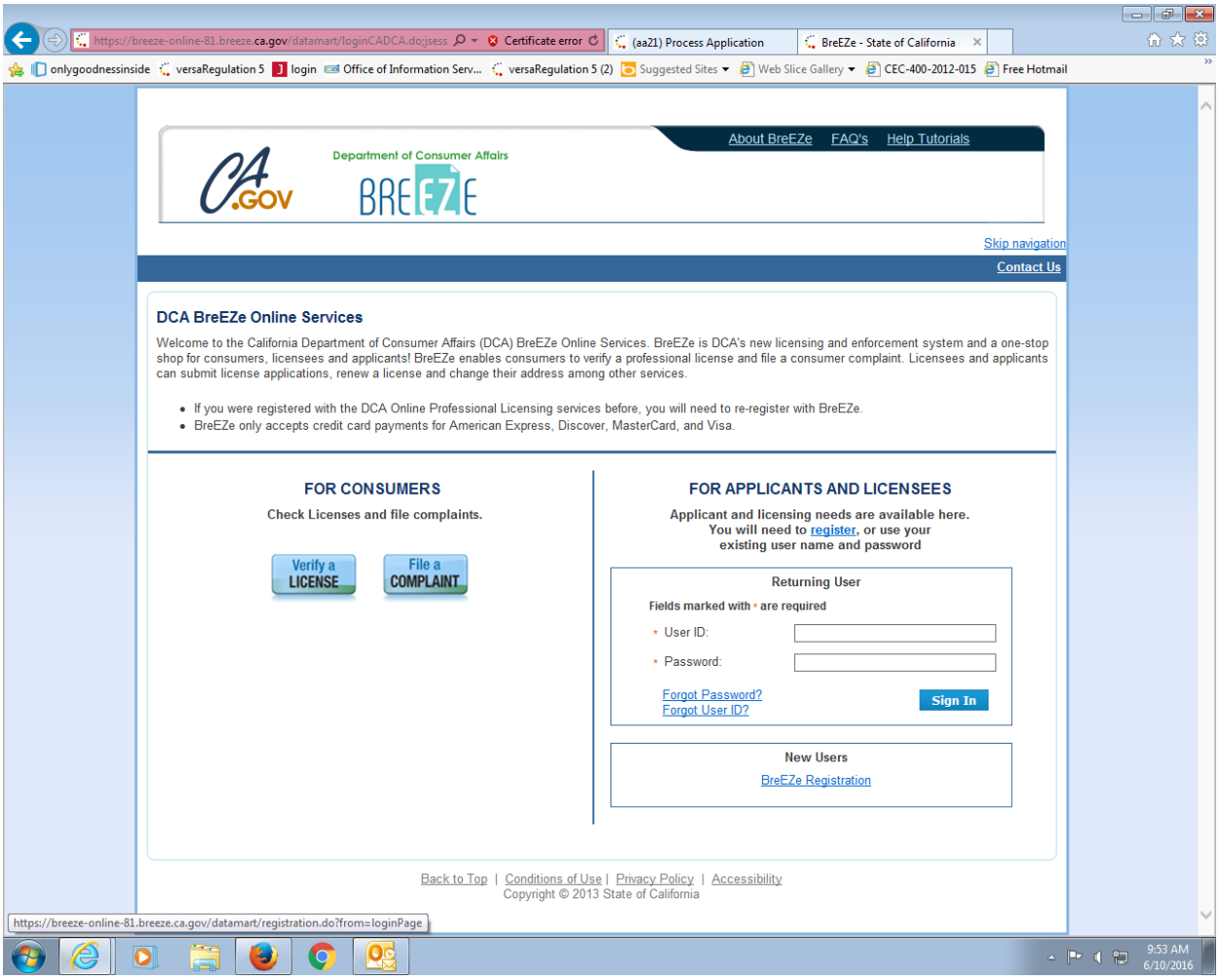
Osteopathic Physician and Surgeon License

On-Line Renewal Instructions

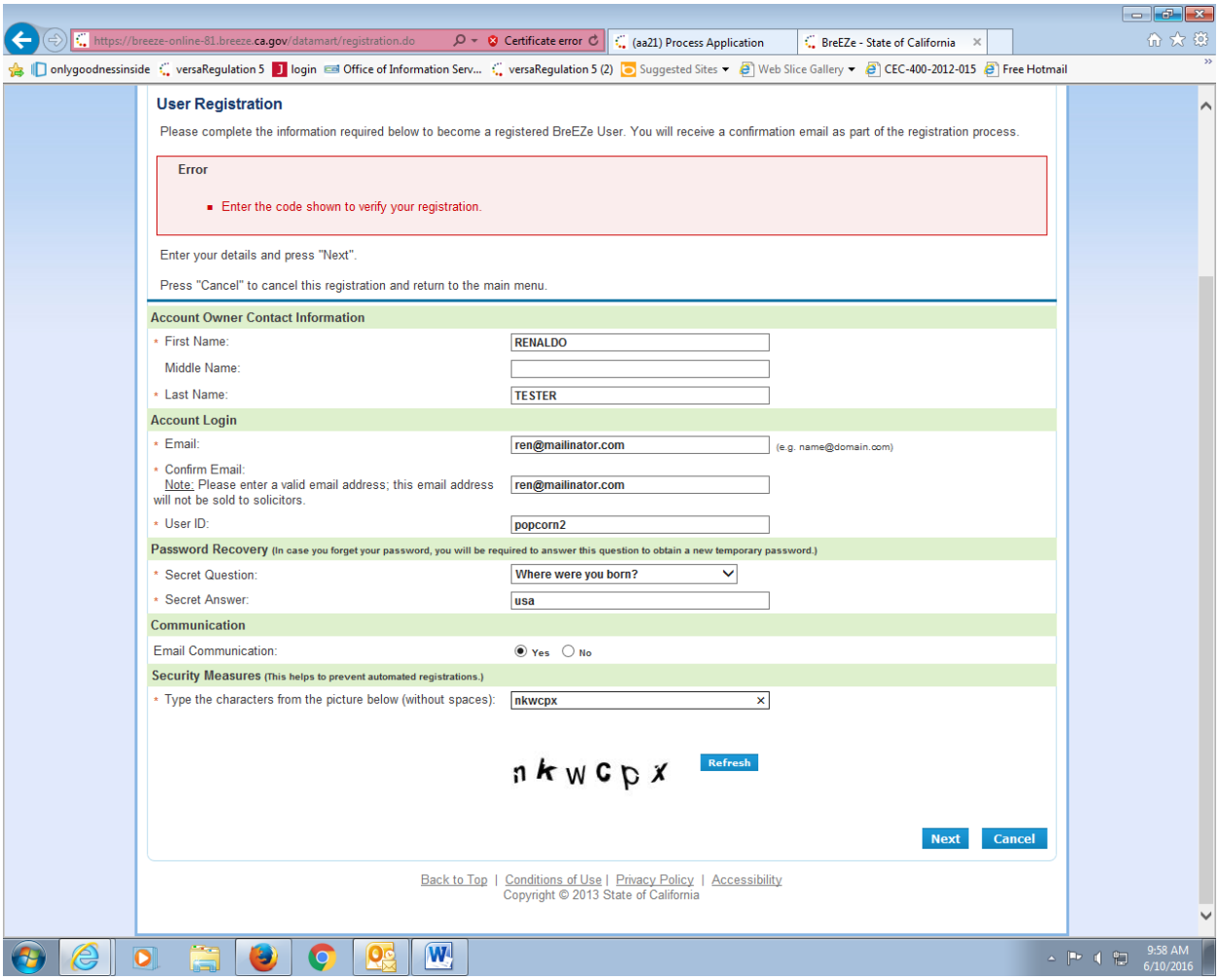
Welcome to the Breeze System.

Please note: If you are reinstating a license that has been delinquent for more than two years, do not renew on-line: instead, contact our office. Contact information can be found at: http://www.ombc.ca.gov/contact_us.shtml

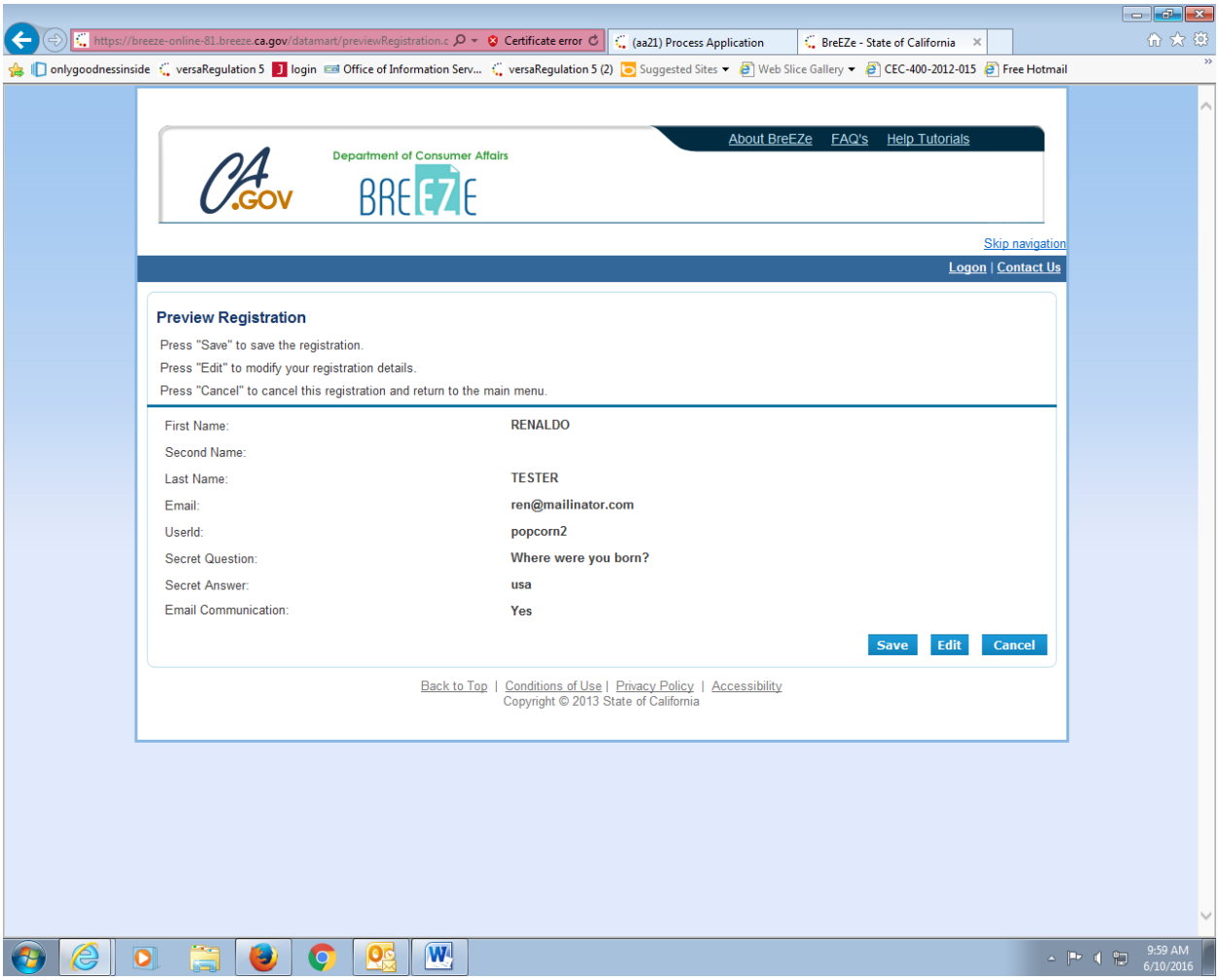
To begin, Click: “Breeze Registration” under “New Users” on the bottom right of the screen. (If you have an established Breeze ID and Password, log in under “Returning User”.



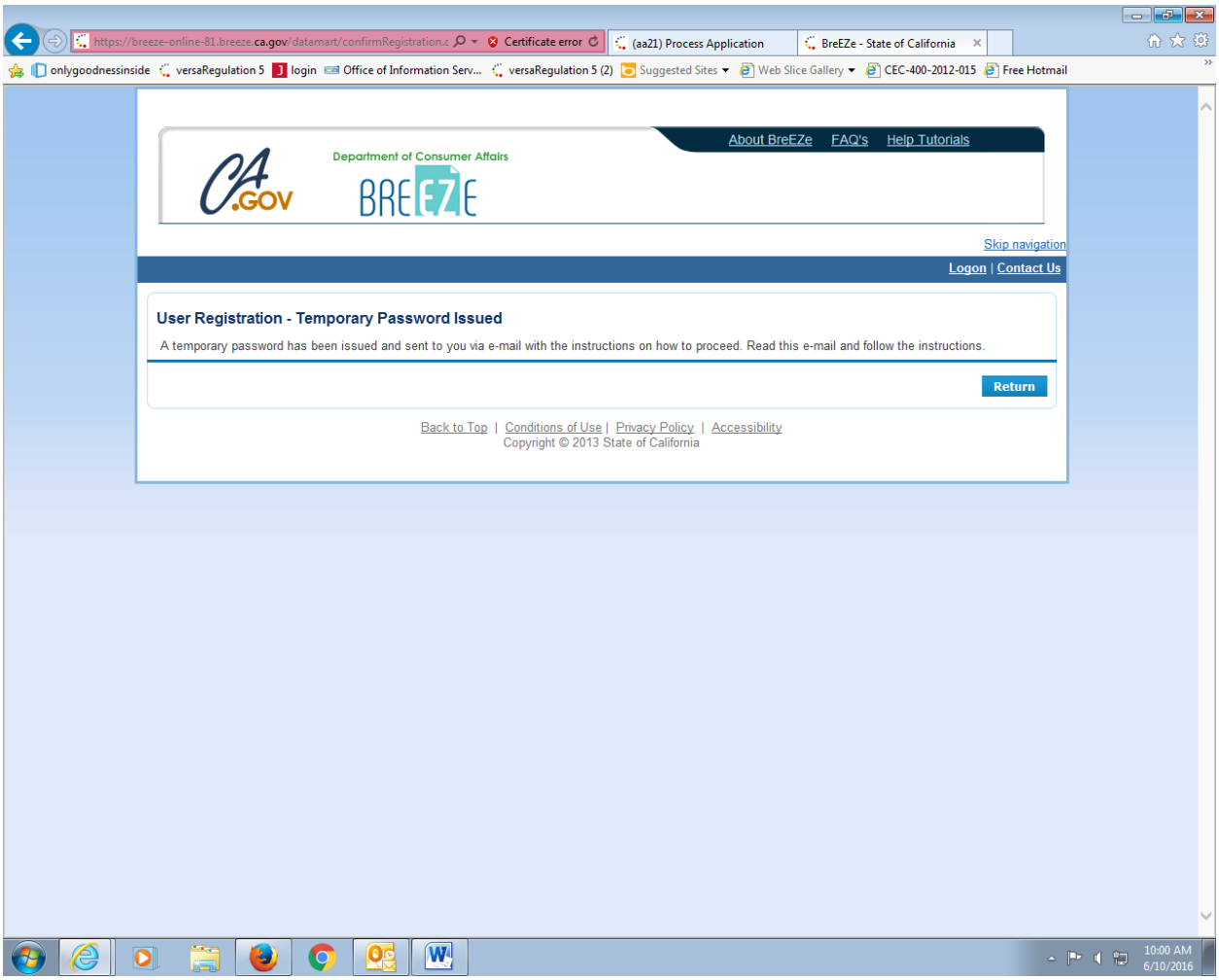
Enter the required information, including Security Measures, then Click: Next.



Review the information. If it is correct, Click: SAVE. If it is incorrect, Click Enter.



After clicking Save, this screen will appear. Retrieve your temporary password from your e-mail account.

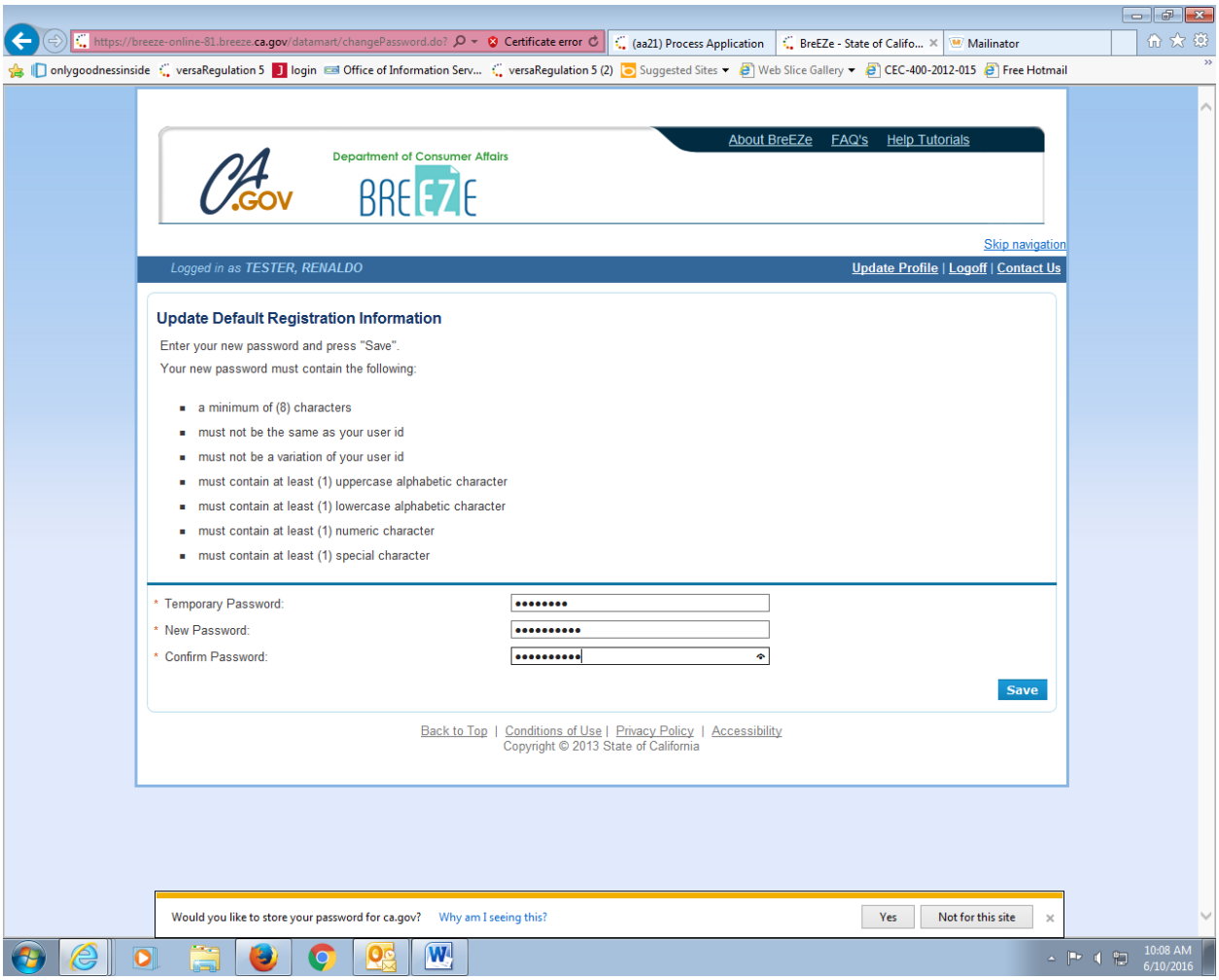


When you retrieve your temporary password, copy it, then go back to this screen and Click: Return.

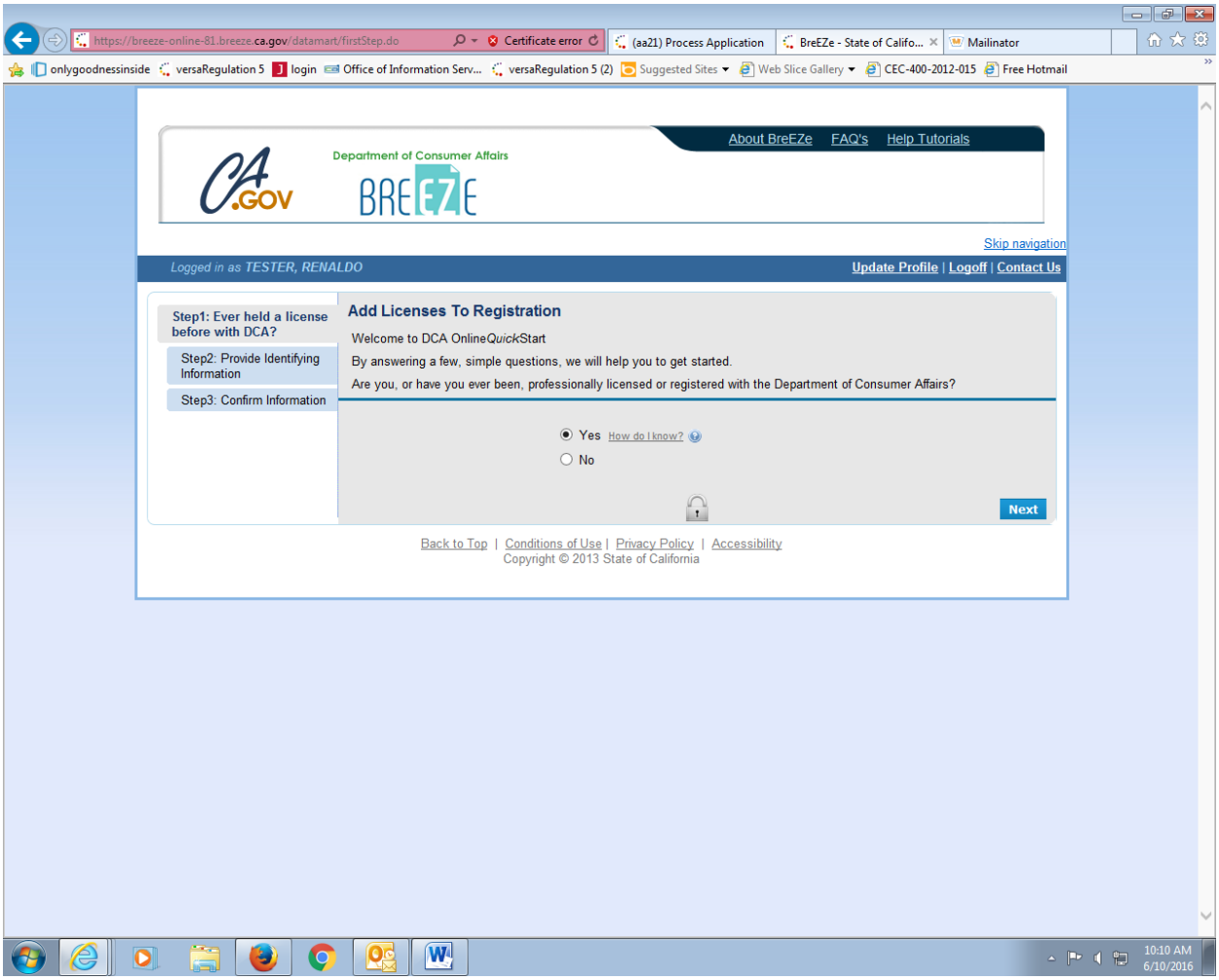
Enter your User ID and paste the temporary password into Password. Click: Sign In.

Paste the temporary password into: Temporary Password. Enter your new permanent password twice.

Click: Save.



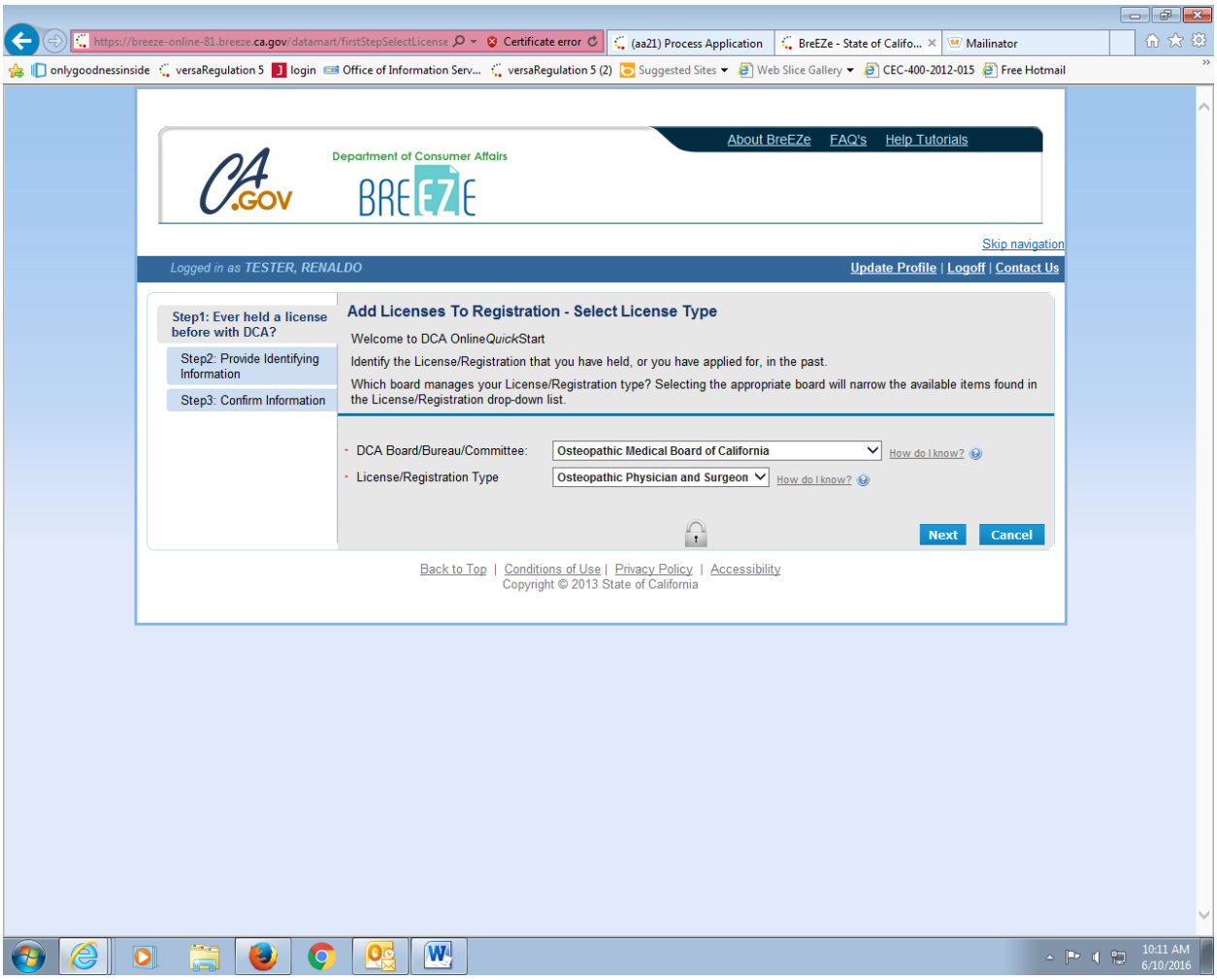
The “Yes” button should be filled in. Click: Next.



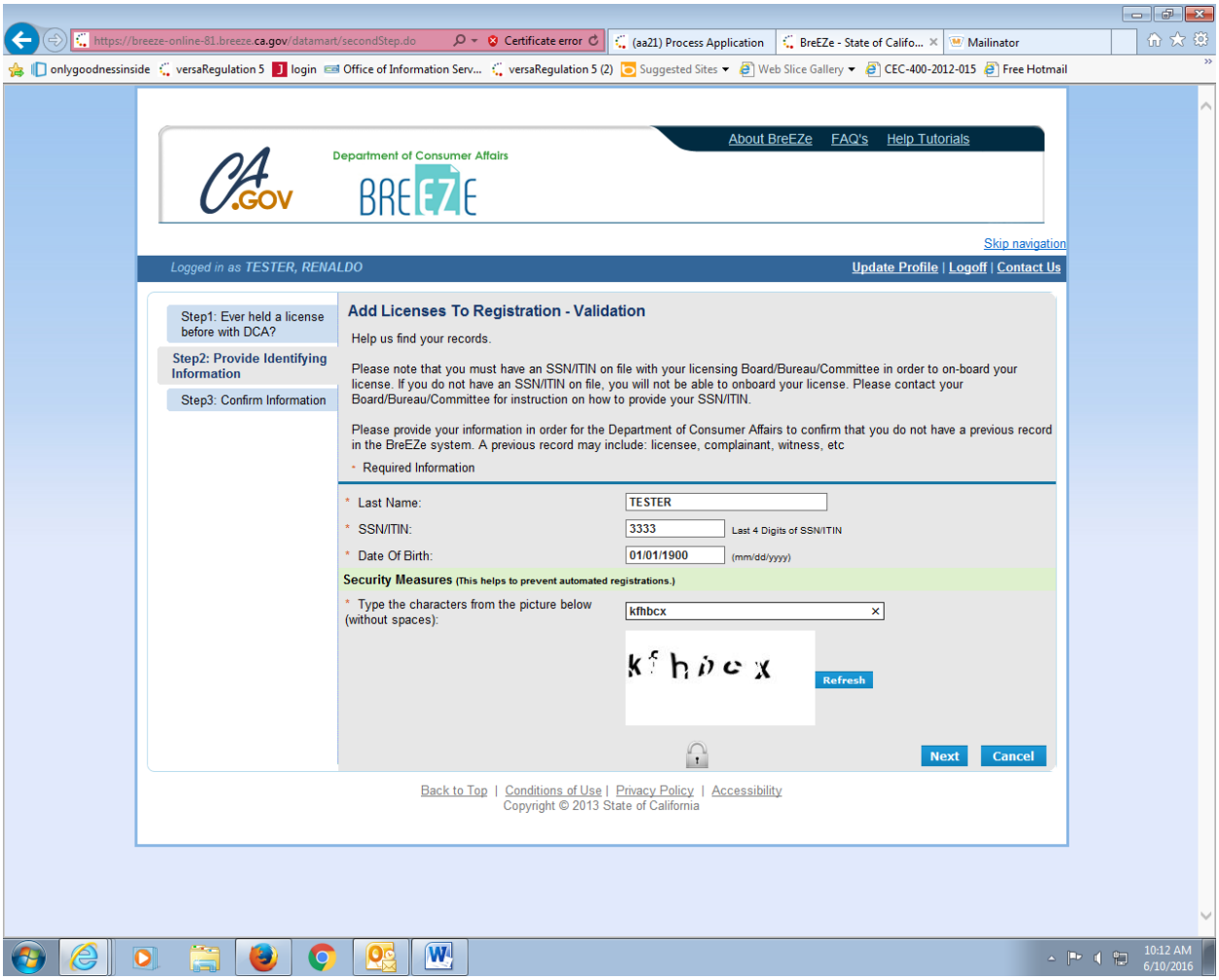
In the first box, select: Osteopathic Medical Board of California.

In the second box, select: Osteopathic Physician and Surgeon.

Click: Next

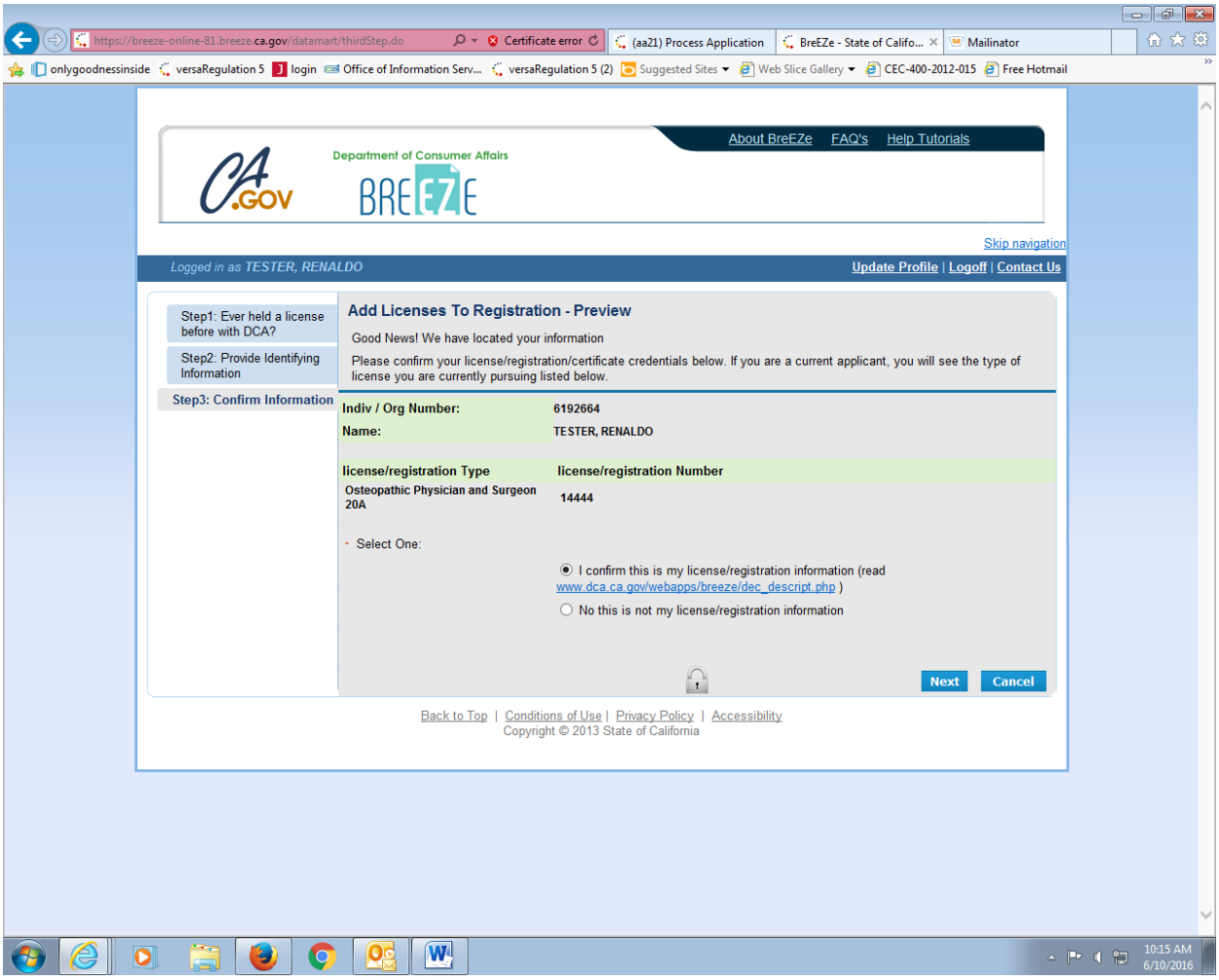


Your last Name should be pre-filled. Enter data as required. Click: Next.

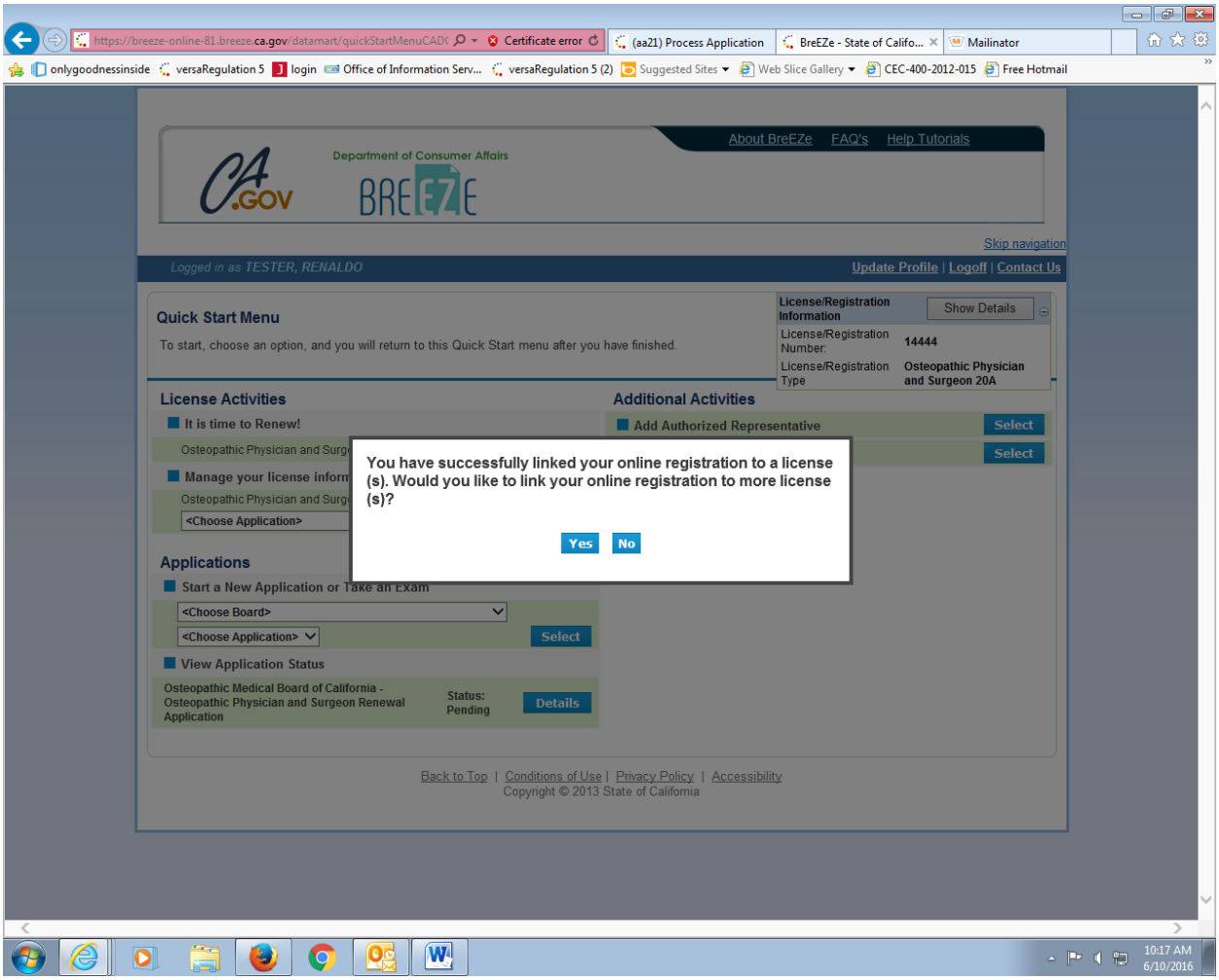


Verify the data is correct. Select: I confirm . . ., Click: Next.

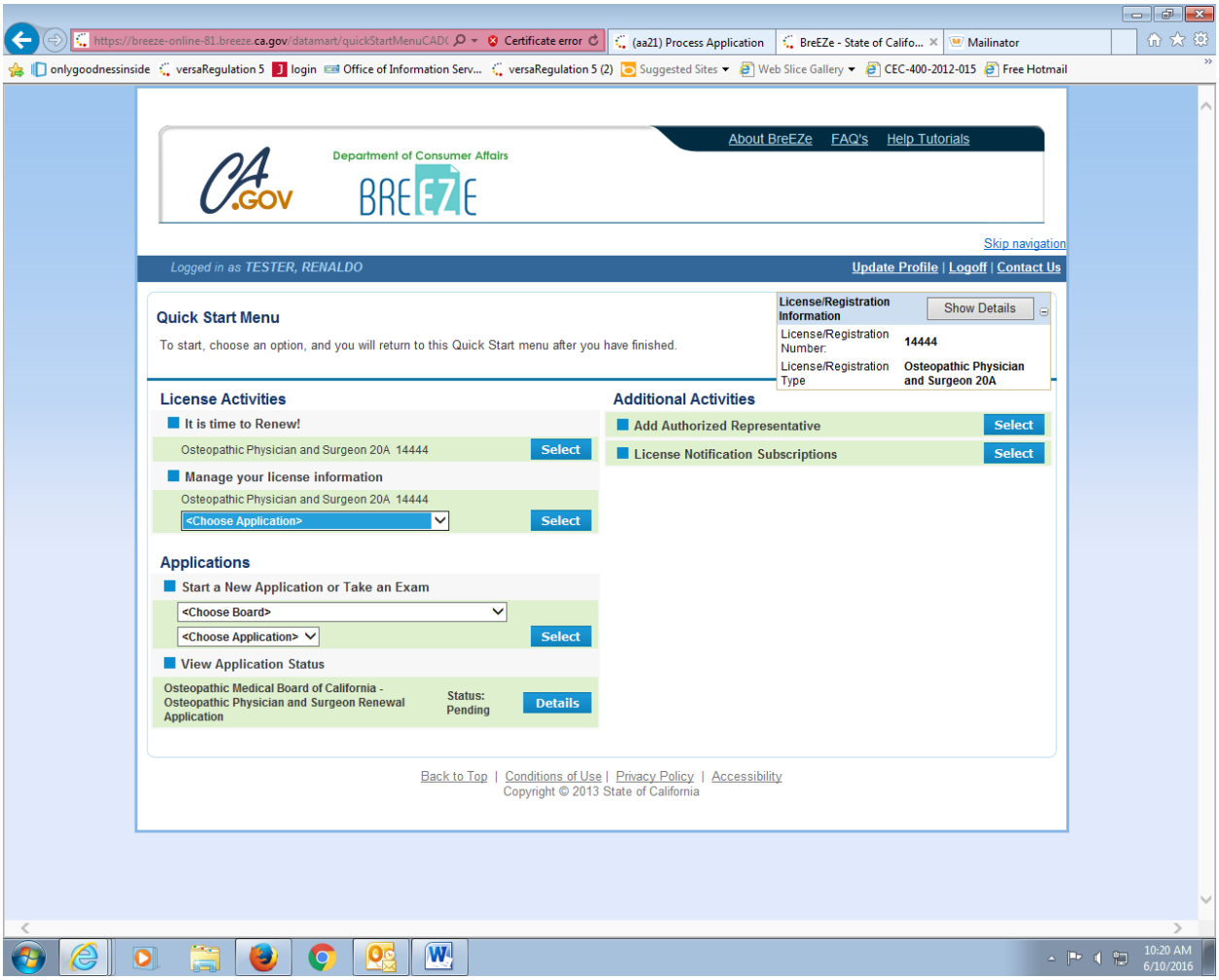
(Note: By clicking this box and the Attestation at the end of this application, you must be the person to whom the license is granted.)



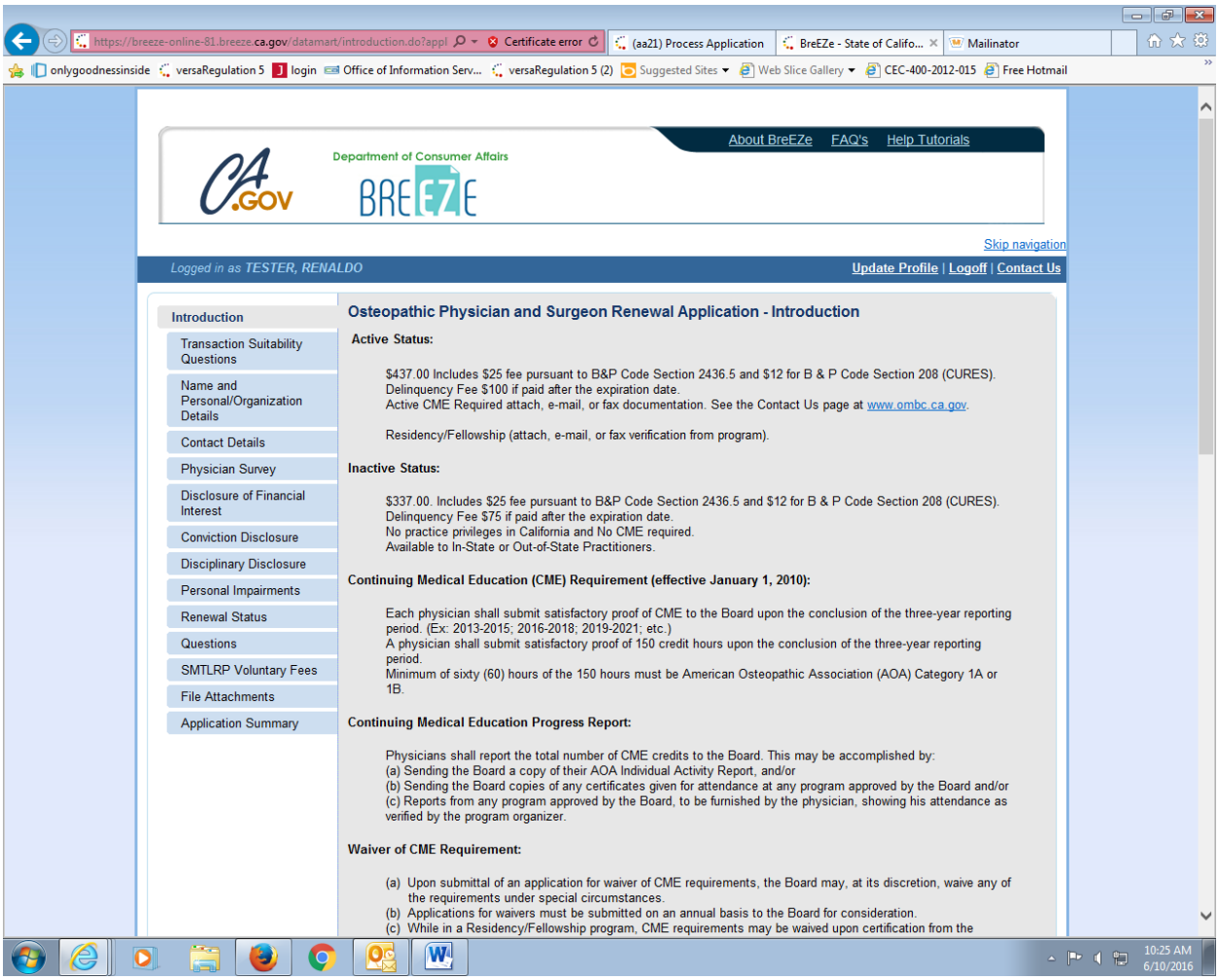
The following screen will appear. Select: No



Under the heading: “License Activities”, subheading “It’s Time to Renew!”, Click: Select.



The fee and Continuing Medical Education (CME) screen is displayed. Read this page and continue to the bottom of the screen. Click: Next.



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Waiver of CME Requirement:

(a) Upon submittal of an application for waiver of CME requirements, the Board may, at its discretion, waive any of the requirements under special circumstances.
(b) Applications for waivers must be submitted on an annual basis to the Board for consideration.
(c) While in a Residency/Fellowship program, CME requirements may be waived upon certification from the program director.

CME Requirement for Inactive License:

(a) The holder of an Inactive License is exempt from CME requirements.
(b) In order to restore an Inactive License to Active status, the licensee shall have completed a minimum of twenty (20) hours of Category 1A as defined by the AOA during the 12-month period preceding the licensee's application for activation.

Press "Next" to continue.

Press "Cancel" to exit this application.

Sanctions for Noncompliance

(a) Any physician who has not completed 150 hours of approved CME or the prorated share during the three-year period shall be ineligible for renewal of his or her license to practice medicine until such time as the deficient hours of CME are documented to the Board.
(b) It shall constitute unprofessional conduct for any physician to misrepresent his or her compliance with the provisions of this article or who fails to comply with the provisions of this article.
(c) Each physician shall retain records for a minimum of four (4) years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any.

Approved Continuing Medical Education

The following CME programs are approved for credit:
(a) Those programs certified by AOA as Category 1 or 2 credit and those certified by the AMA and approved by the California Medical Association (CMA) as Category 1.
(b) Those programs which qualify for prescribed credit from the AOA specialty groups.
(c) Those programs offered by Board approved organizations and institutions.

Pain Management/Terminally Ill Patients

AB 487 adds Business and Professions Code section 2190.5; requiring all physicians and surgeons complete a mandatory CME course in subjects of pain management and the treatment of terminally ill and dying patients. The one-time requirement of 12 hours shall be completed by December 31, 2006. All physicians and surgeons licensed on or after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. Pathology and Radiology specialists are exempt.

SUMMARY OF CONTINUING MEDICAL EDUCATION PROGRAM

California Licensure CME Requirement: 150 hours per three-year period.
Category 1 (Minimum of 60 hours required in 1A or 1B)

- 1A Formal education programs sponsored by recognized osteopathic institutions, organizations and their

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hours of CME are documented to the Board.

(b) It shall constitute unprofessional conduct for any physician to misrepresent his or her compliance with the provisions of this article or who fails to comply with the provisions of this article.

(c) Each physician shall retain records for a minimum of four (4) years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any.

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SUMMARY OF CONTINUING MEDICAL EDUCATION PROGRAM

California Licensure CME Requirement: 150 hours per three-year period.
Category 1 (Minimum of 60 hours required in 1A or 1B)

- 1A Formal education programs sponsored by recognized osteopathic institutions, organizations and their affiliates which meet the definition of Osteopathic 1A CME.
- 1B Scientific papers and publications; Osteopathic medical teaching; AOA-accredited and/or approved hospital committee and departmental conferences concerned with review and evaluation of patient care. Life Support Courses; Other CME activities and programs approved for Category 1 credit by AOA.

Category 2 (Maximum of 90 hours toward requirement)

- 2A Formal education programs that are ACGME-accredited, AAFP approved, and programs sponsored by AOA-accredited Category 1 CME sponsors which do not meet the quality guidelines for Category 1A credit.
- 2B Home study, reading medical journals and viewing non-osteopathic medical video and audio tapes and cassettes, CD's and DVD's; journal type CME on the Internet; risk management programs that are administrative in nature.

For further clarification of the descriptions of various CME categories, please visit the AOA website at: www.osteopathic.org

Next Cancel

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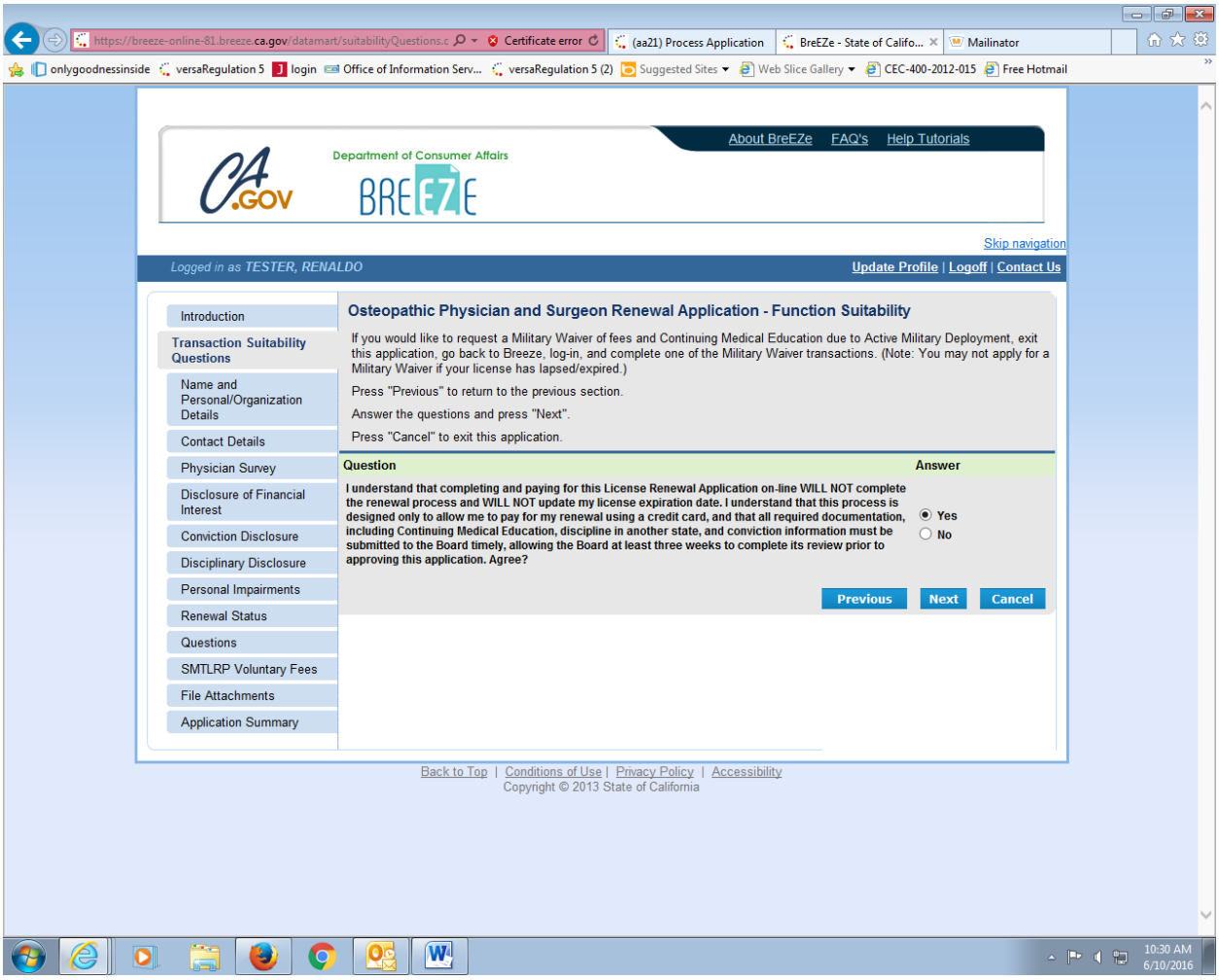
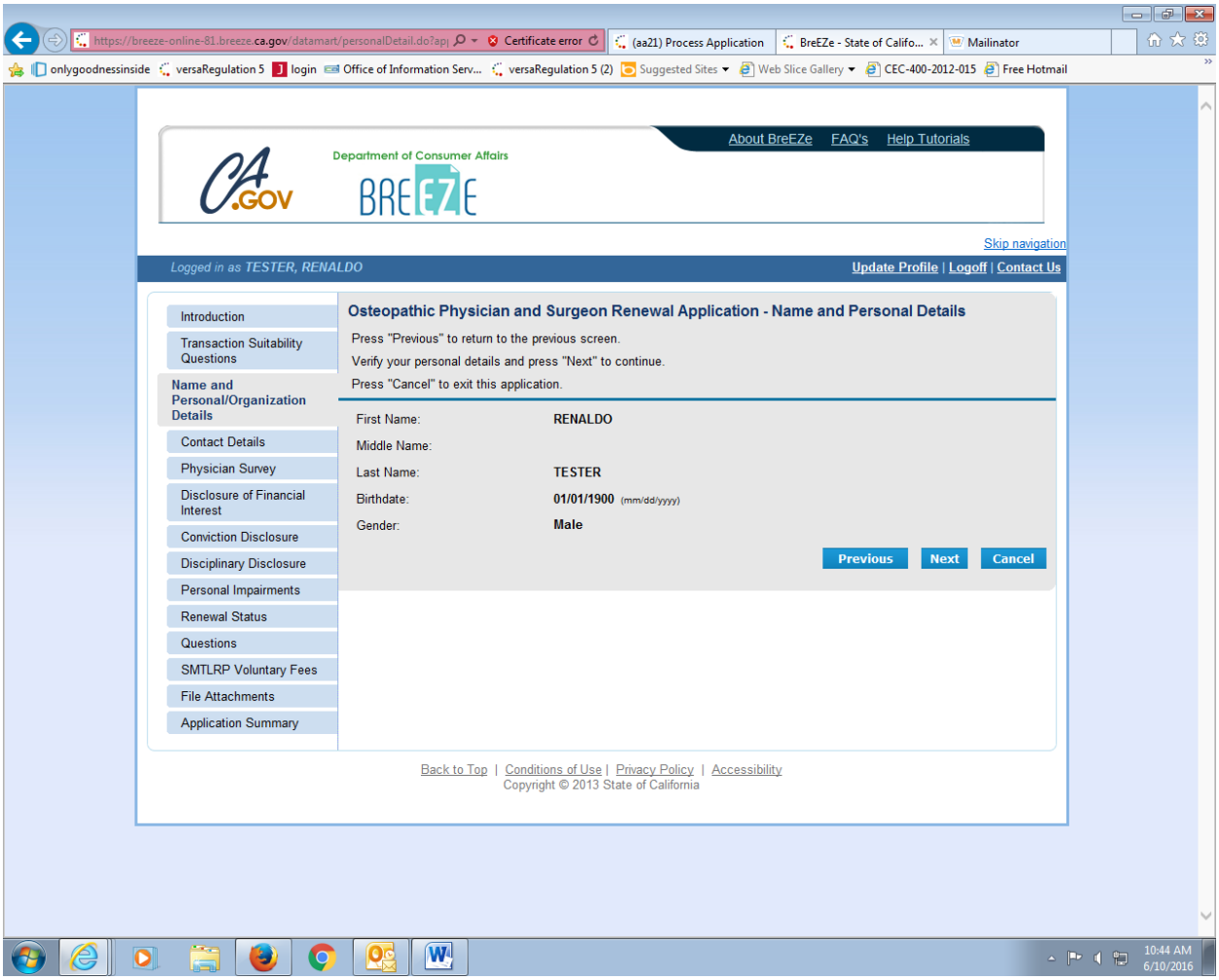
PLEASE READ CAREFULLY. Completing this transaction DOES NOT RENEW YOUR LICENSE. Your CME must be reviewed by Board staff prior to completing your renewal.

Acknowledge by Selecting: Yes and Click: Next.



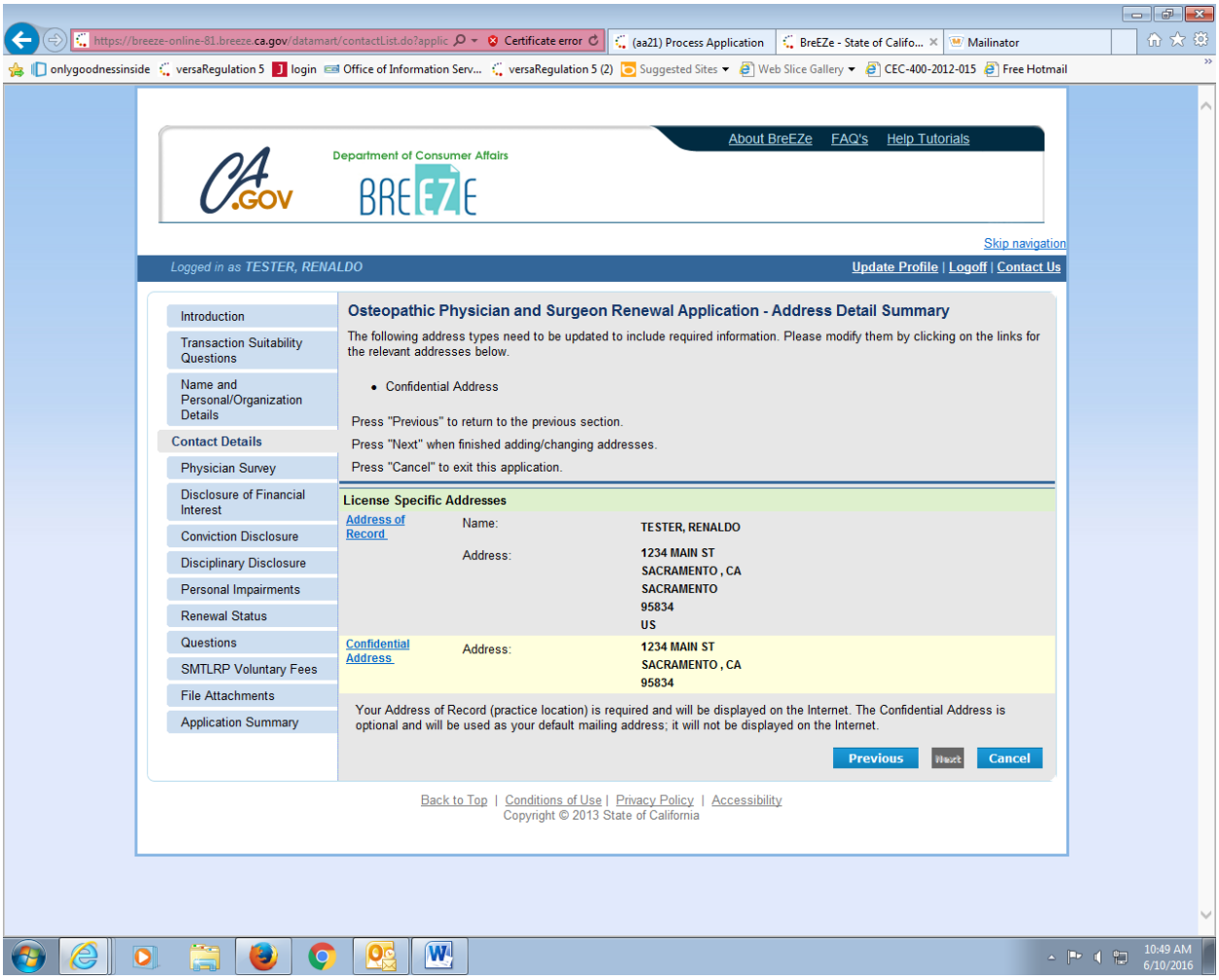
Verify the information and Click: Next.



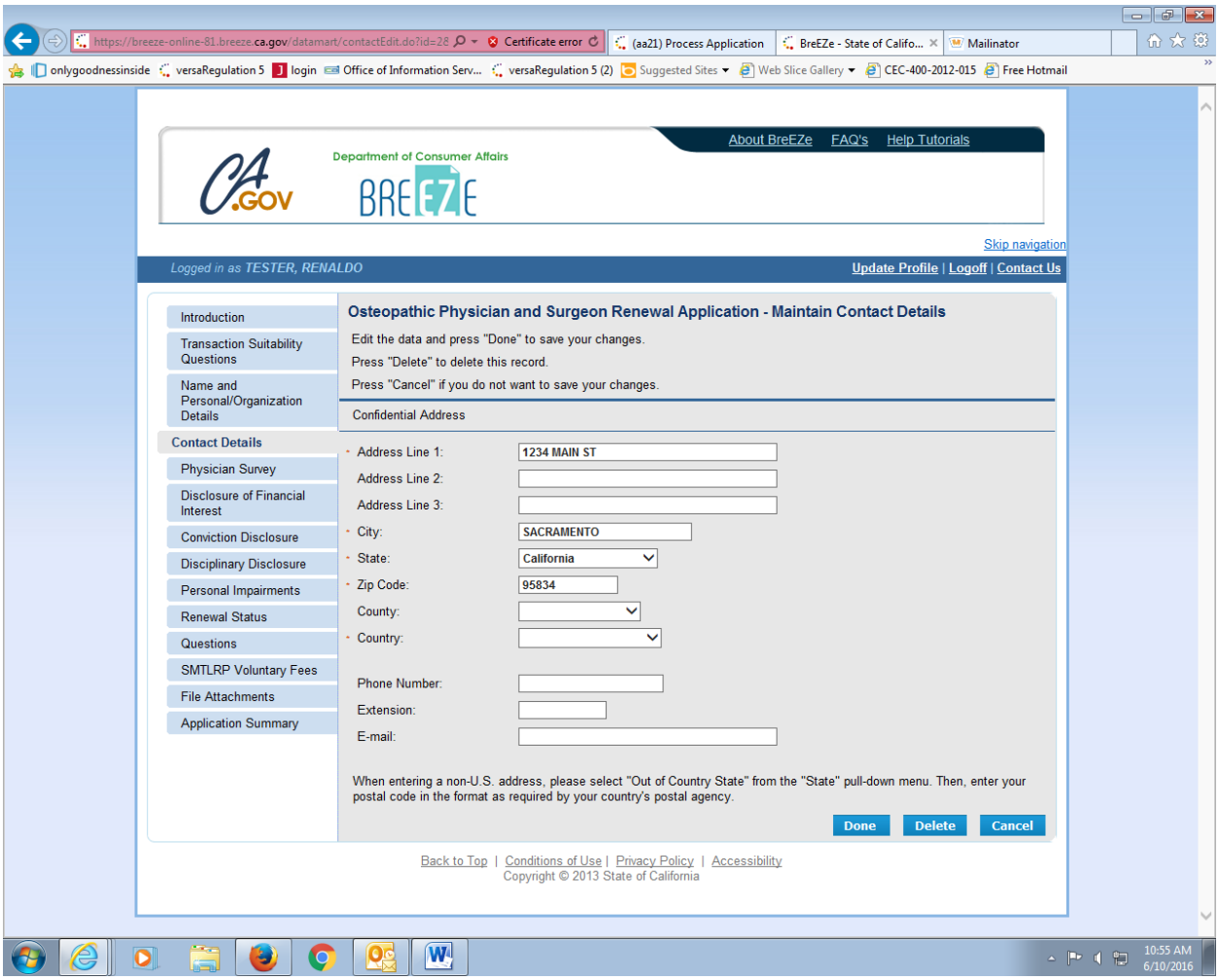
Review the addresses displayed. Addresses lacking information will appear in the message on the top portion of the page AND will be highlighted in yellow below. Note that the “Next” button is not available because the Confidential Address lacks information.

Note: If your Address of Record (Practice Address) and/or Confidential (Mailing) address is different than displayed on this page, update that address information.

Click on the Address(s) that require attention.

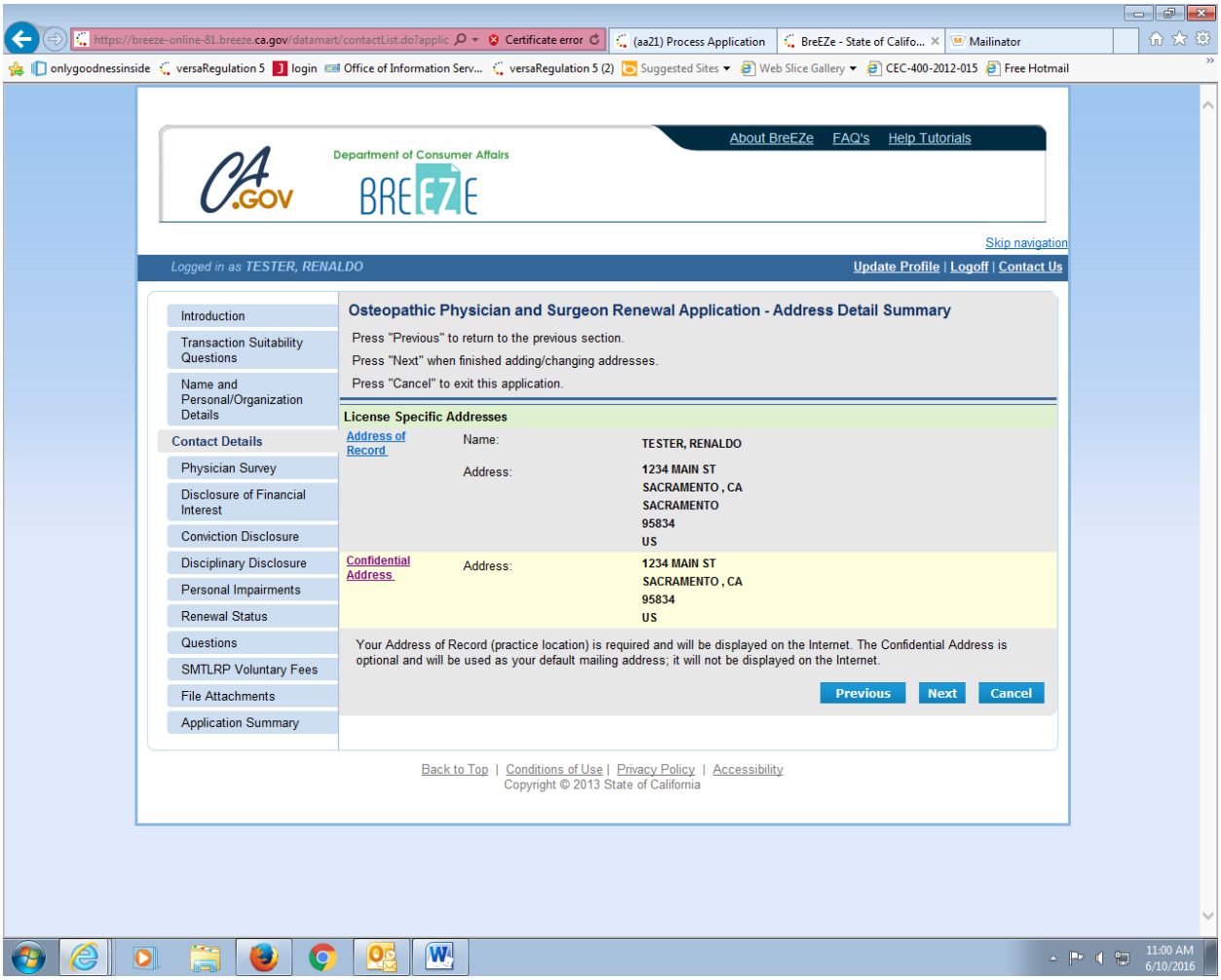


Fill in missing information, and correct any information that is incorrect. Data is required for items noted with a *



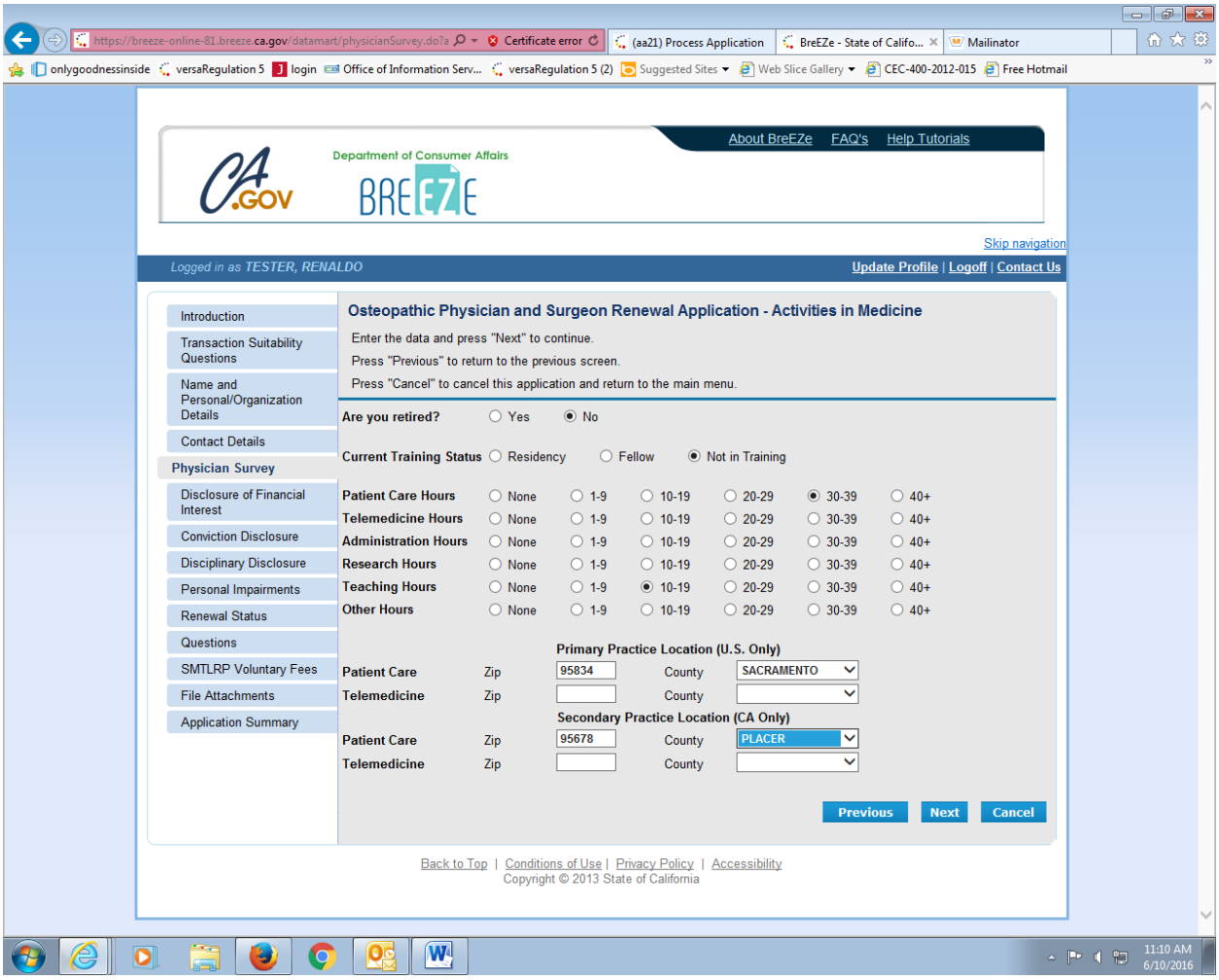
After changes are made, Click: Done.

Note that the Next button is now available. If everything is correct, Click: Next.

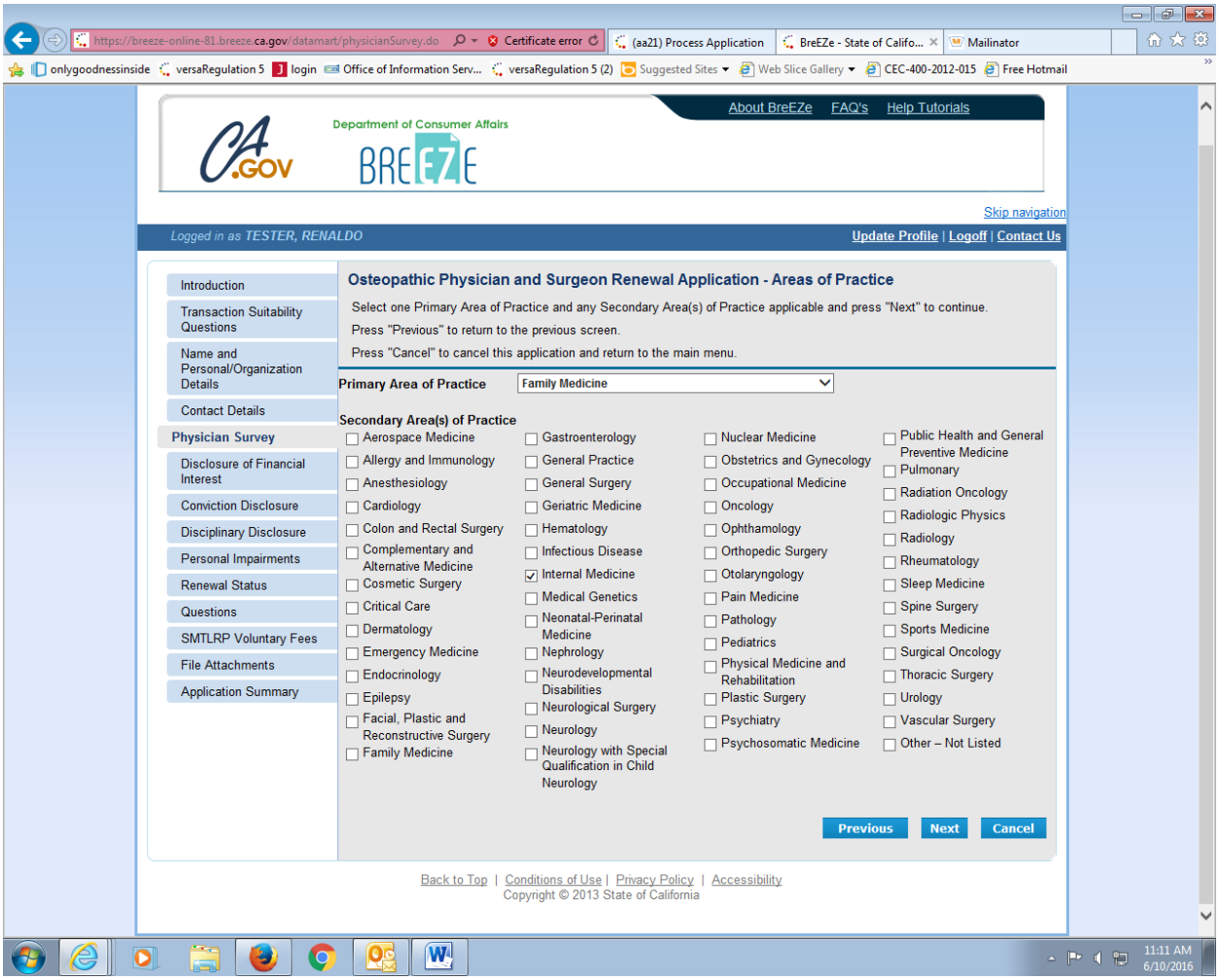


The Physician Survey portion of the renewal application is mandatory; this information will be transmitted to the Office of Statewide Healthcare Planning and Development (OSHPD) and will appear on-line as part of your license profile. Please note: you can opt out of displaying personal information collected in this survey (ethnicity, language, and gender), but professional information will be displayed: the appropriate prompts will appear later in the survey.

Enter the information and Click: Next.

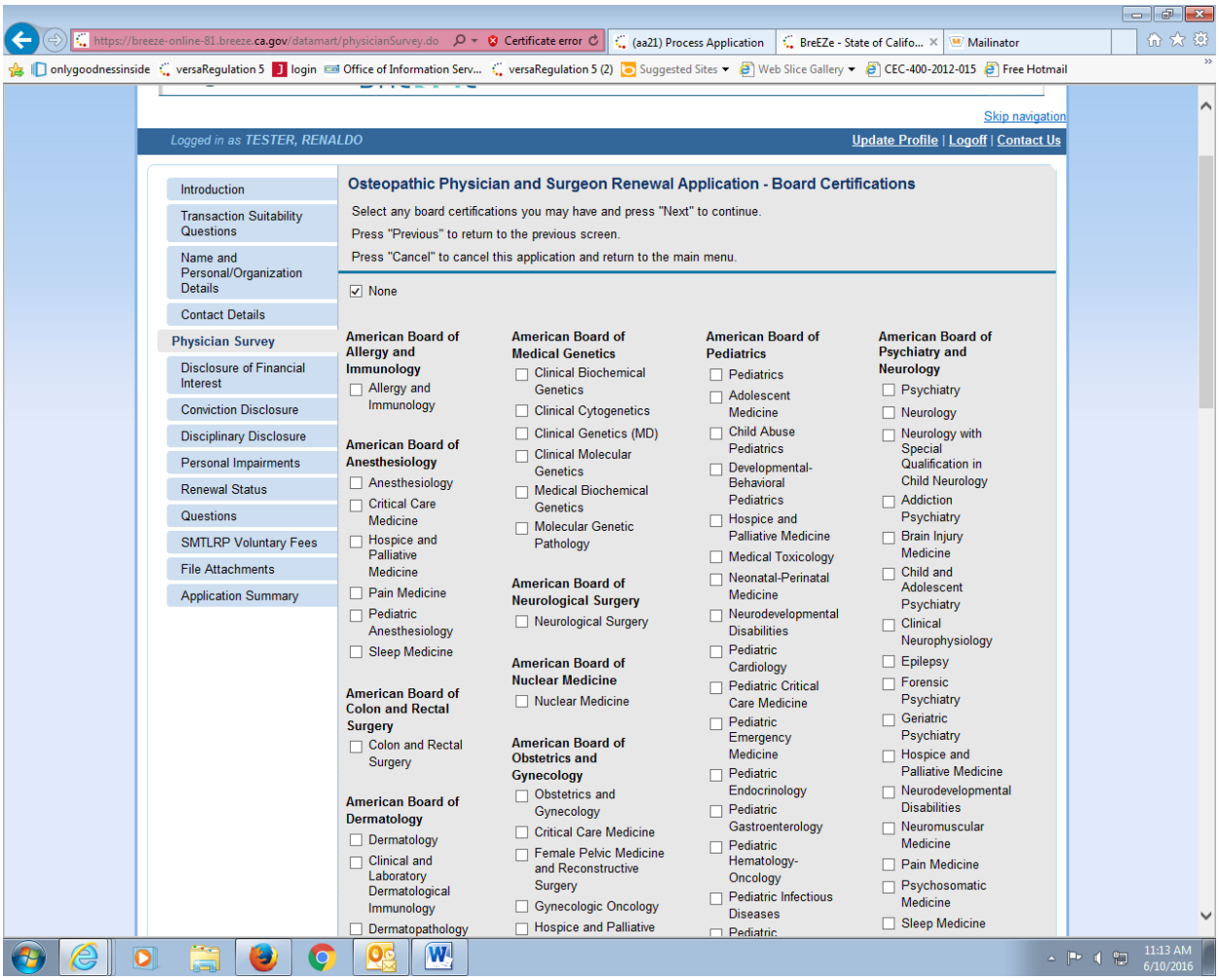


Enter the correct information and Click: Next.

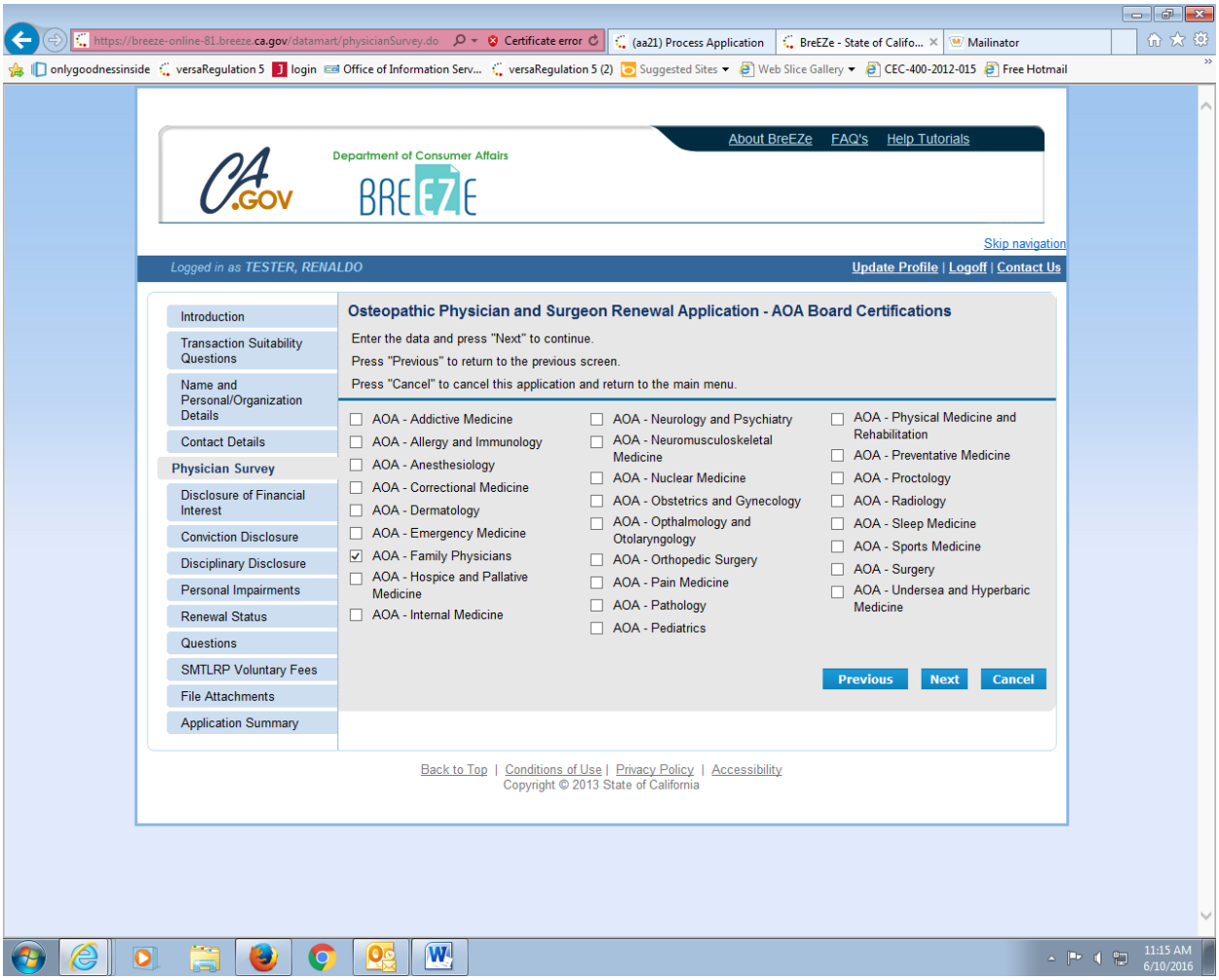


Click all applicable AMA Board Certifications, or Click: None. Then Click: Next.

(Note: this is a long page so make sure to scroll down to find the correct boards)

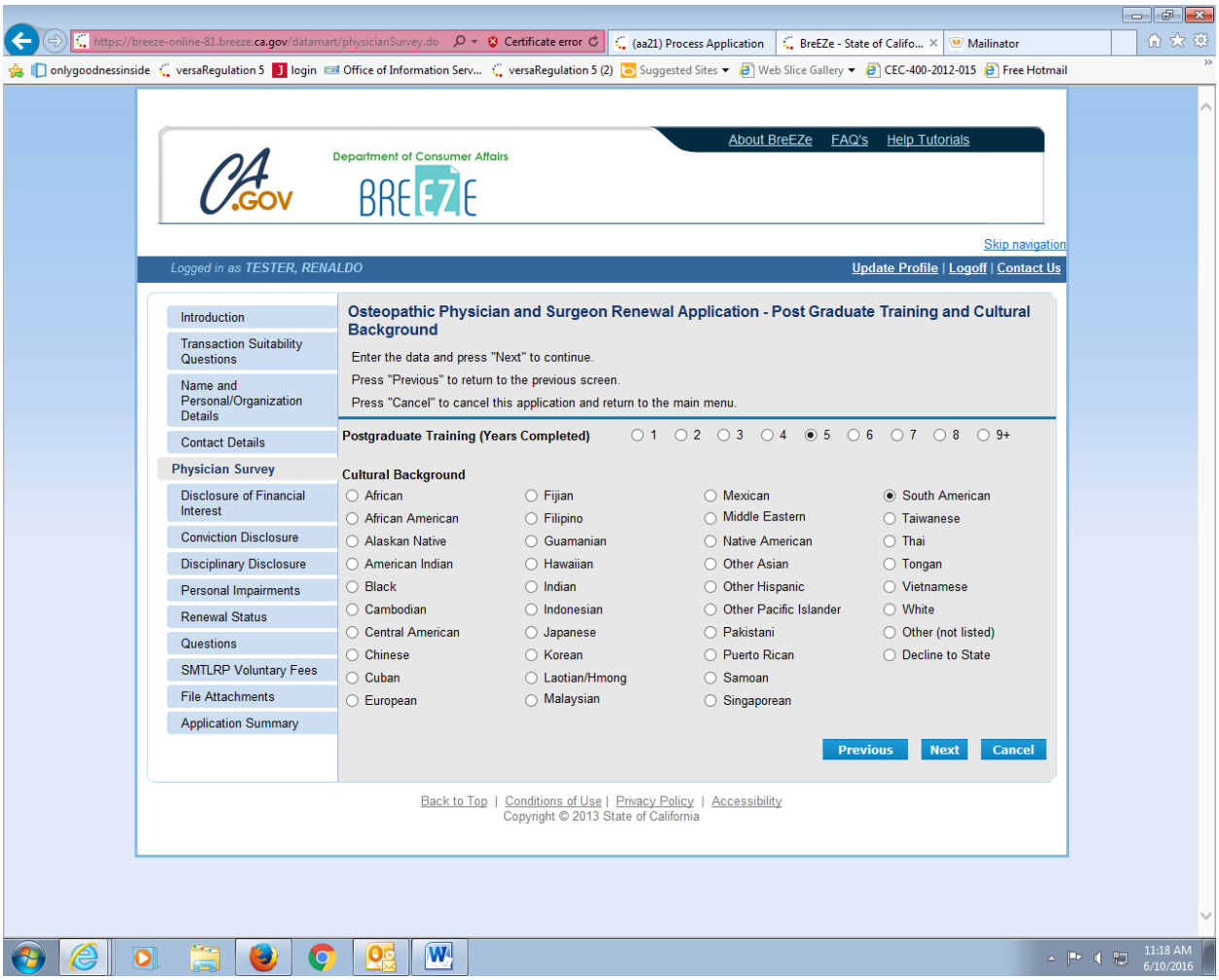


Click any AOA Board Certifications, then Click: Next.



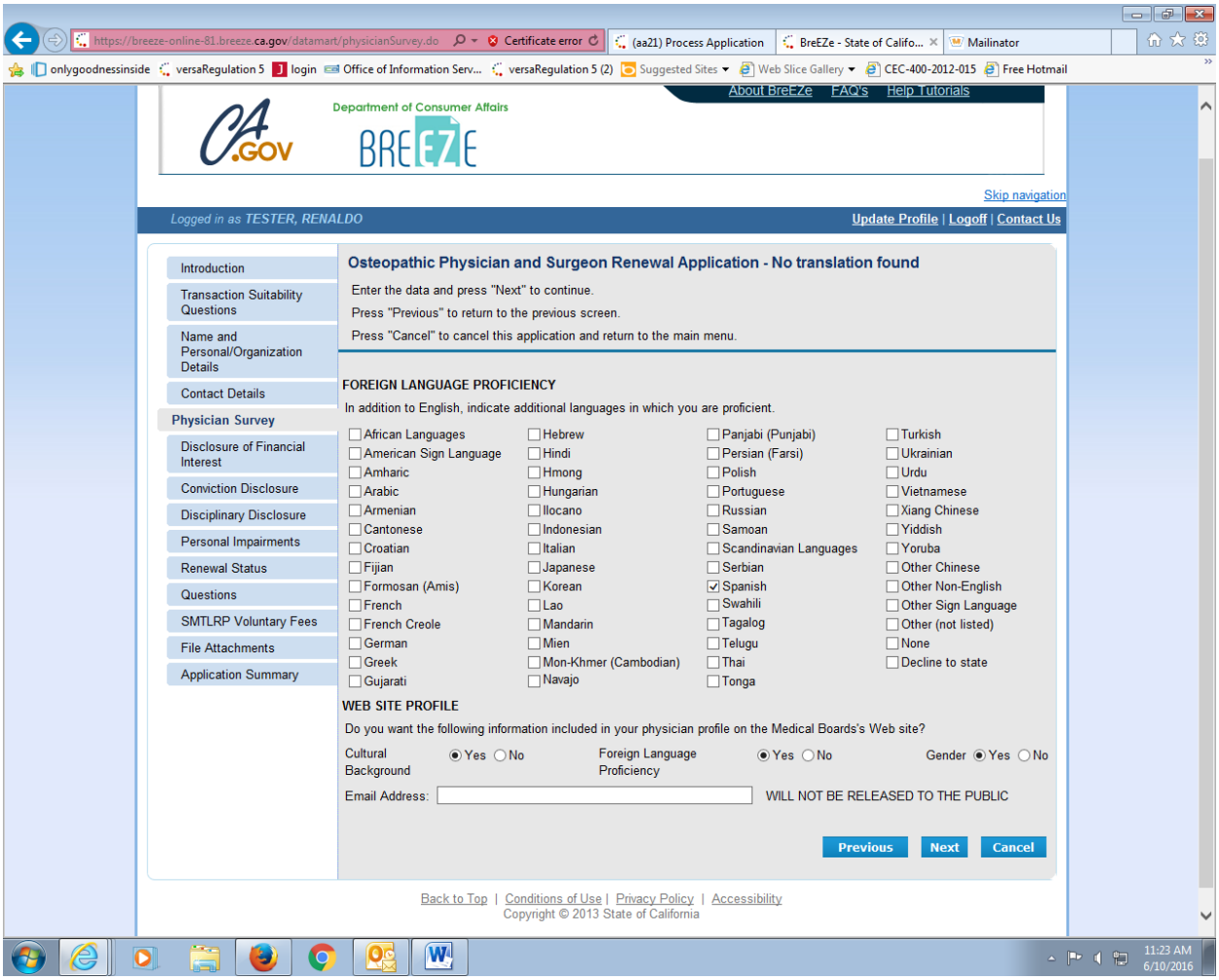
Enter the correct data, then Click: Next.

(Note: you may opt out of reporting Cultural Background being displayed on-line on the next page)



Enter the information. Note: this is where you may choose to opt out of on-line license display of Cultural Background, Foreign Language Proficiency, and/or Gender. Entering your e-mail address on this page only sends it to OSHPD and will NOT display on-line. This is the end of the Physician Survey portion of the Renewal Application.

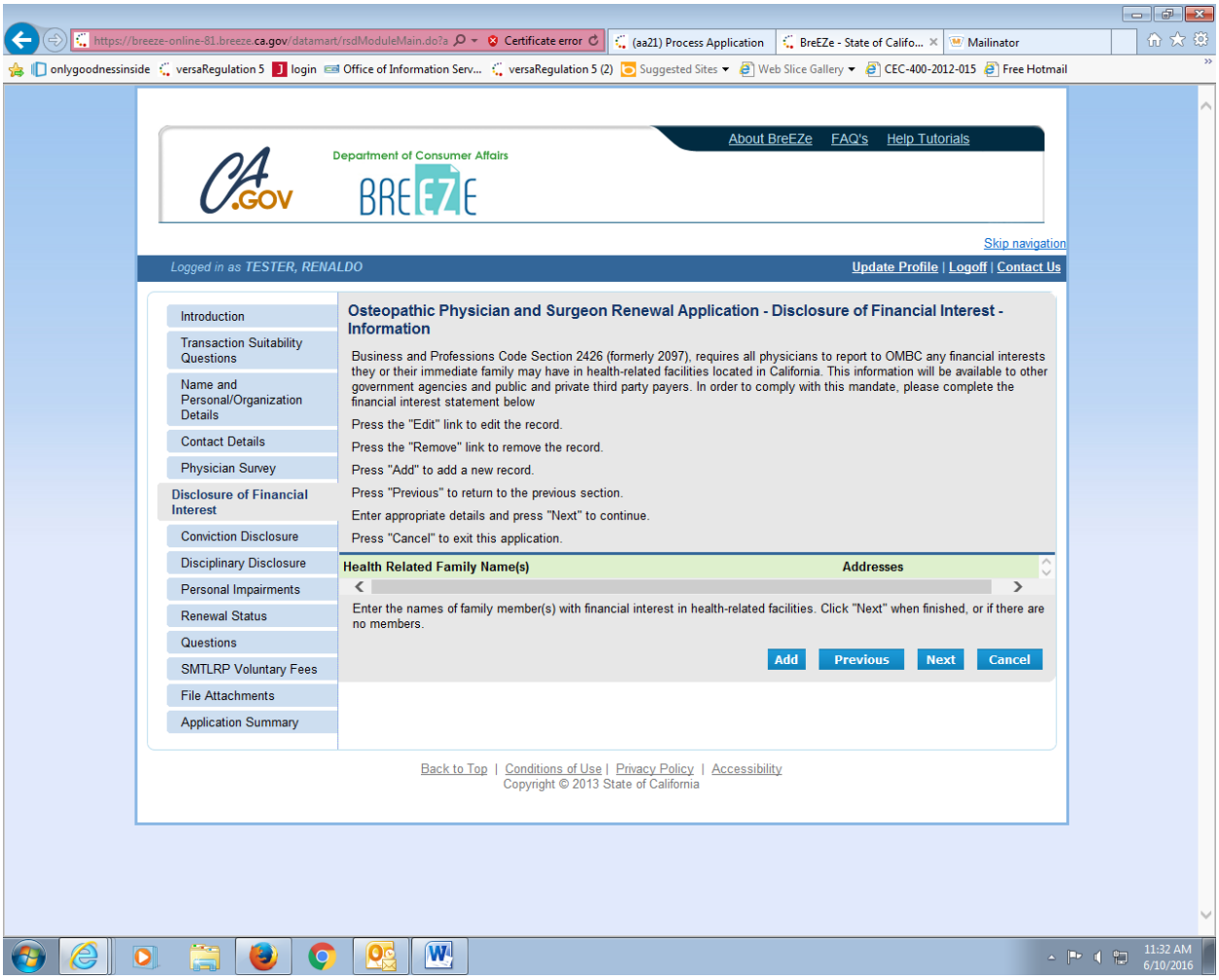
When complete, Click: Next.



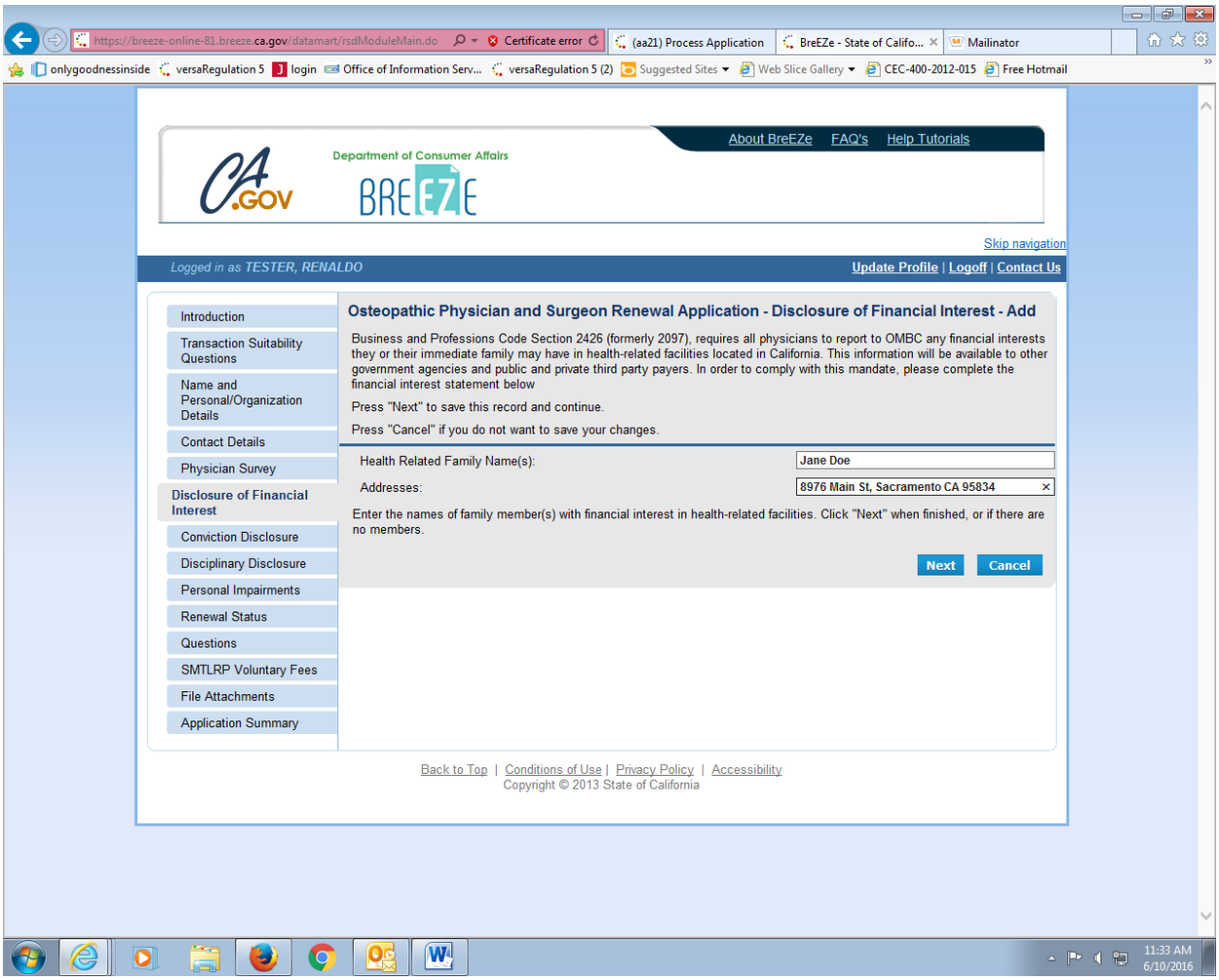
Enter the names and addresses of any family members with financial interest in health-related facilities.

Click: Add to add names and addresses.

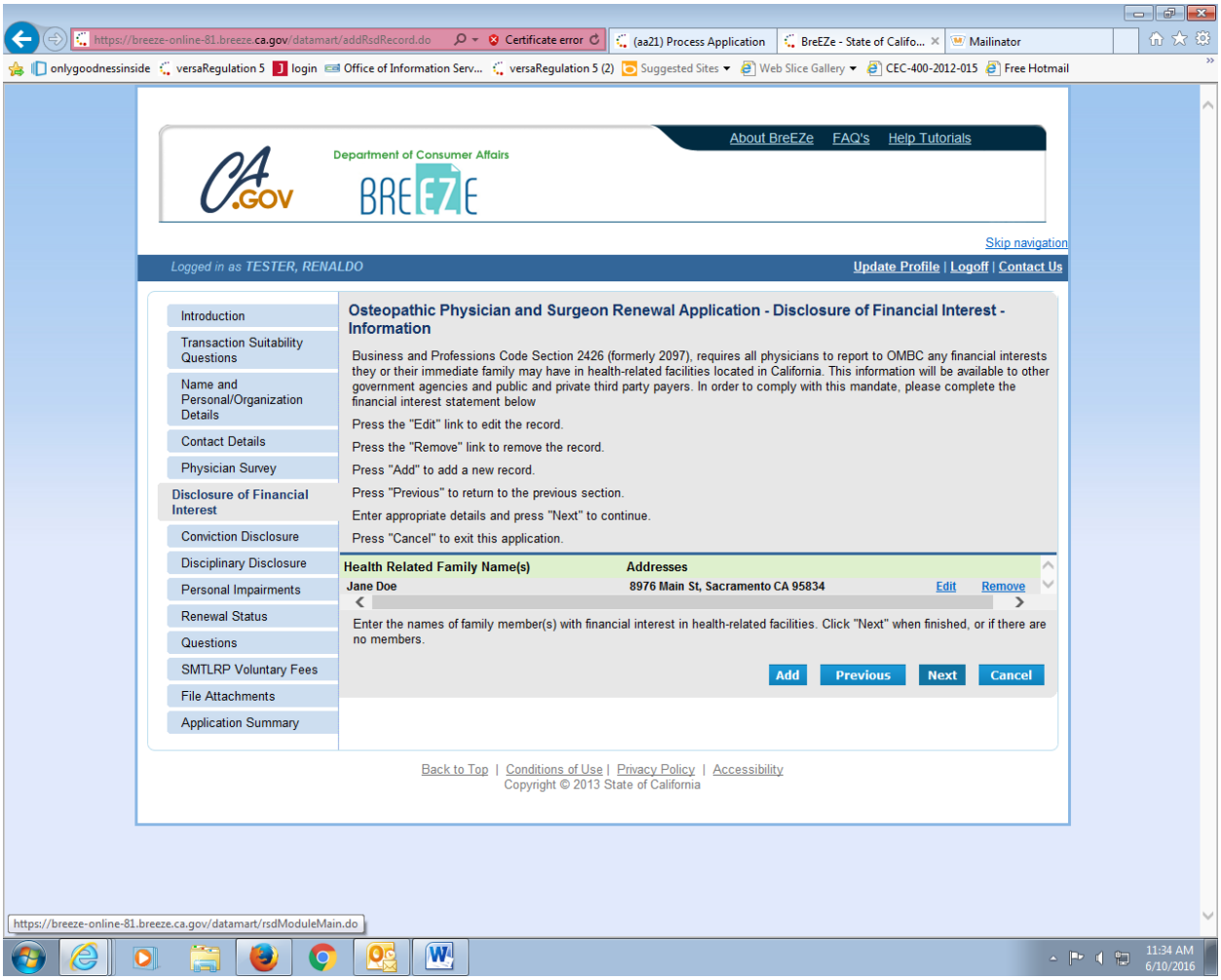
If no data is entered, Click: Next.



After entering the data, Click: Next

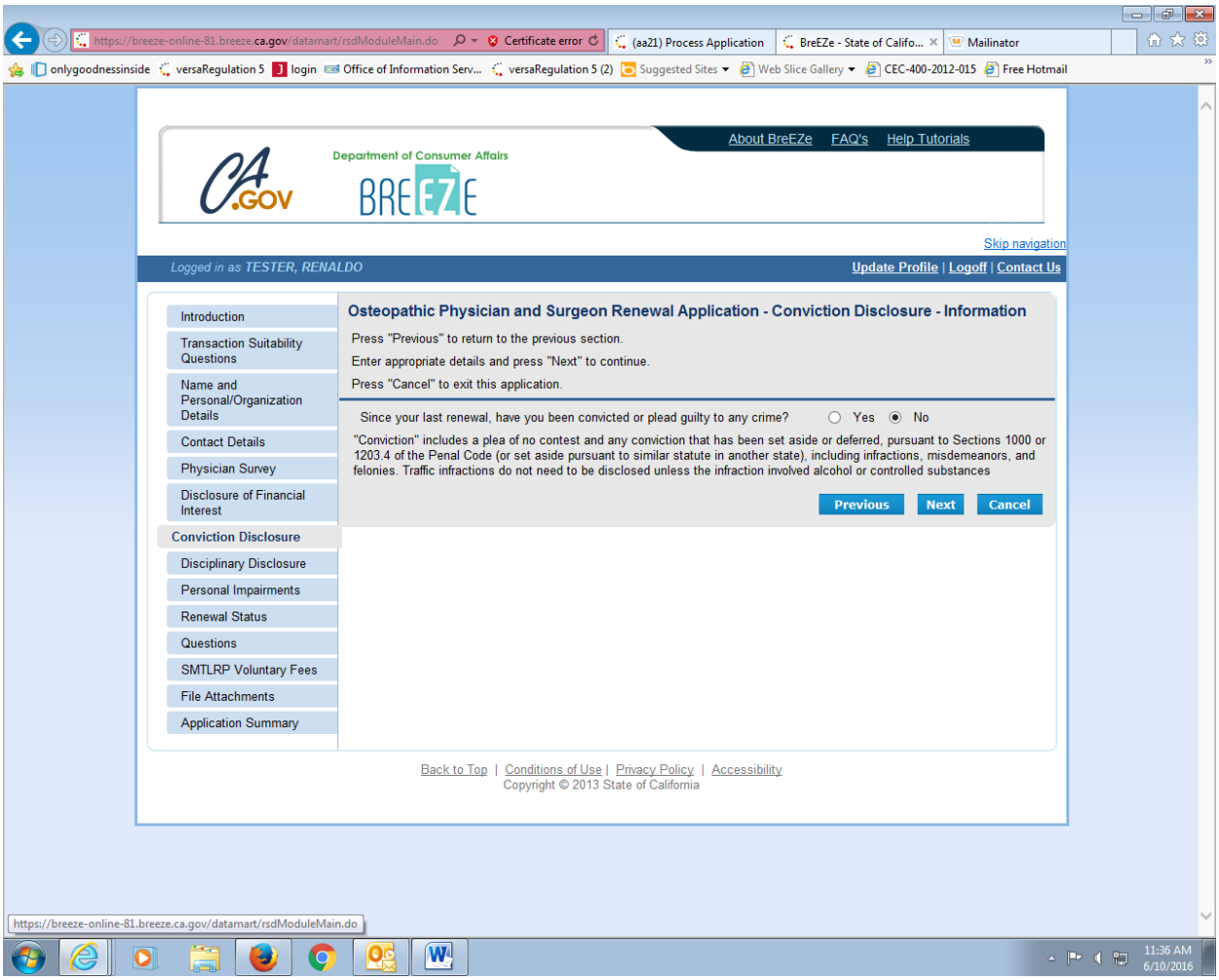


If the data is correct, Click: Next.



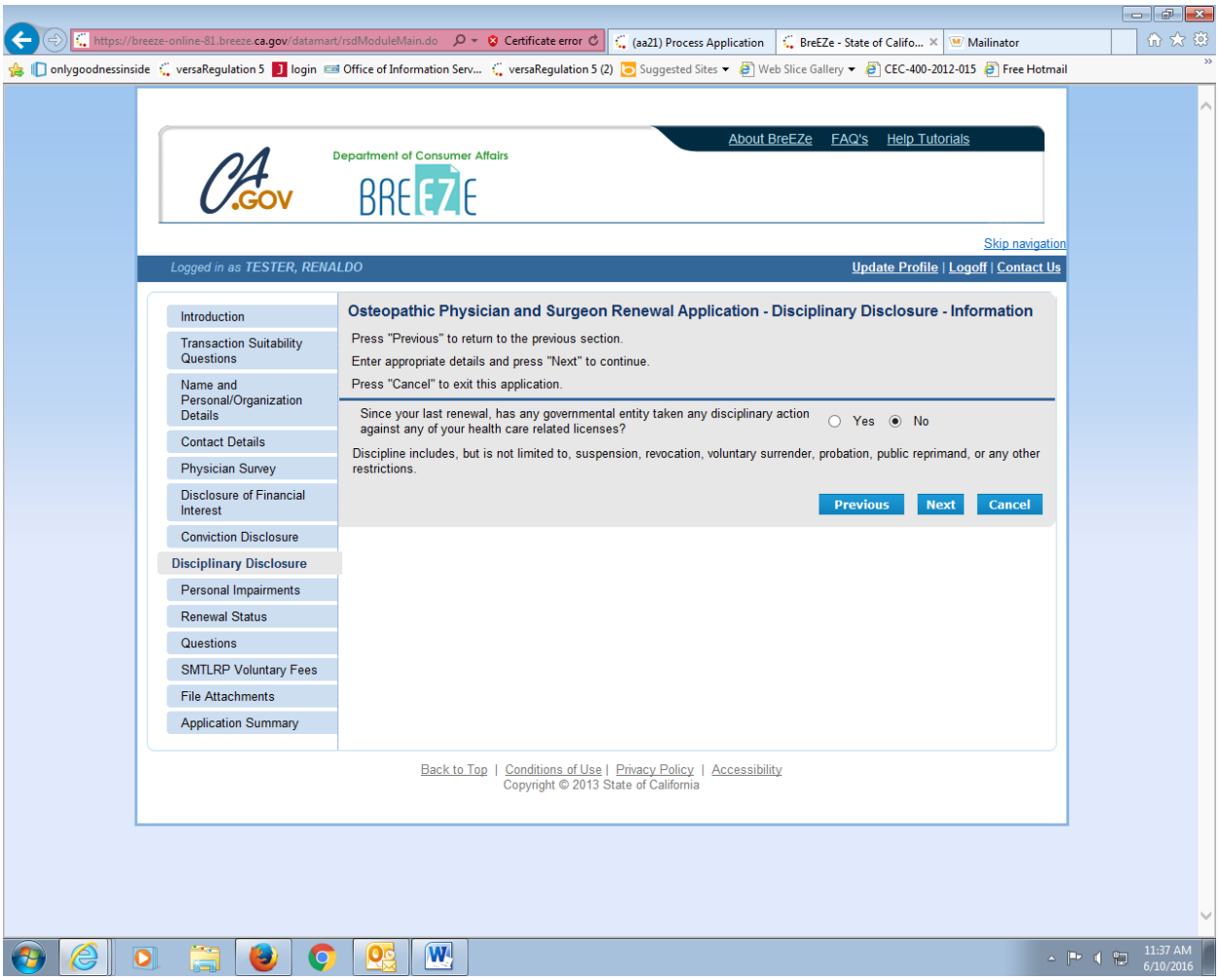
You must answer this question: Conviction Disclosure

When answered, Click: Next.



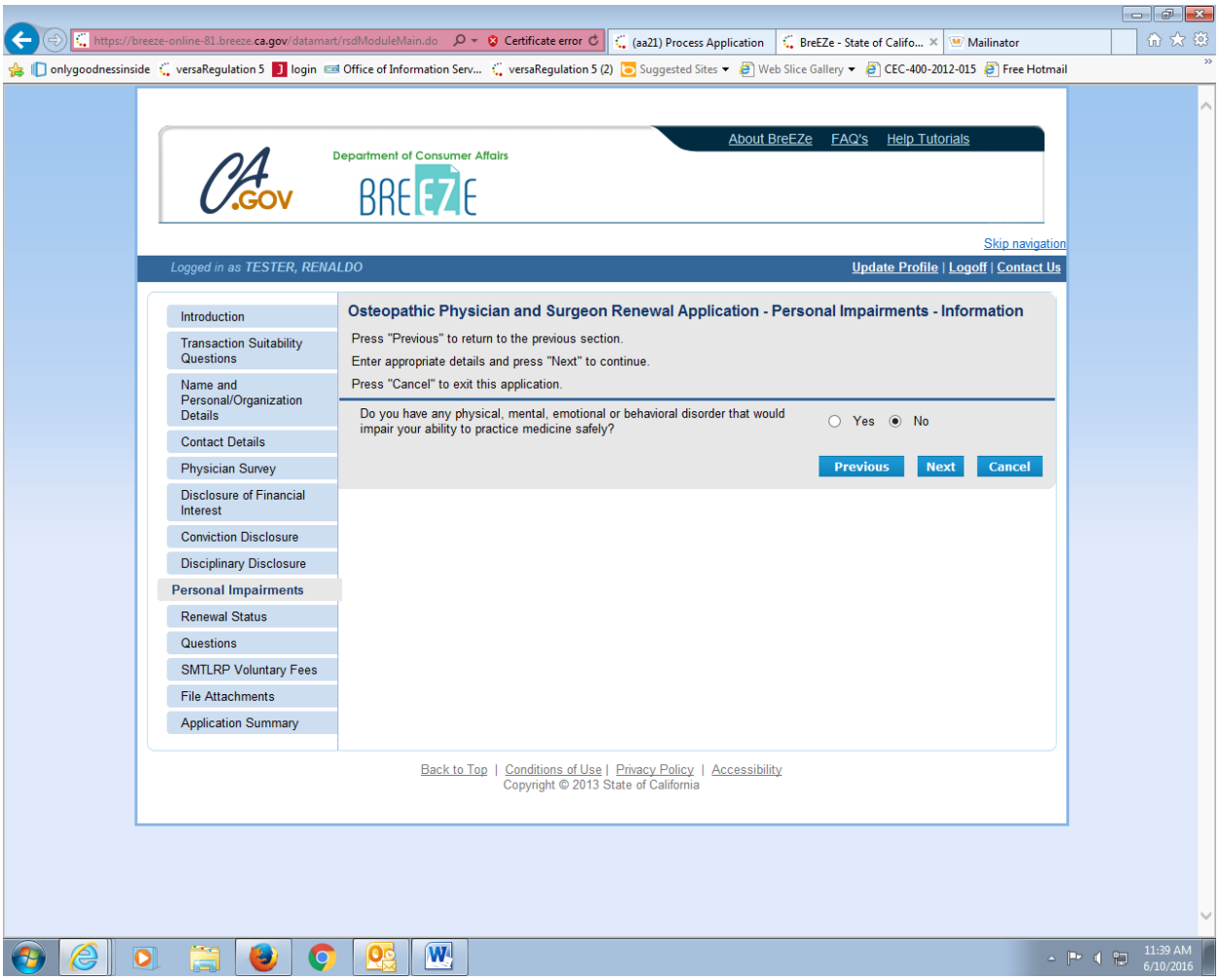
You must answer this question: Disciplinary Disclosure

When answered, Click: Next.



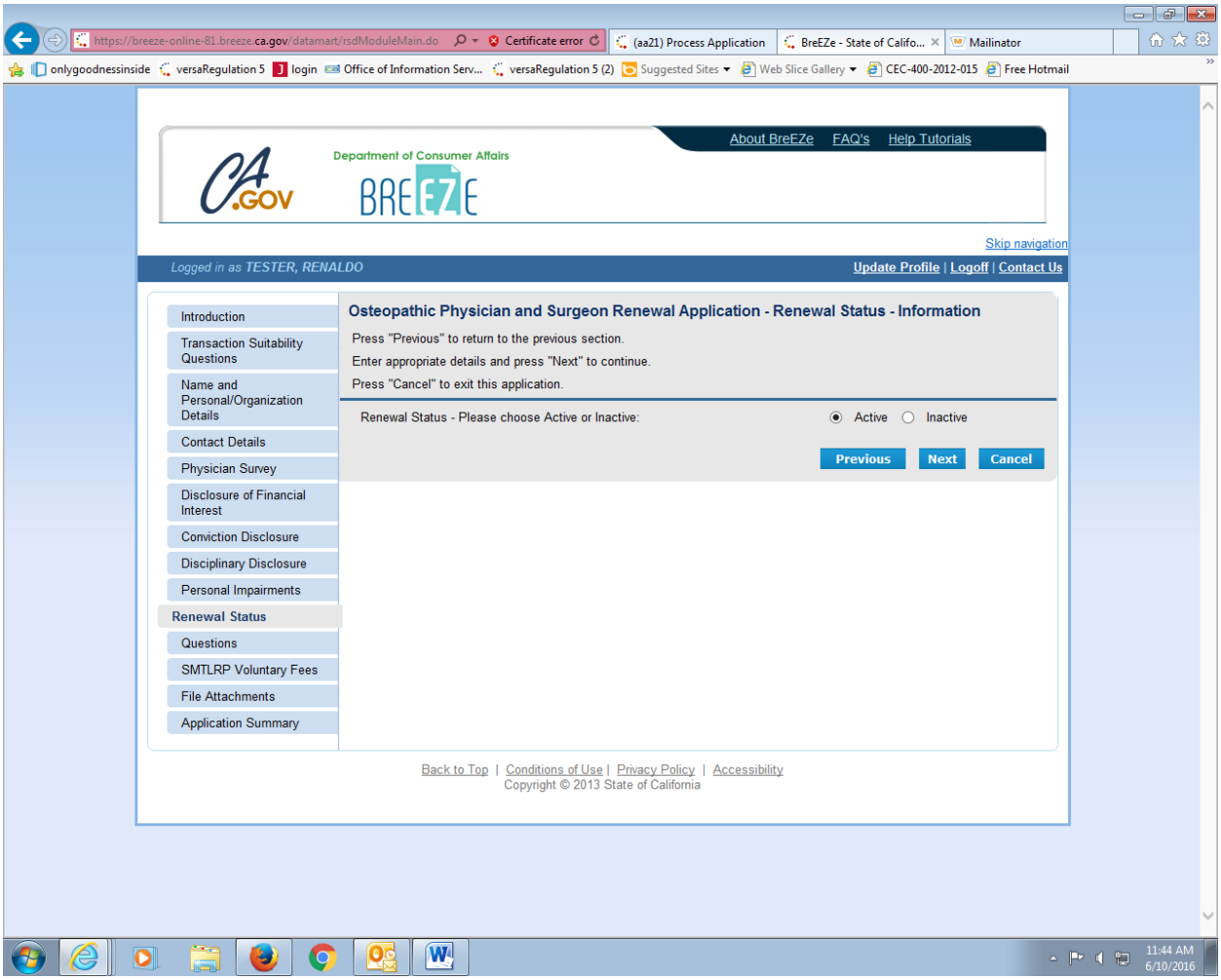
You must answer this question: Personal Impairments

When answered, Click: Next.

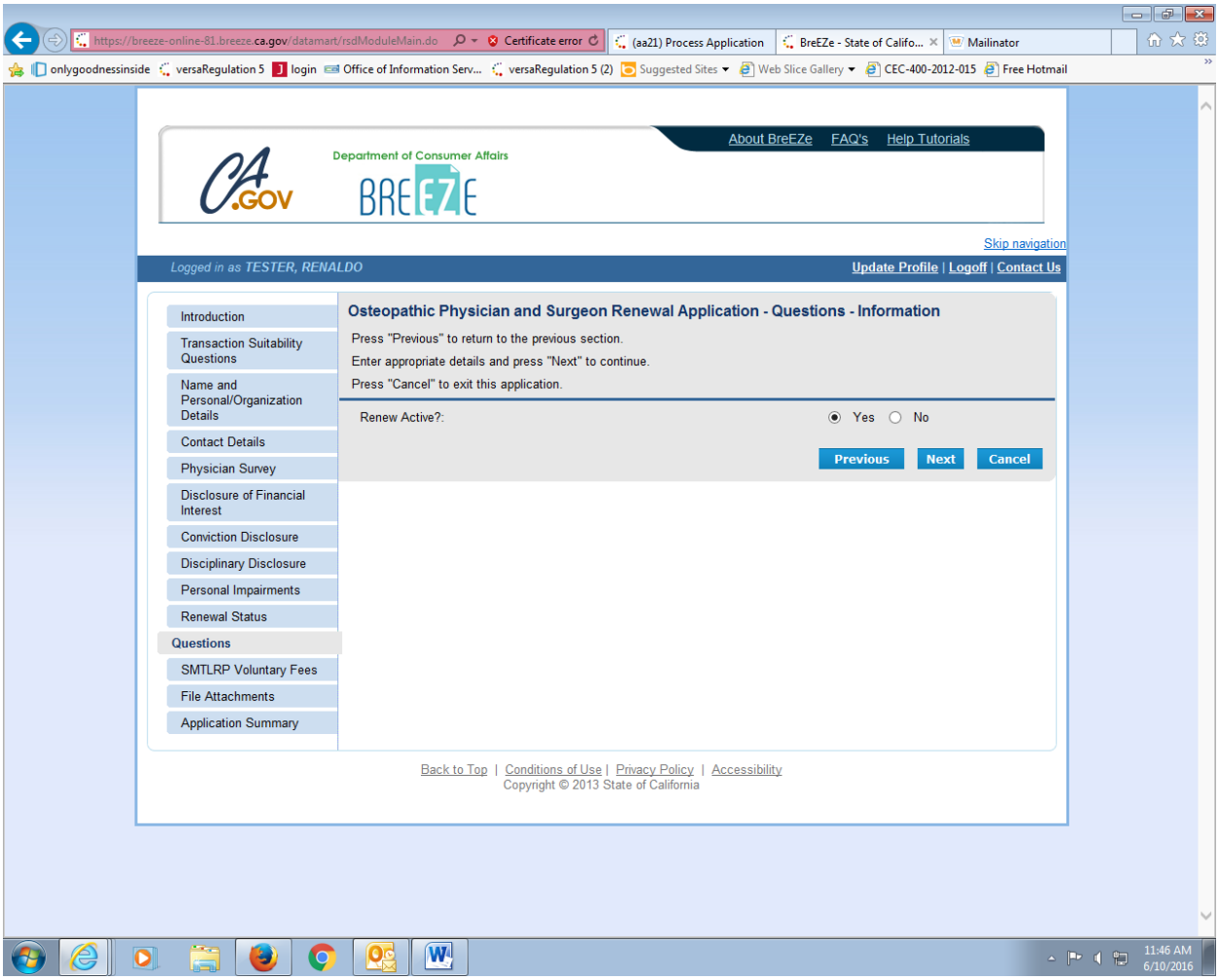


Select the applicable button. Then Click: Next.

(Note: a similar page will appear following this page. Please answer the question again on the next page)



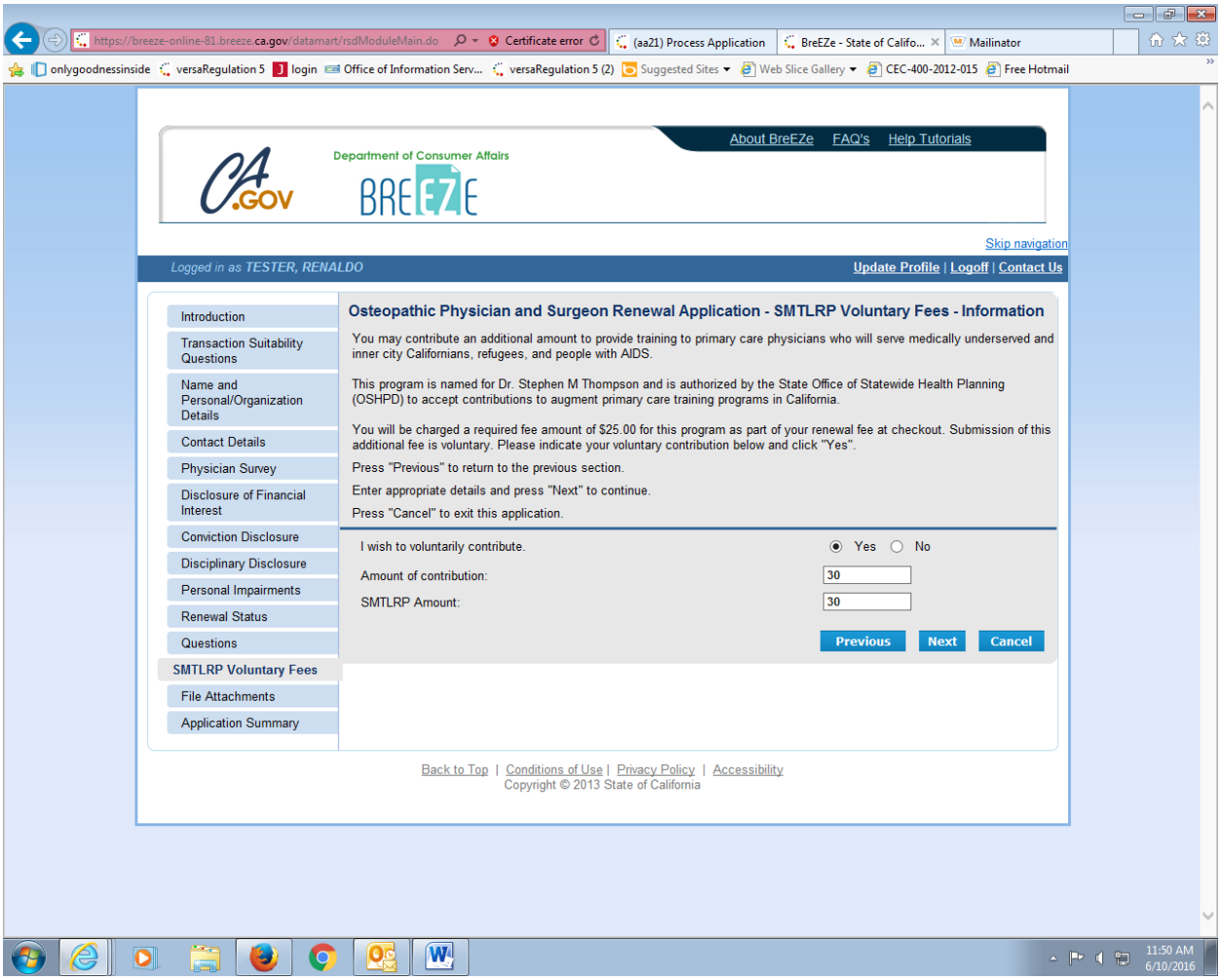
Select the correct answer, then Click: Next



If you wish to contribute ADDITIONAL VOLUNTARY money to this fund, Select: Yes.

(Note: Two boxes will appear: due to system-wide programming, you must enter the amount of the contribution twice – you will only be charged the additional amount ONCE.)

Click: Next



You may attach your continuing medical education (CME) credits here. CME is required for an Active license renewal. Refer to the instructions at http://www.ombc.ca.gov, under the Applicant/Licensees tab, Continuing Medical Education.

You may skip this section and fax, mail, or e-mail your CME: please see http://www.ombc.ca.gov, Contact Us page for that information

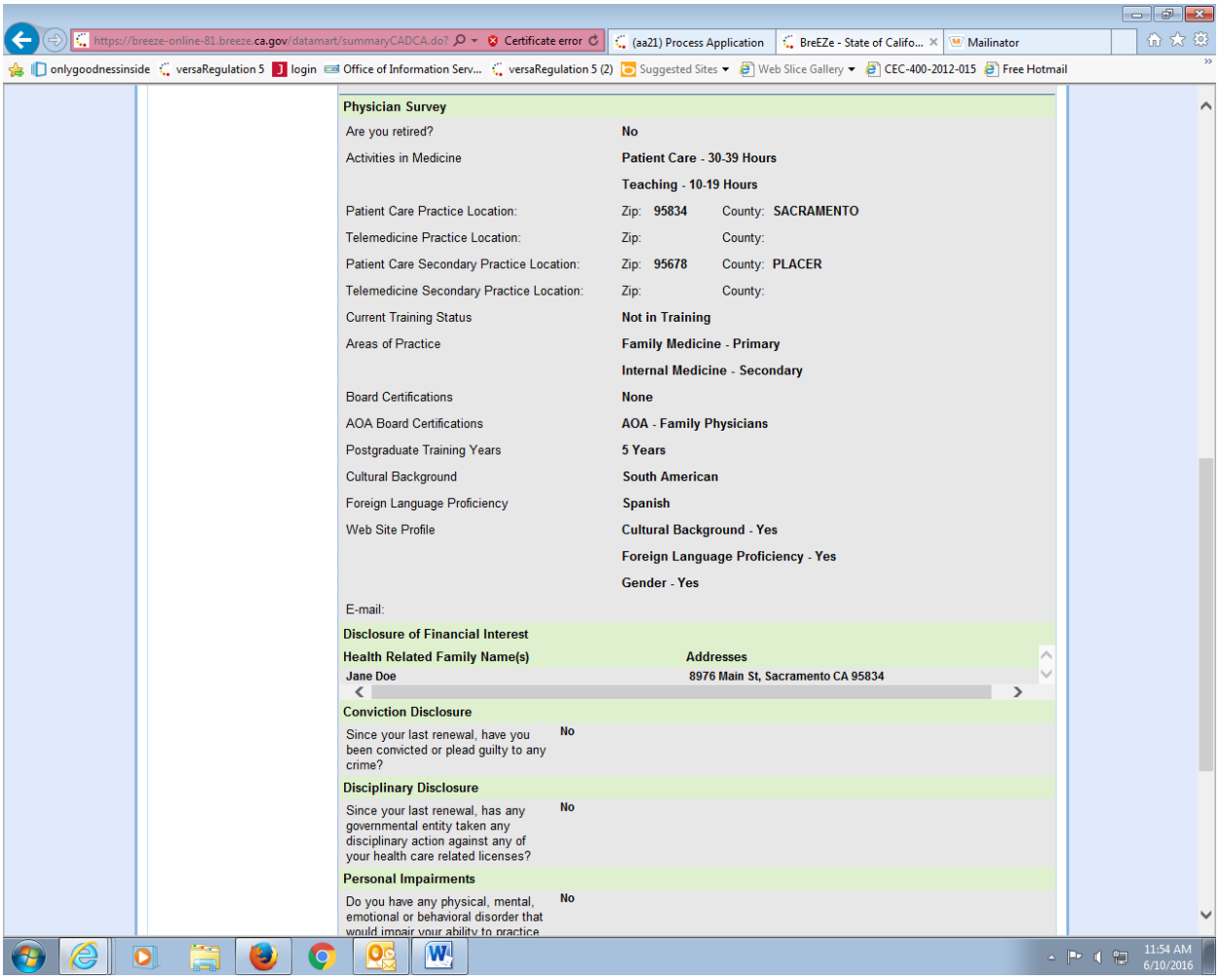
Click: Next if skipping, or when upload is complete.

Review the Application Summary page for accuracy and completeness.

Note: this is a long page.

Application Summary page con't.

Note: The information contained in the Physician Survey will be transmitted to OSHPD and displayed on your license record under License Verification (except for those items for which you opted out)



Physician Survey

Are you retired?	**No**
Activities in Medicine	**Patient Care - 30-39 Hours**
	Teaching - 10-19 Hours
Patient Care Practice Location:	Zip: **95834** County: **SACRAMENTO**
Telemedicine Practice Location:	Zip: County:
Patient Care Secondary Practice Location:	Zip: **95678** County: **PLACER**
Telemedicine Secondary Practice Location:	Zip: County:
Current Training Status	**Not in Training**
Areas of Practice	**Family Medicine - Primary**
	Internal Medicine - Secondary
Board Certifications	**None**
AOA Board Certifications	**AOA - Family Physicians**
Postgraduate Training Years	**5 Years**
Cultural Background	**South American**
Foreign Language Proficiency	**Spanish**
Web Site Profile	**Cultural Background - Yes**
	Foreign Language Proficiency - Yes
	Gender - Yes
E-mail:	

Disclosure of Financial Interest

Health Related Family Name(s)	Addresses
Jane Doe	8976 Main St, Sacramento CA 95834

Conviction Disclosure

Since your last renewal, have you been convicted or plead guilty to any crime?	**No**

Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses?	**No**

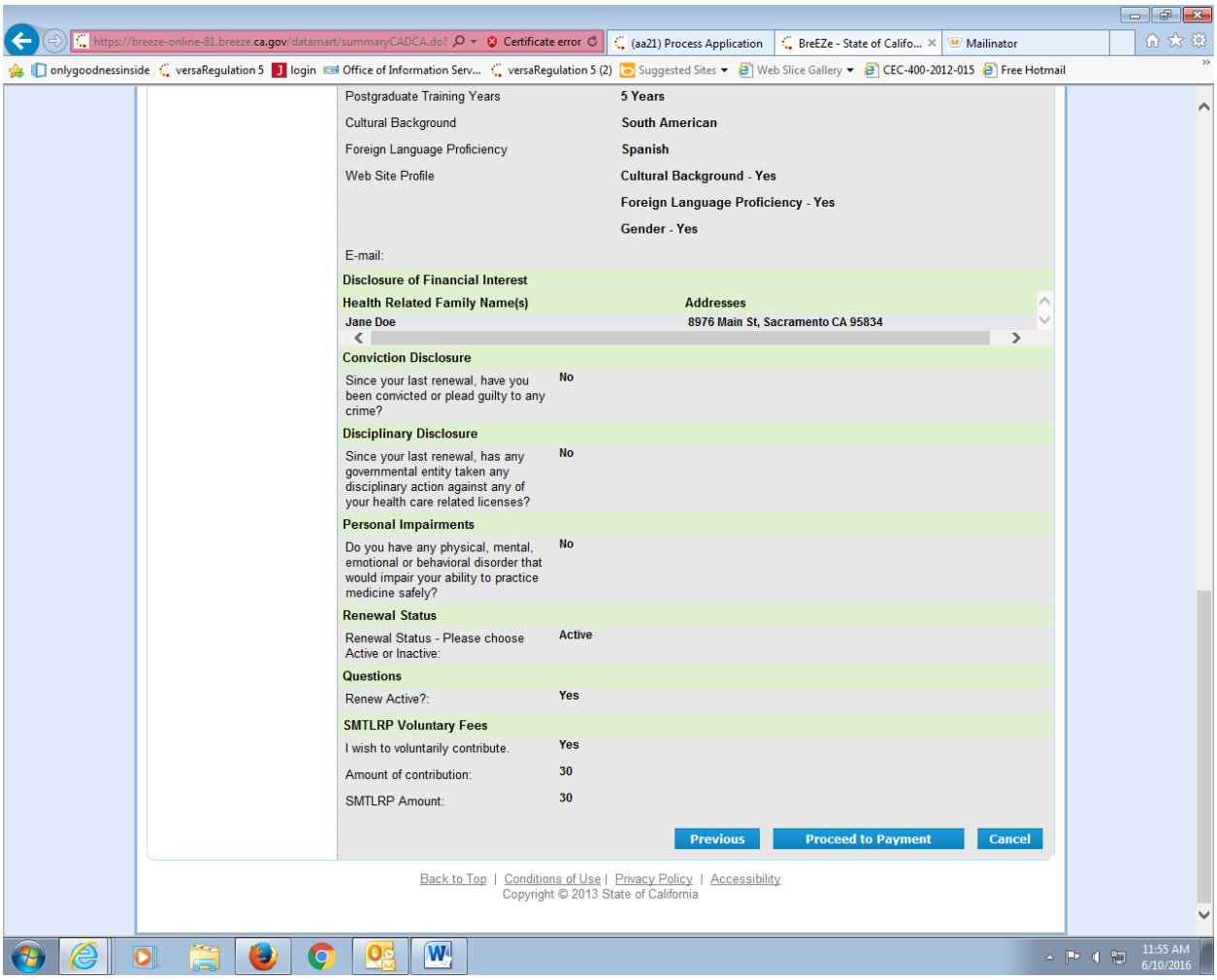
Personal Impairments

Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice	**No**

Application Summary page con't.

Changes can be made to the content of this page by clicking the Previous button.

If the information is correct, Click: Proceed to Payment



Postgraduate Training Years	5 Years
Cultural Background	South American
Foreign Language Proficiency	Spanish
Web Site Profile	Cultural Background - Yes
	Foreign Language Proficiency - Yes
	Gender - Yes
E-mail:	

Disclosure of Financial Interest

Health Related Family Name(s)	Addresses
Jane Doe	8976 Main St, Sacramento CA 95834

Conviction Disclosure	
Since your last renewal, have you been convicted or plead guilty to any crime?	No
Disciplinary Disclosure	
Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses?	No
Personal Impairments	
Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely?	No
Renewal Status	
Renewal Status - Please choose Active or Inactive:	Active
Questions	
Renew Active?:	Yes
SMTLRP Voluntary Fees	
I wish to voluntarily contribute.	Yes
Amount of contribution:	30
SMTLRP Amount:	30

Previous | Proceed to Payment | Cancel

Back to Top | Conditions of Use | Privacy Policy | Accessibility

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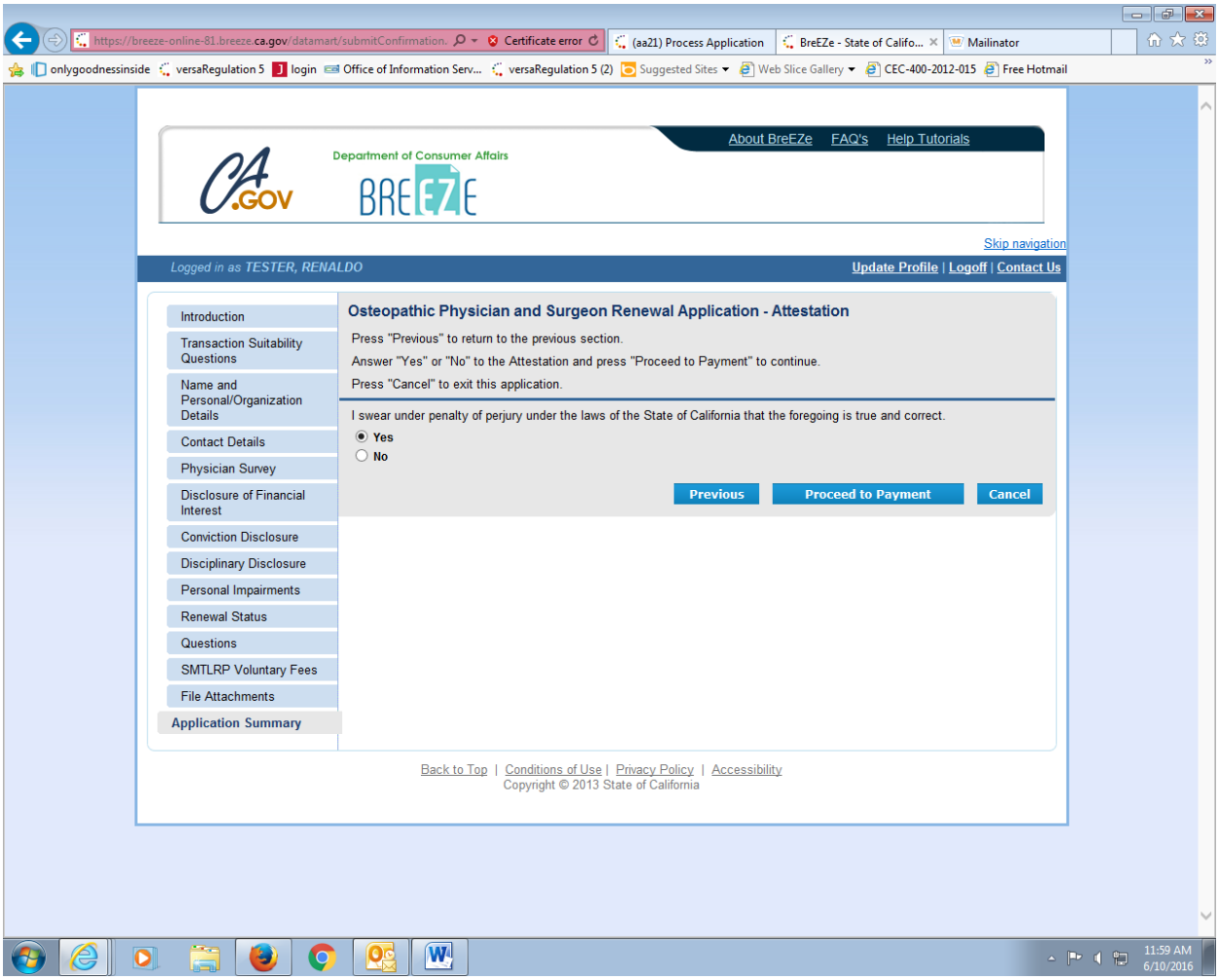
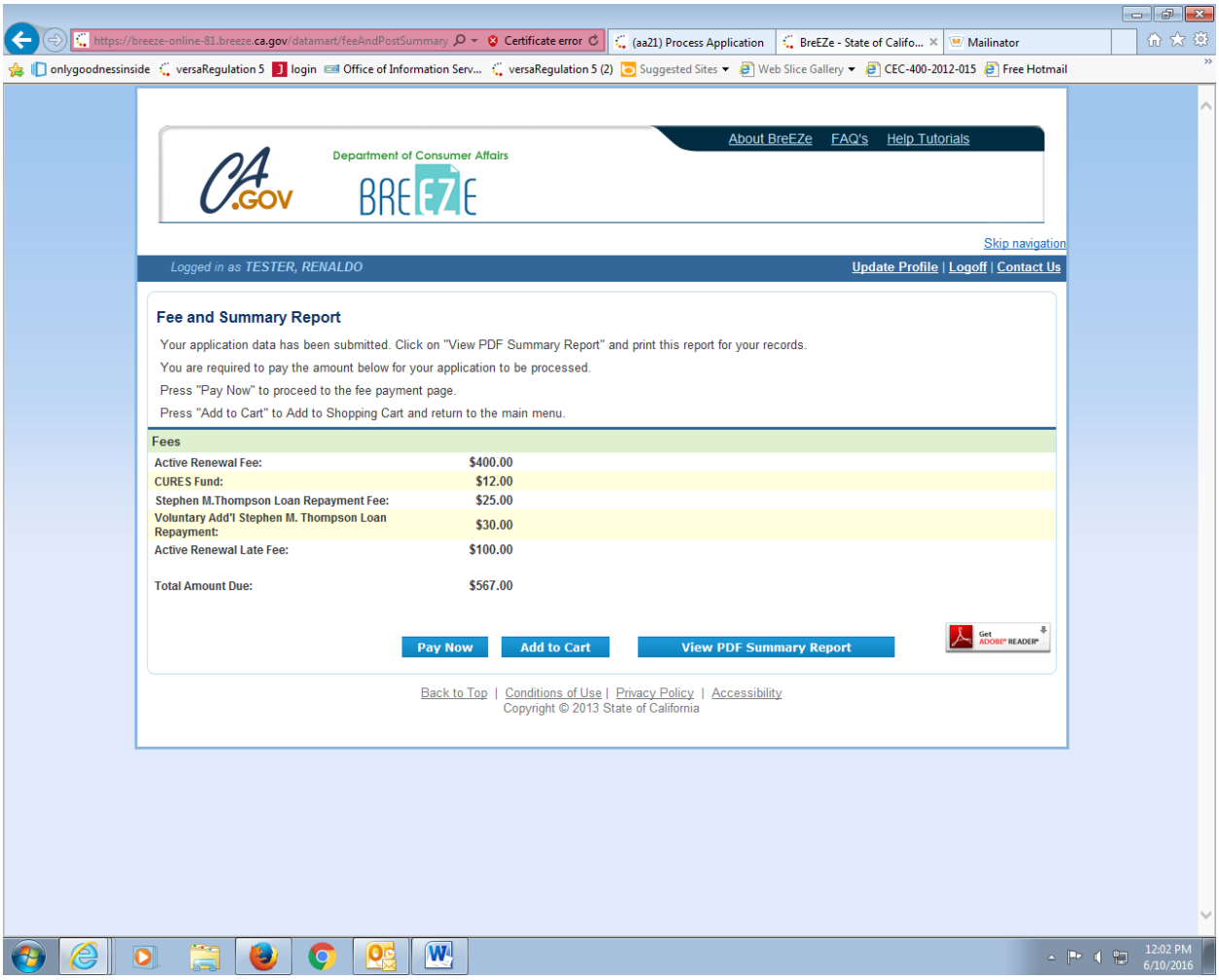
Answer the Attestation and Click: Proceed to Payment.

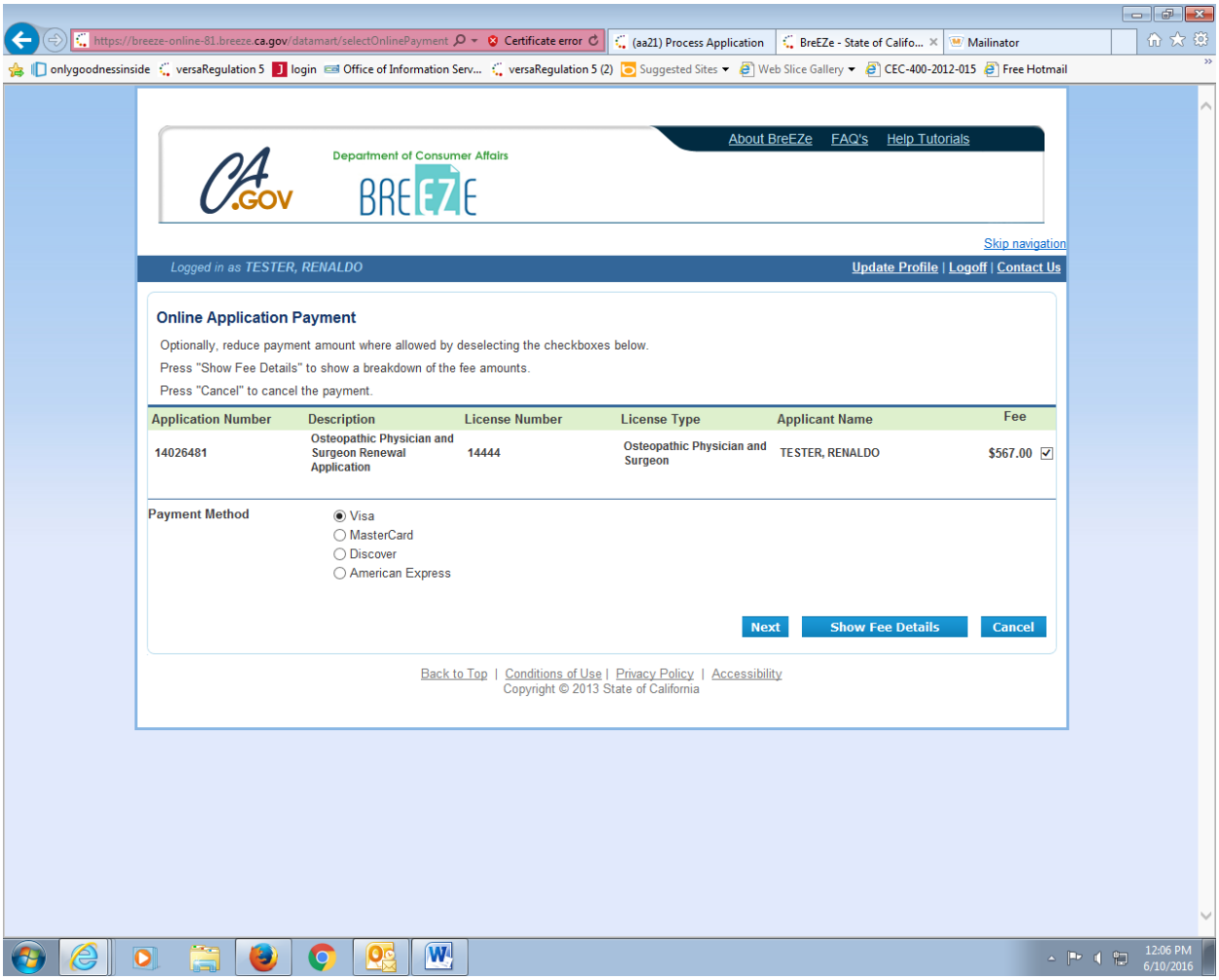


Review the fees displayed. (Note collection of the $30.00 additional voluntary fees and a late fee charged because this example is a delinquent license)

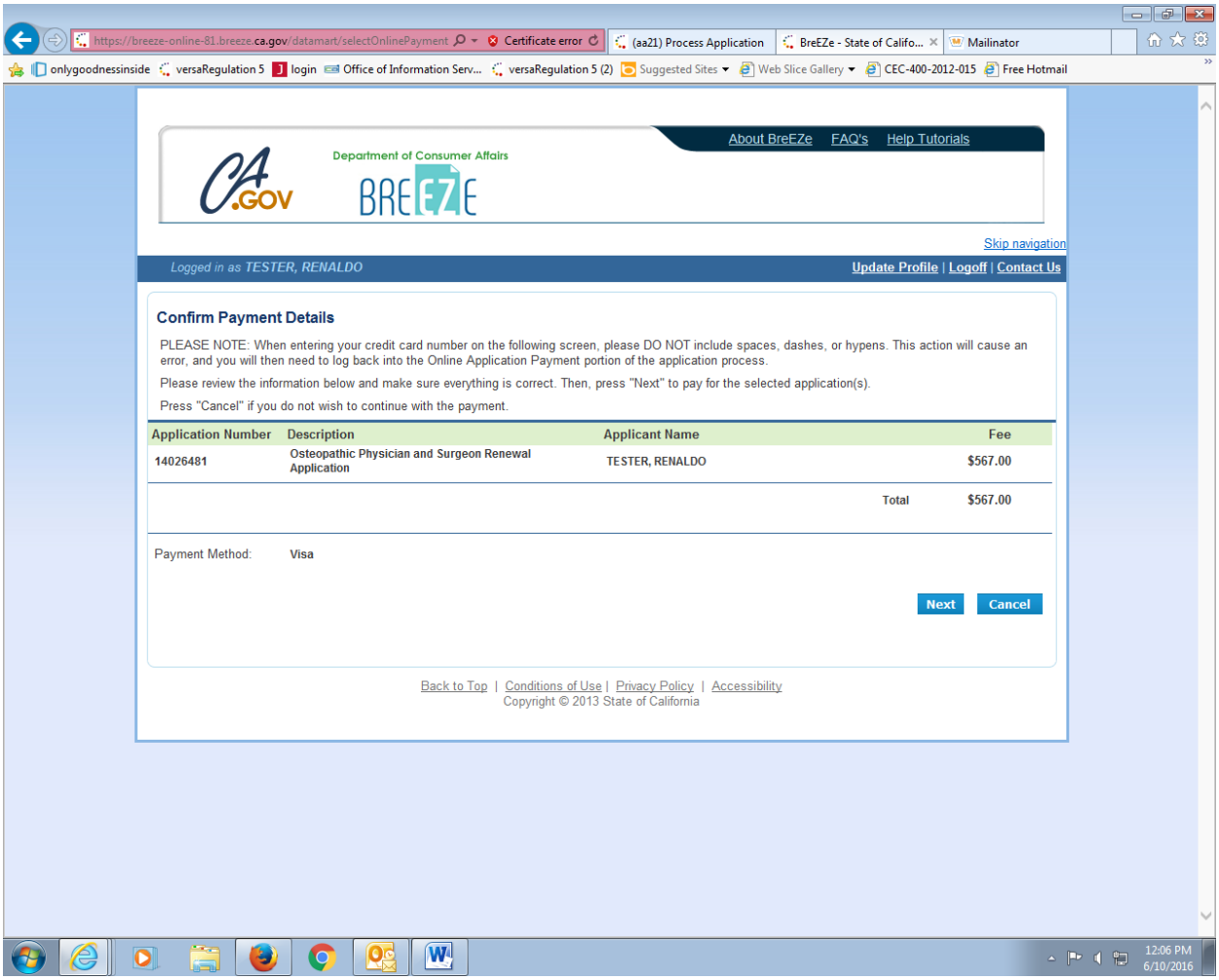
Click: Pay Now. (Note: Click: View PDF of Summary Report if you wish to print a three page summary of your renewal application and payment)



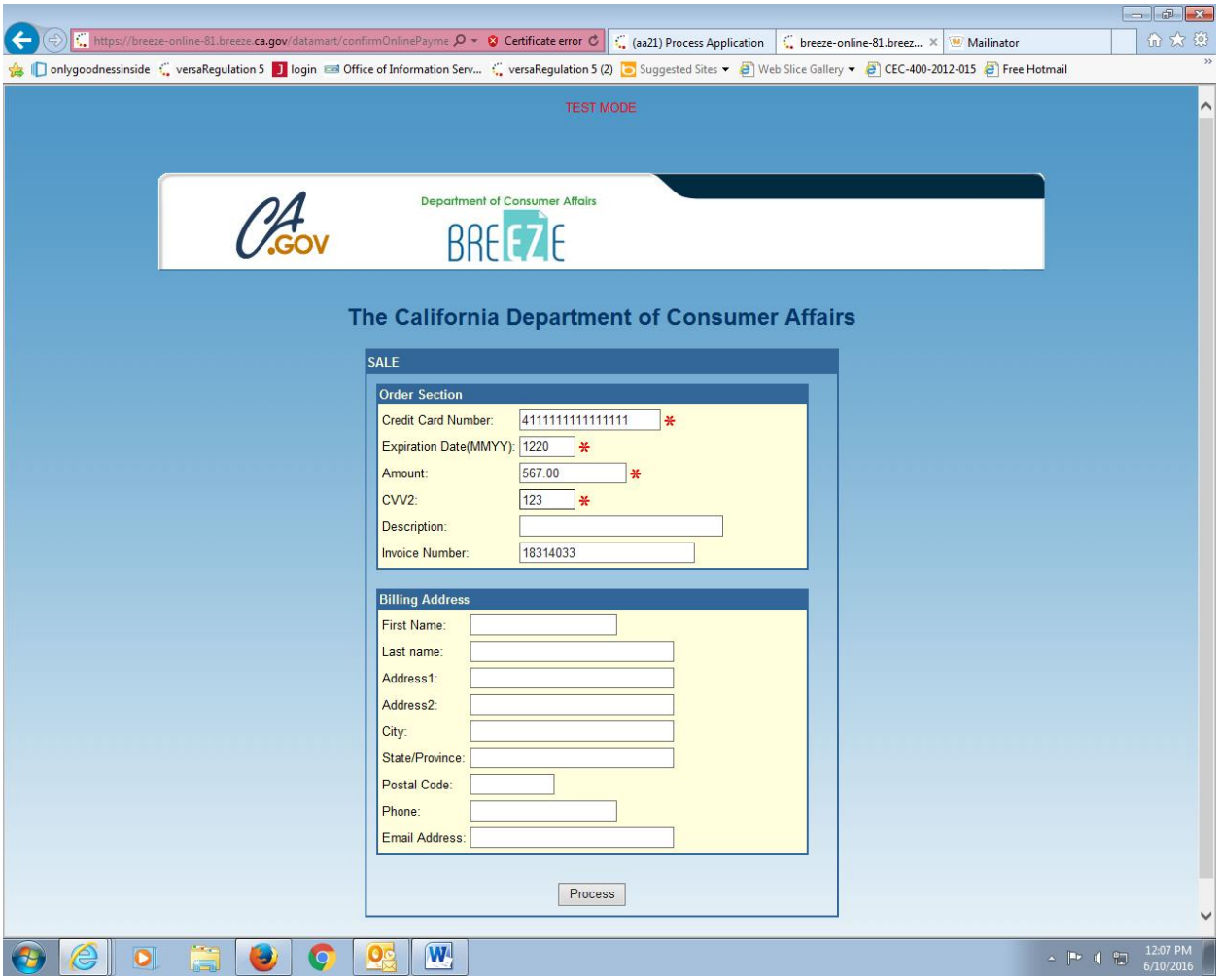
Check the appropriate credit card type, then Click: Next.



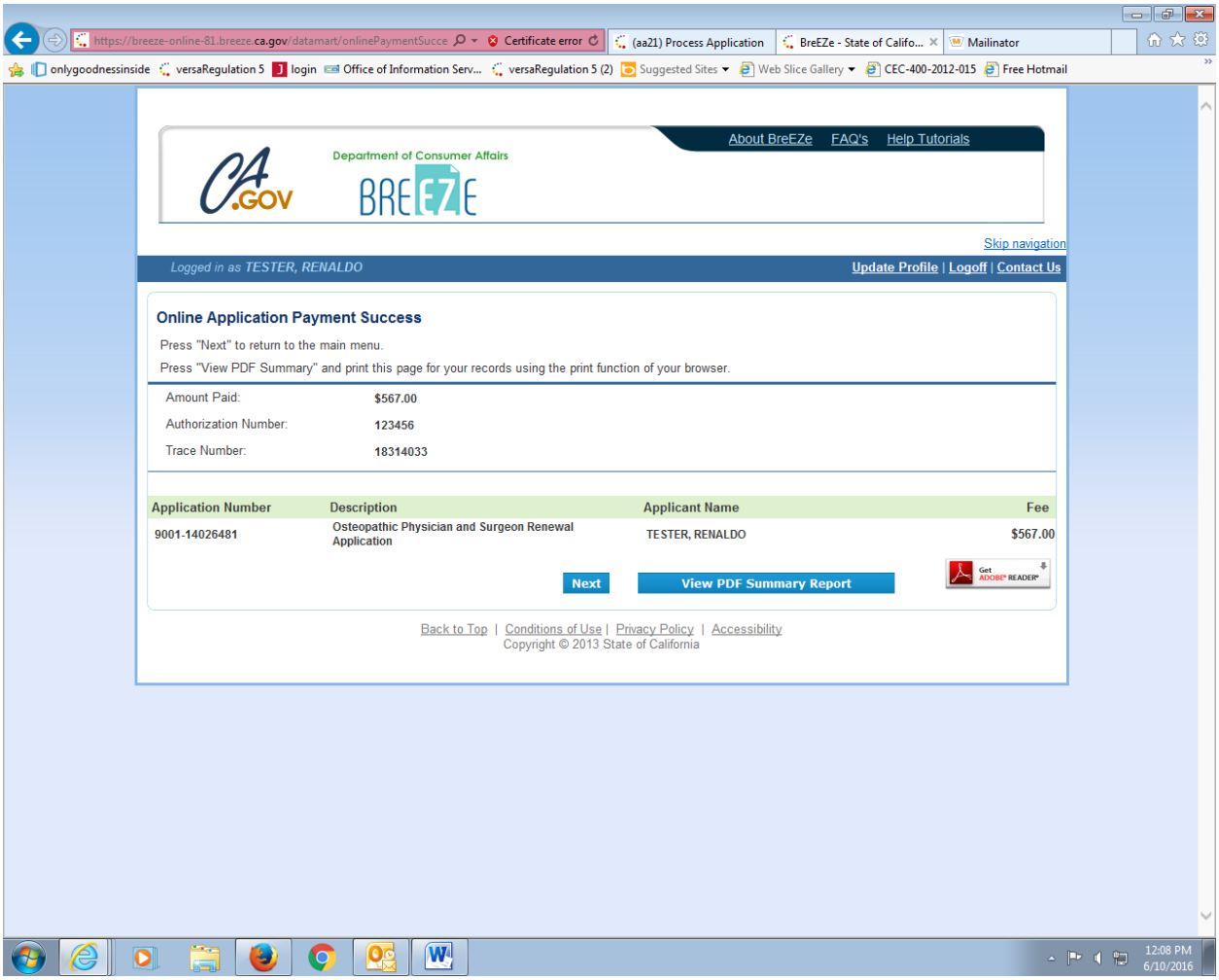
If the information is correct, Click: Next



Enter the card information, then Click: Process.



Print this page for your records:



You are finished! You may also Click: View PDF Summary Report for a one-page receipt:

https://breeze-online-81.breeze.ca.gov/datamart/pdf/onlinePaymentS Certificate error (aa21) Process Ap... BreEZe - State of ... breeze-online-... Mailinator
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STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

dca BREEZE

Department of Consumer Affairs

RECEIPT
18314033

Thank you for using the BreEZe System to submit your application.

Name:	TESTER, RENALDO
Transaction Date:	06/10/2016 12:06
Application Number:	14026481
Complaint Number:	

12:09 PM
6/10/2016

https://breeze-online-81.breeze.ca.gov/datamart/pdf/onlinePayment5 Certificate error (aa21) Process Application BreEZe - State of California breeze-online-81.breez...
onlygoodnessinside versaRegulation 5 login Office of Information Serv... versaRegulation 5 (2) Suggested Sites Web Slice Gallery CEC-400-2012-015 Free Hotmail

Name:	
Transaction Date:	06/10/2016 12:06
Application Number:	14026481
Complaint Number:	
License Type:	9001
License Number:	14444
Payment Description:	Osteopathic Physician and Surgeon Renewal Application
Fee Paid: (US $)	567.00
Remaining Balance: (US $)	0.00

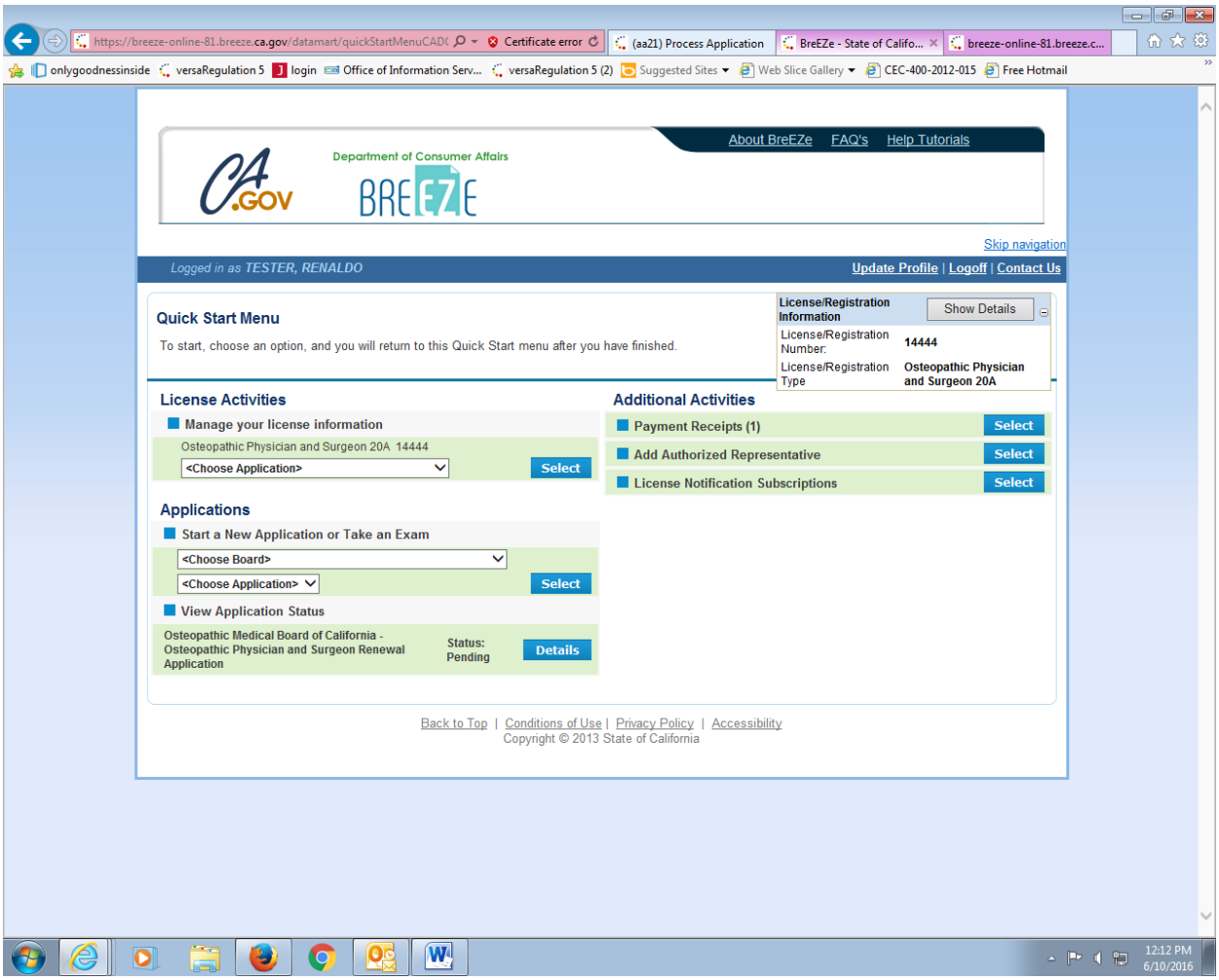
Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

12:10 PM
6/10/2016

You may Click: Next which will take you back to Breeze Quick Start Menu, then Click: Logoff.



Remember, your license will not be updated until Board staff reviews your CME. Allow at least two weeks after this submission before looking up your license status under Verify a License on the Breeze Log In screen. If your CME is not sufficient, you will receive an e-mail or phone call from our staff with a status and instructions.

https://breeze-online-81.breeze.ca.gov/datamart/loginCADCA.do?logo

Certificate error | (aa21) Process Application | BreEZe - State of Califo... | breeze-online-81.breeze.c...

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- 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.

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