **Next** button.

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Logged in as Duck, Donald	Update_Profile Logoff Cont
Introduction	Registered Nurse Renewal Application - Attachments
Information Privacy Act	If you have electronic documents to provide to the BRN please select the "Browse" button and click "Attach" for each docur
Transaction Suitability Questions	Appropriate attachments can include, conviction/discipline explanation, completed Live Scan form with ATI humbar, or CE certificates. 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. To exit this application, click on the "Cancel" button.
Contact Details	
CE Information	Browse
Questions	Notes
Work Location	
Healing Art Survey	Note: The character limit for the notes field is 200 characters
File Attachments	Attach Previous Next Canc
Application Summary	

At the Application Summary – Please review the information and if it is correct, scroll down and click **Proceed to Payment.** If information needs changed, click the **Previous** button to back up and make corrections.

	1		<u>Update Profile Logoff Contac</u>
Introduction	Registered Nurse Renew	wal Application - Application	Summary
Information Privacy Act	Press "Previous" to the return t	to the previous section.	
Transaction Suitability	Review the data and press "Pro	oceed to Payment" to submit this app	plication.
Questions	To exit this application, click o	n the "Cancel" button.	
Application Questions	Registered Nurse Renewal Ap	oplication Summary	
Name and		License Type:	Registered Nurse
Details		File Number:	199802
Contact Details		License Number:	381100
CE Information		Application Number:	14333298
Questions		Application Date:	07/31/2014 (mm/dd/yyyy)
Work Location	Application Questions		
Healing Art Survey	Since you last renewed your lice	ense, have you had a license discipli	ned by a government agency or other
	disciplinary body: or have you b		and the second
File Attachments	other country? http://www.rn.ca	een convicted of any crime in any sta .gov/enforcement/convictions.shtml	ate, the USA and its territories, military court or No
File Attachments Application Summary	other country? http://www.rn.ca.	een convicted of any crime in any sta gov/enforcement/convictions.shtml	ate, the USA and its territories, military court or No
File Attachments Application Summary	other country? http://www.m.ca.	een convicted of any crime in any sta gov/enforcement/convictions.shtml Title:	ate, the USA and its territories, military court or No
File Attachments Application Summary	other country? http://www.rn.ca.	een convicted of any crime in any sta gov/enforcement/convictions.shtml Title: First Name:	ate, the USA and its territories, military court or No
File Attachments Application Summary	other country? http://www.rn.ca.	een convicted of any crime in any sta .gov/enforcement/convictions.shtml Title: First Name: Middle Name:	ate, the USA and its territories, military court or No
File Attachments	Personal Details	een convicted of any crime in any sta .gov/enforcement/convictions.shtml Title: First Name: Middle Name: Last Name:	ate, the USA and its territories, military court or No Donald Duck
File Attachments Application Summary	Personal Details	een convicted of any crime in any sta .gov/enforcement/convictions.shtml Title: First Name: Middle Name: Last Name: Birthdate:	ate, the USA and its territories, military court or No Donald Duck 11/03/1908
File Attachments	Personal Details	een convicted of any crime in any sta .gov/enforcement/convictions.shtml Title: First Name: Middle Name: Last Name: Birthdate: Gender:	ate, the USA and its territories, military court or No Donald Duck 11/03/1908
File Attachments Application Summary	Addresses	een convicted of any crime in any sta .gov/enforcement/convictions.shtml Title: First Name: Middle Name: Last Name: Birthdate: Gender:	ate, the USA and its territories, military court or No Donald Duck 11/03/1908
File Attachments Application Summary	Addresses License Specific Addresses	een convicted of any crime in any sta .gov/enforcement/convictions.shtml Title: First Name: Middle Name: Last Name: Birthdate: Gender:	ate, the USA and its territories, military court or No Donald Duck 11/03/1908
File Attachments Application Summary	Addresses License Specific Addresses Address of Record	een convicted of any crime in any sta .gov/enforcement/convictions.shtml Title: First Name: Middle Name: Last Name: Birthdate: Gender: Name:	te, the USA and its territories, military court or No Donald Duck 11/03/1908 Duck, Donald

Attestation - Read and click **YES** and click **Proceed to Payment**. Note: If you click NO you will not be able to proceed to payment.

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Logged in as Duck, Donald	Update Profile Logoff Contr
Introduction	Registered Nurse Renewal Application - Attestation
Information Privacy Act	Press "Previous" to return to the previous section.
Transaction Suitability Questions	Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue. To exit this application, click on the "Cancel" button.
Application Questions	I declare under penalty of perjury under the laws of the State of California that the information contained in
Name and Personal/Organization Details	this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this explicit and
Contact Details	Yes
CE Information	○ No
Questions	Previous Proceed to Payment Cance
Work Location	
Healing Art Survey	
File Attachments	
Application Summary	

Fee and Summary Report Click **Pay Now** to complete renewal or Click **Add to Cart** to pay later.

nA Dec	artment of Consumer Attains	About BreEZe	FAQ's	Help Tutorials
GOV	BREEZE			We will be a set
Logged in as Duck, Donald			Upd	Skip navig ate Profile Logoff Contact
Fee and Summary Report Your application data has been sub You are required to pay the amount Press "Pay Now" to proceed to the Press "Add to Can" to Add to Shor	mitted. Click on "View PDF Summary Report" and below for your application to be processed. fee payment page. poing Cart and return to the main menu.	print this report for your records.		
ees	A100.00			
IN Renewal: DuetoRNEducationFund:	\$10.00			
Fotal Amount Due:	\$140.00			
	Pay Now Add to Cart	View PDF Summary Re	eport	Get Acces READER
	Back to Top Conditions of Use Pr	ivacy Policy Accessibility		

The next screen will ask which type of card you wish to use. **Select** which card to use and click **Next**.

					Skip navigat
Logged in as Duck, L	Donald			Update Profile	e Logoff Contact I
Select the applications Press "Show Fee Detail Press "Cancel" to canc	and/or miscellaneous charges ; Is" to show a breakdown of the el the payment.	you wish to pay for by ch fee amounts.	recking the box at the far right o	of the screen and press "Next" t	to continue.
	Description	License Number	License Type	Applicant Name	Fee
Application Number	Description				
Application Number 14333298	Registered Nurse Renewal Application	381100	Registered Nurse - RN	DUCK, DONALD	\$140.00 🗹

Confirm Payment Details Screen Verify fees and card type, then Click **Next** to continue to payment screen.

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Logged in as Duck,	Donald		Update Profile	Skip nav Logoff Conta
Confirm Payment PLEASE NOTE: Whe error, and you will the	t Details n entering your credit card number on the followin n need to log back into the Online Application Pay	g screen, please DO NOT include spaces, c yment portion of the application process.	lashes, or hypens. This act	ion will cause an
Please review the info	rmation below and make sure everything is correc	t. Then, press "Next" to pay for the selected	d application(s).	
Press "Cancel" if you	do not wish to continue with the payment.			
pplication Number	Description	Applicant Name		Fee
4333298	Registered Nurse Renewal Application	DUCK, DONALD		\$140.00
			Total	\$140.00
ayment Method:	Visa			
			N	ext Cancel
	Back to Top Conditio Copyright	ons of Use Privacy Policy Accessibility ht © 2013 State of California		

Enter your Credit Card details, and then click Process.

Note:-DO NOT put spaces or dashes in Credit Card number
-Expiration date is entered as MMYY (no slashes in between)
-CVV2 are the 3 numbers on the back of Visa and MasterCard or the 4 numbers on the front of
American Express cards.

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T	SALE Order Section Credit Card Number: * Expiration Date(MMYYY): * Description: Invoice Number: 4946 First Name: Last name: Address1: Address2: City: State/Province: Postal Code: Phone: Email Address:
	Process

If you need help regarding a payment, please contact your Board or Bureau by returning to the Quick Start Menu and clicking on the Contact Us link.

After you click Process, you will receive a **Successful Payment** screen.

You will have the option to print a PDF receipt for your records.

You can select Logoff at the Main Quick Start Menu, or close your browser window.

After <u>Successful Payment</u>, you should use the <u>Verify a License</u> option from <u>www.breeze.ca.gov</u> Web site <u>to view your new expiration date</u>.

CROV Department of Consumer Attains	About BreEZe FAQ's Help Tutorials
Dictac	Skip navi
	Contac
DCA BraFZa Onlina Sanvicas	
Velcome to the California Department of Consumer Affairs (DCA) BreEze C hop for consumers, licensees and applicants! BreEze enables consumers an submit license applications, renew a license and change their address • If you were registered with the DCA Online Professional Licensing se • BreEze only accepts credit card payments for American Express, D	Inline Services. BreEZe is DCA's new licensing and enforcement system and a one-st to verify a professional license and file a consumer complaint. Licensees and applicar among other services. arvices before, you will need to re-register with BreEZe. iscover, MasterCard, and Visa.
FOR CONSUMERS	FOR APPLICANTS AND LICENSEES
Check Licenses and file complaints.	Applicant and licensing needs are available here. You will need to <u>requister</u> , or use your existing user name and password
LICENSE COMPLAINT	Returning User
	* User ID:
, ,	* Password:
	Eargot Password? Eargot User ID? Sign In
	New Users
	BreEZe Registration
	1

Click on Search by License Number



Then use drop down boxes to select the Board option for **Board of Registered Nursing** and License Type option for **Registered Nurse - RN.**

Enter only the numeric portion of your license number and click Search.

Search by License Nur Enter your search criteria and	nber press "Search" to find a license.	
Press "Clear" to clear the set Press "Back" to return to the	irch criteria. previous screen.	
Board:	Board of Registered Nursing - BRN	
License Type:	Registered Nurse - RN 🗸 🗸	
License Number:		
Rows Per Page:	5 🗸	
		Search Clear B

The results screen will list all licenses with the same number. **Click** on the correct name listed to view the profile.

(Note: Some duplicative previous name results may be listed. This is an issue with the BreEZe system that will be resolved in the future.)

NOTE: If you do not see a new expiration date associated with your license, please *call the Board of Registered Nursing Help Desk at 916-322-3350 M-F 8:00 – 5:00 PST.* <u>A missed</u> <u>question on your renewal application could be holding up your renewal and this unit can</u> assist you with correcting this problem.