

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".

The screenshot shows a web browser window with the URL <https://breeze-online-81.breeze.ca.gov/datamart/loginCADCA.dojsess>. The page features the CA.GOV logo and the BREEZE logo. Navigation links include "About BreEze", "FAQ's", "Help/Tutorials", "Skip navigation", and "Contact Us".

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.

Buttons: [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?](#) [Sign In](#)

New Users
[BreEze Registration](#)

Footer: [Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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Taskbar: 9:53 AM 6/10/2016

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

https://breeze-online-81.breeze.ca.gov/datamart/registration.do Certificate error (aa21) Process Application BreZE - State of California

onlygoodnessinside versaRegulation 5 login Office of Information Serv... versaRegulation 5 (2) Suggested Sites Web Slice Gallery CEC-400-2012-015 Free Hotmail

User Registration

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

Error

- Enter the code shown to verify your registration.

Enter your details and press "Next".
Press "Cancel" to cancel this registration and return to the main menu.

Account Owner Contact Information

* First Name: RENALDO
Middle Name:
* Last Name: TESTER

Account Login

* Email: ren@mailinator.com (e.g. name@domain.com)
* Confirm Email: ren@mailinator.com
Note. Please enter a valid email address; this email address will not be sold to solicitors.
* User ID: popcorn2

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

* Secret Question: Where were you born?
* Secret Answer: usa

Communication

Email Communication: ☒ Yes ☐ No

Security Measures (this helps to prevent automated registrations.)

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

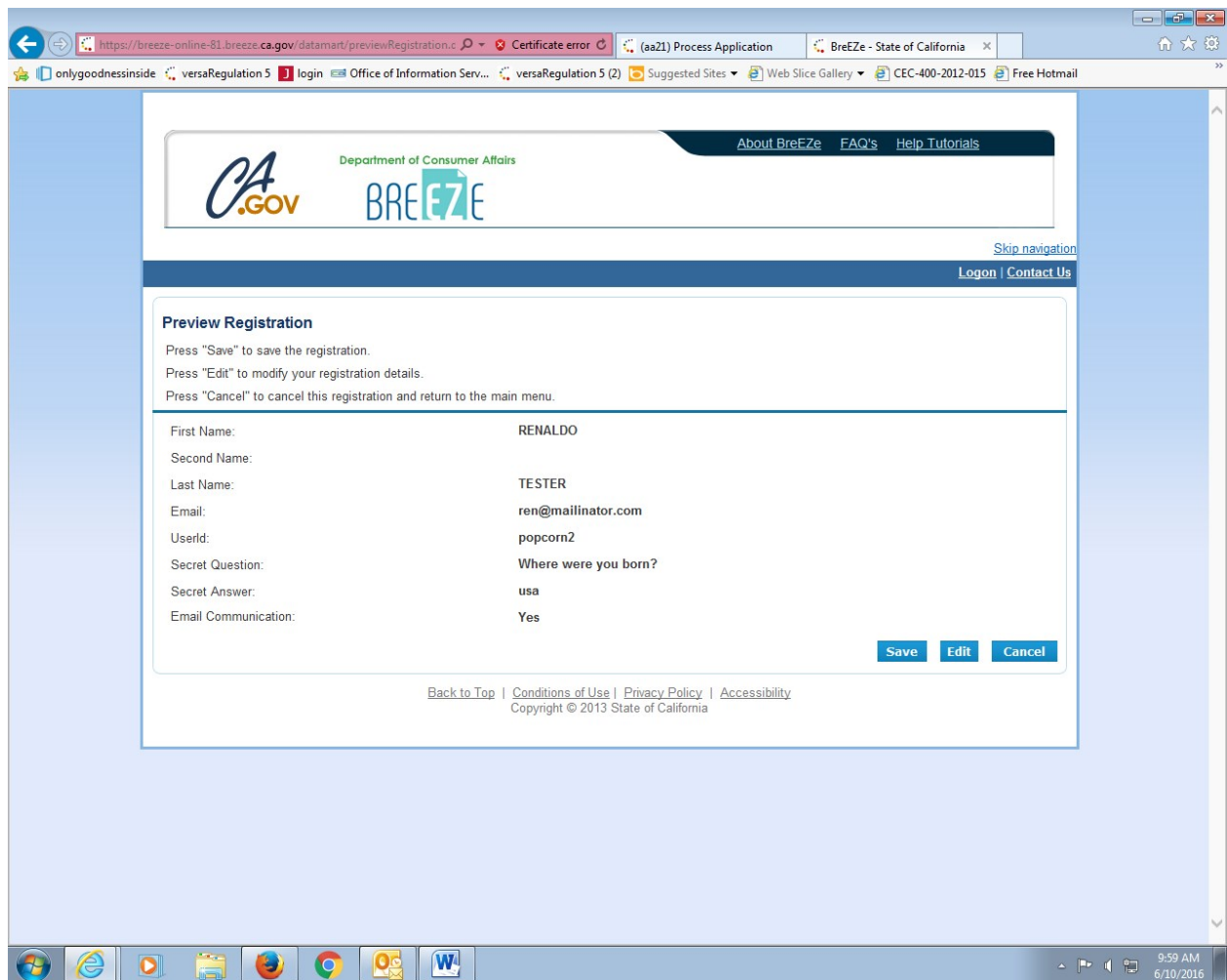
nkwcpx Refresh

Next Cancel

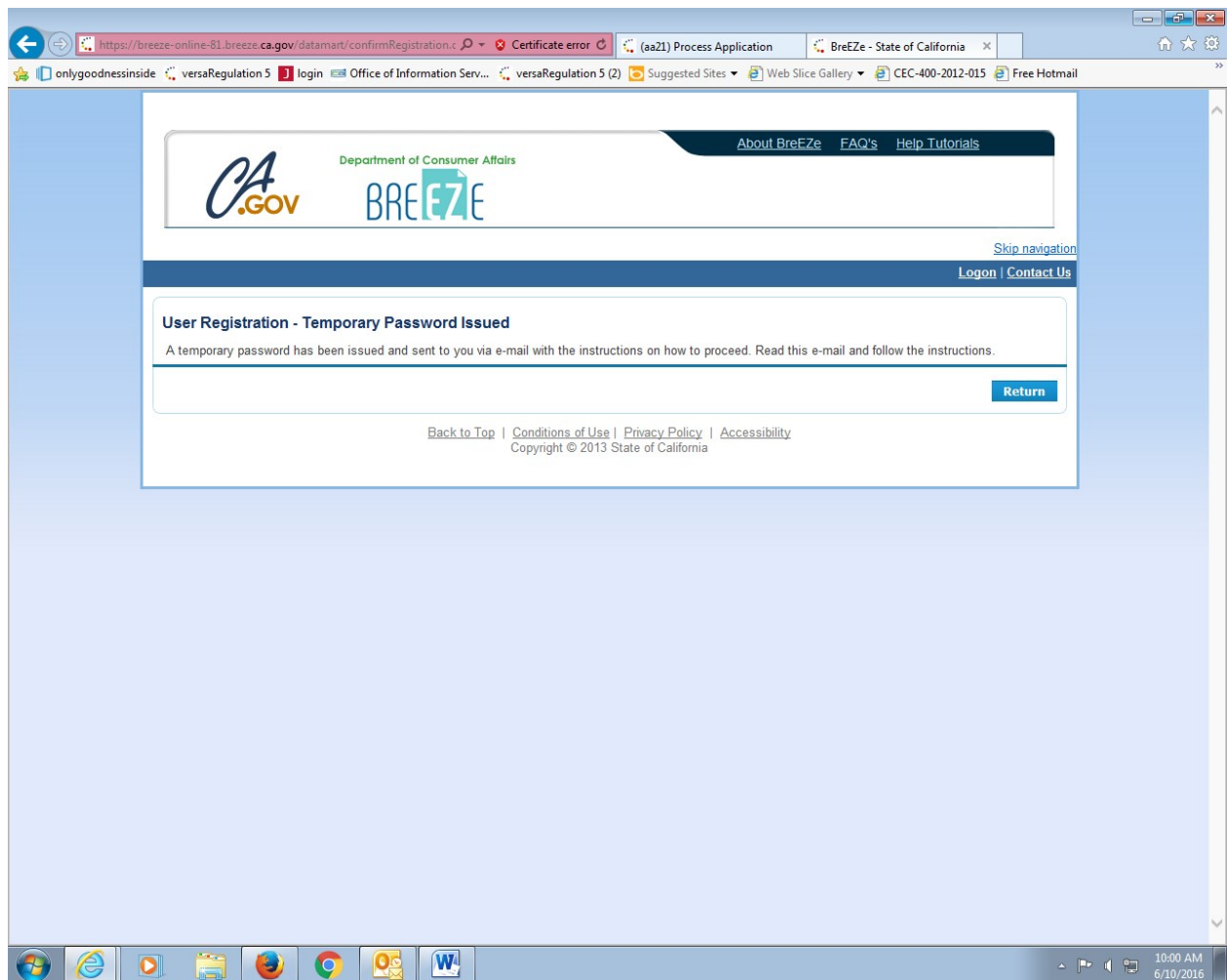
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9:58 AM
6/10/2016

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.



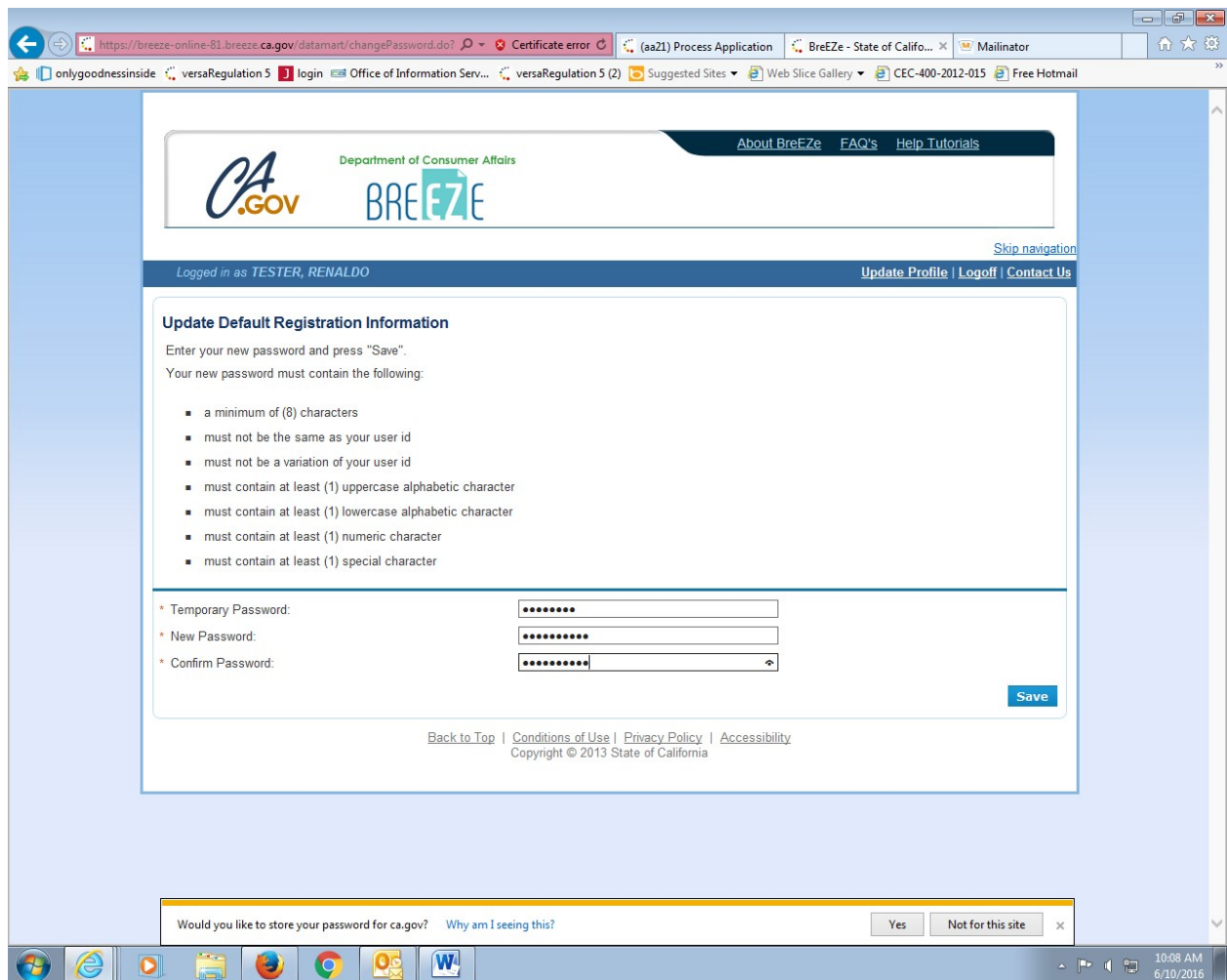
When you retrieve your temporary password, copy it, then go back to this screen and Click: Return.

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

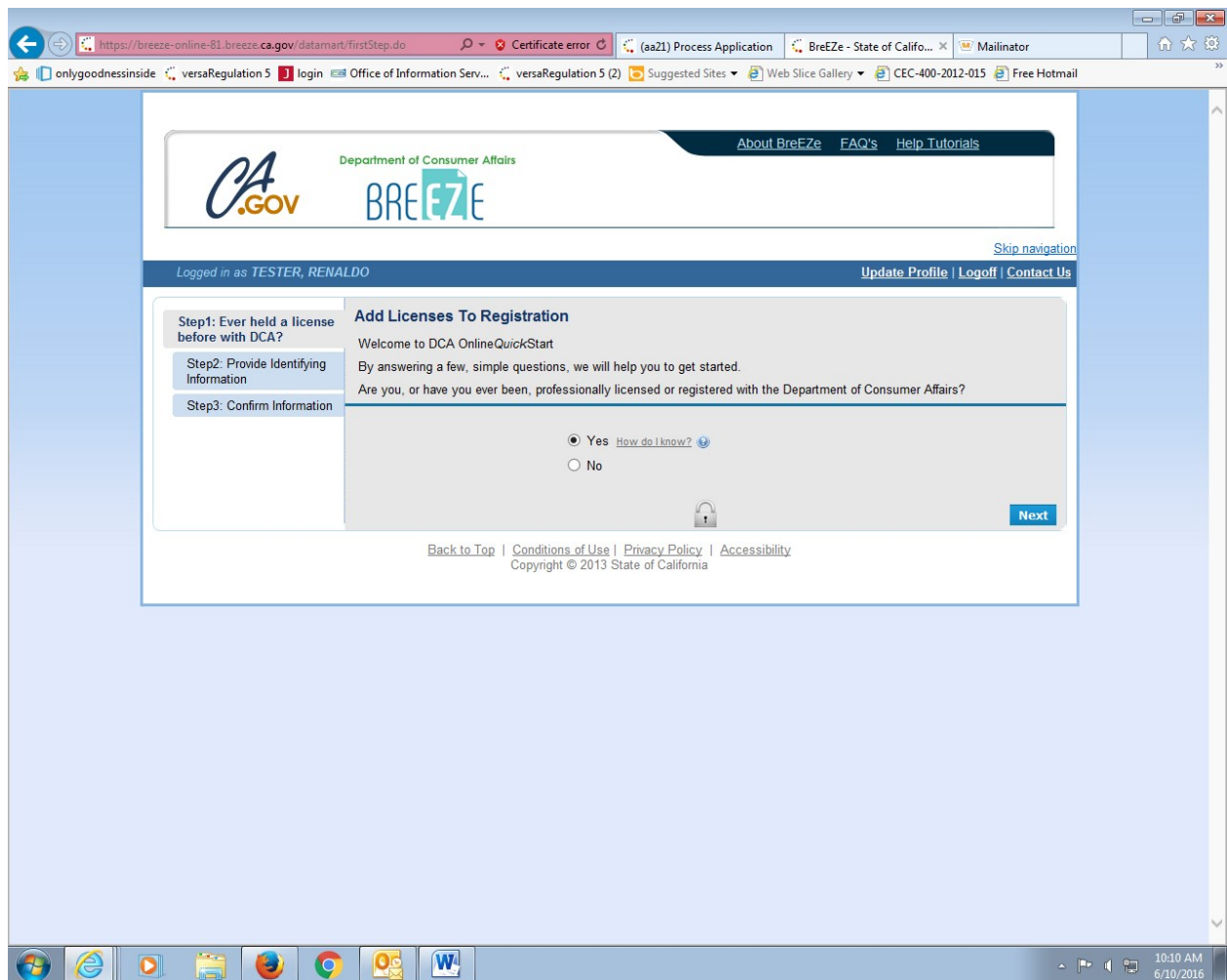


Paste the temporary password into: Temporary Password. Enter your new permanent password twice.

Click: Save.



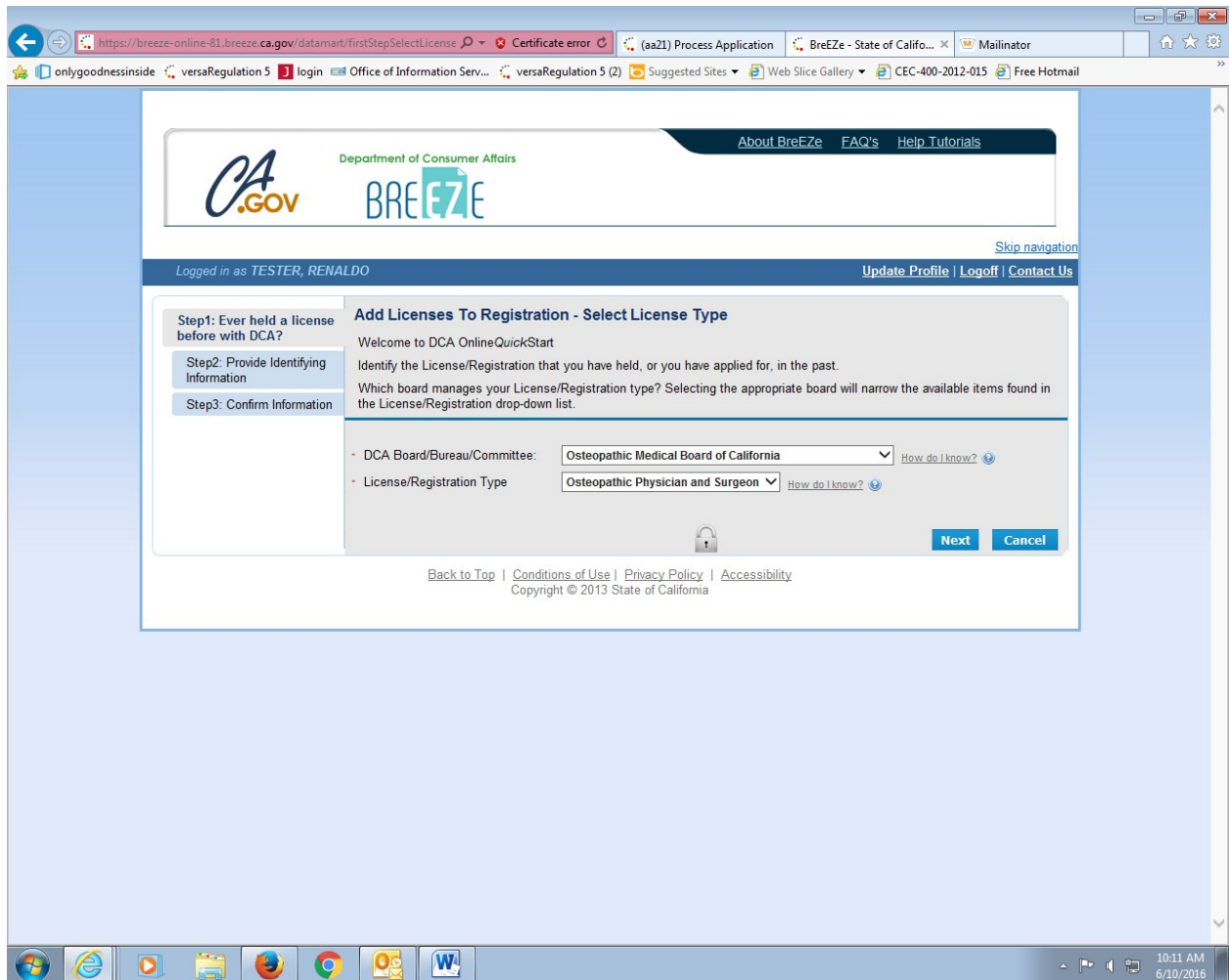
The "Yes" button should be filled in. Click: Next.



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.

https://breeze-online-81.breeze.ca.gov/datamart/secondStep.do Certificate error (aa21) Process Application BreZe - State of Califo... Mailinator

onlygoodnessinside versaRegulation 5 login Office of Information Serv... versaRegulation 5 (2) Suggested Sites Web Slice Gallery CEC-400-2012-015 Free Hotmail

CA.GOV Department of Consumer Affairs **BREZE** About BreZe FAQs Help/Tutorials

Skip navigation

Logged in as: **TESTER, RENALDO** Update Profile | Logout | Contact Us

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 BreZe system. A previous record may include: licensee, complainant, witness, etc

Required Information

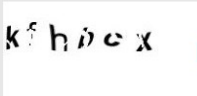
* Last Name:

* 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):

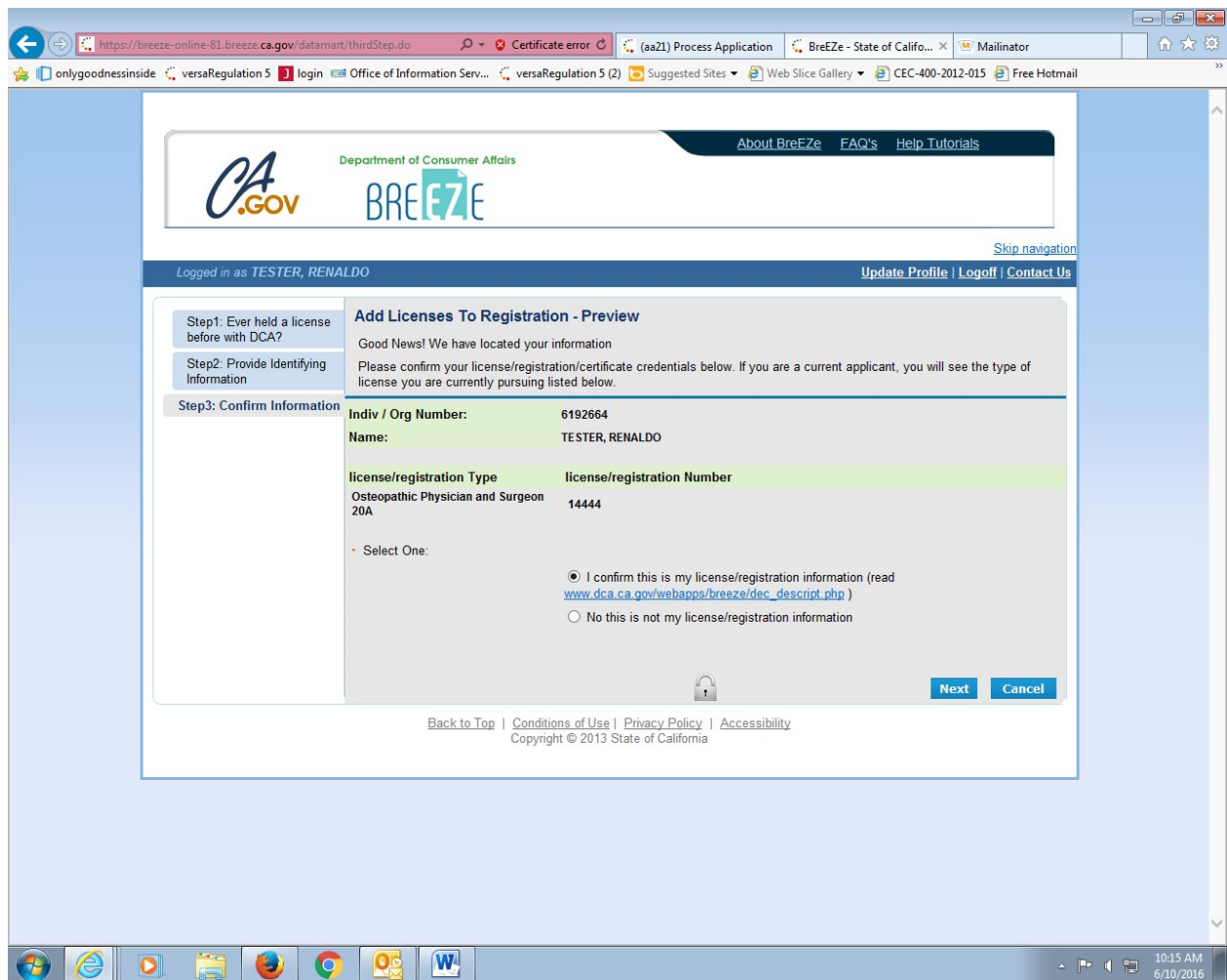
 Refresh

Next Cancel

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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


Browser tabs: <https://breeze-online-81.breeze.ca.gov/damart/quickStartMenuCAD...> Certificate error (aa21) Process Application BreZe - State of Calif... Mailinator

Browser address bar: <https://breeze-online-81.breeze.ca.gov/damart/quickStartMenuCAD...>

Browser extensions: onlygoodnessinside, versaRegulation 5, login, Office of Information Serv..., versaRegulation 5 (2), Suggested Sites, Web Slice Gallery, CEC-400-2012-015, Free Hotmail



Department of Consumer Affairs



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Logged in as: **TESTER, RENALDO** [Update Profile](#) | [Logout](#) | [Contact Us](#)

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!
- ☐ Manage your license information
- ☐ Add Authorized Representative

Applications

- ☒ Start a New Application or Take an Exam
- ☐ View Application Status

Additional Activities

- ☐ Add Authorized Representative

License/Registration Information

[Show Details](#)

License/Registration Number: **14444**

License/Registration Type: **Osteopathic Physician and Surgeon 20A**

You have successfully linked your online registration to a license (s). Would you like to link your online registration to more license (s)?

[Yes](#) [No](#)

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Taskbar: Windows 7 icons (Start, Internet Explorer, Firefox, Chrome, Outlook, Word) | System tray: 10:17 AM, 6/10/2016

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

The screenshot shows a web browser window with the URL <https://breeze-online-81.breeze.ca.gov/datamart/quickStartMenuCAD/>. The page is for the Department of Consumer Affairs, BreEZe portal. The user is logged in as TESTER, RENALDO. The page layout includes a header with the CA.GOV logo and BreEZe logo, and navigation links like About BreEZe, FAQ's, and Help Tutorials. Below the header, there's a section for License/Registration Information showing the user's License/Registration Number as 14444 and License/Registration Type as Osteopathic Physician and Surgeon 20A. The main content area is divided into three sections: Quick Start Menu, License Activities, and Applications. Under License Activities, the 'It is time to Renew!' option is highlighted, and the 'Select' button is visible. The 'Manage your license information' option is also visible. Under Applications, the 'Start a New Application or Take an Exam' option is highlighted, and the 'Select' button is visible. The 'View Application Status' option is also visible, showing the user's application status as Pending. The page footer includes links for Back to Top, Conditions of Use, Privacy Policy, and Accessibility, and a copyright notice for 2013 State of California.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

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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!**
Osteopathic Physician and Surgeon 20A 14444 **Select**
- Manage your license information**
Osteopathic Physician and Surgeon 20A 14444
<Choose Application> **Select**

Applications

- Start a New Application or Take an Exam**
<Choose Board>
<Choose Application> **Select**
- View Application Status**
Osteopathic Medical Board of California - Osteopathic Physician and Surgeon Renewal Application
Status: Pending **Details**

Additional Activities

- Add Authorized Representative** **Select**
- License Notification Subscriptions** **Select**

License/Registration Information Show Details

License/Registration Number: 14444
License/Registration Type: Osteopathic Physician and Surgeon 20A

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

https://www.osteopathic.org/physician-renewal-ca.gov Certificate error BreZe - State of California

Convert Select Certificate Error Navigation... Certificate Error Navigation... Search - DCA TempMailAddress Dispos... DCA Support Center (2)

Logged in as: Ready, M. J. Update Profile | Logout | Contact Us

Osteopathic Physician and Surgeon Renewal Application - Introduction

Active Status

\$437.00 includes \$25 fee pursuant to BAP Code Section 2406.5 and \$12 for B & P Code Section 208 (CUREIS). Delinquency Fee \$100 if paid after the expiration date. Active CME Required attach, e-mail, or fax documentation. See the Contact Us page at www.osteoc.ca.gov. Residency/Fellowship (attach, e-mail, or fax verification from program).

Inactive Status:

\$325.00 includes \$25 fee pursuant to BAP Code Section 2406.5. Delinquency Fee \$75 if paid after the expiration date. No practice privileges in California and no CME required. Available to In-State or Out-of-State Practitioners.

Continuing Medical Education (CME) Requirement (Effective January 1, 2018)

At the time of each renewal, each physician shall submit satisfactory proof of CME completion for the prior two years to the Board. A physician shall submit satisfactory proof of 100 credit hours upon the conclusion of the two-year reporting period. Minimum of forty (40) hours of the 100 hours must be American Osteopathic Association (AOA) Category 1A or 1B.

Continuing Medical Education Program Report:

Physicians shall report the total number of CME credits to the Board. This may be accomplished by:

- (a) Sending the Board a copy of their AOA Individual Activity Report, and/or
- (b) Sending the Board copies of any certificates given for attendance at any program approved by the Board and/or
- (c) Reports from any program approved by the Board, to be furnished by the physician, showing his attendance as verified by the program organizer.

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

https://www.osteopathic.org/physician-renewal-ca.gov Certificate error BreZe - State of California

Convert Select Certificate Error Navigation... Certificate Error Navigation... Search - DCA TempMailAddress Dispos... DCA Support Center (2)

Logged in as: Ready, M. J. Update Profile | Logout | Contact Us

Osteopathic Physician and Surgeon Renewal Application - Introduction

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Press "Next" to continue.
Press "Cancel" to exit this application.

Sanctions for Noncompliance

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.

The screenshot shows a web browser window with the URL <https://breeze-online-81.breeze.ca.gov/dstamart/suitabilityQuestions.c>. The browser's address bar also displays a "Certificate error". The page header includes the "CA.GOV" logo, "Department of Consumer Affairs", and "BREZE" logo. Navigation links include "About BreZe", "FAQ's", and "Help/Tutorials". The user is logged in as "TESTER, RENALDO" and can click "Update Profile", "Logoff", or "Contact Us".

The main content area is titled "Osteopathic Physician and Surgeon Renewal Application - Function Suitability". It contains a sidebar with a list of application steps: Introduction, Transaction Suitability Questions (selected), Name and Personal/Organization Details, Contact Details, Physician Survey, Disclosure of Financial Interest, Conviction Disclosure, Disciplinary Disclosure, Personal Impairments, Renewal Status, Questions, SMTLRP Voluntary Fees, File Attachments, and Application Summary.

The "Transaction Suitability Questions" section contains the following text:

If you would like to request a Military Waiver of fees and Continuing Medical Education due to Active Military Deployment, exit this application, go back to Breeze, log-in, and complete one of the Military Waiver transactions. (Note: You may not apply for a Military Waiver if your license has lapsed/expired.)

Press "Previous" to return to the previous section.

Answer the questions and press "Next".

Press "Cancel" to exit this application.

The "Question" section displays the following text:

I understand that completing and paying for this License Renewal Application on-line WILL NOT complete the renewal process and WILL NOT update my license expiration date. I understand that this process is designed only to allow me to pay for my renewal using a credit card, and that all required documentation, including Continuing Medical Education, discipline in another state, and conviction information must be submitted to the Board timely, allowing the Board at least three weeks to complete its review prior to approving this application. Agree?

The "Answer" section shows two radio buttons: "Yes" (selected) and "No".

At the bottom of the question section are three buttons: "Previous", "Next", and "Cancel".

The footer of the page includes links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California". The system clock in the bottom right corner shows "10:30 AM 6/10/2016".

Verify the information and Click: Next.

https://breeze-online-81.breeze.ca.gov/datamart/personalDetail.do?api... Certificate error (aa21) Process Application BreZe - State of Calif... Mailinator

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Osteopathic Physician and Surgeon Renewal Application - 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.

First Name: **RENALDO**
Middle Name:
Last Name: **TESTER**
Birthdate: **01/01/1900** (mm/dd/yyyy)
Gender: **Male**

Previous Next Cancel

Introduction
Transaction Suitability Questions
Name and Personal/Organization Details
Contact Details
Physician Survey
Disclosure of Financial Interest
Conviction Disclosure
Disciplinary Disclosure
Personal Impairments
Renewal Status
Questions
SMTLRP Voluntary Fees
File Attachments
Application Summary

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10:44 AM 6/10/2016

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.

https://breeze-online-81.breeze.ca.gov/datamart/contactList.do?applic... Certificate error (aa21) Process Application BreZe - State of Calif... Mailinator

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CA.GOV Department of Consumer Affairs **BREZE** About BreZe FAQs Help/Tutorials

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Logged in as: **TESTER, RENALDO** Update Profile | Logout | Contact Us

Osteopathic Physician and Surgeon Renewal Application - Address Detail Summary

The following address types need to be updated to include required information. Please modify them by clicking on the links for the relevant addresses below.

- Confidential Address

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	<p>Name: TESTER, RENALDO</p> <p>Address: 1234 MAIN ST SACRAMENTO , CA SACRAMENTO 95834 US</p>
Confidential Address	<p>Address: 1234 MAIN ST SACRAMENTO , CA 95834</p>

Your Address of Record (practice location) is required and will be displayed on the Internet. The Confidential Address is optional and will be used as your default mailing address; it will not be displayed on the Internet.

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

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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Fill in missing information, and correct any information that is incorrect. Data is required for items noted with a *

The screenshot shows a web browser window with the URL <https://breeze-online-81.breeze.ca.gov/datamart/contactEdit.do?id=28>. The browser's address bar also displays a "Certificate error" warning. The page header includes the "CA.GOV" logo, the "Department of Consumer Affairs" name, and the "BREZE" logo. Navigation links for "About BreZe", "FAQ's", and "Help/Tutorials" are present. The user is logged in as "TESTER, RENALDO", with links for "Update Profile", "Logoff", and "Contact Us".

The main content area is titled "Osteopathic Physician and Surgeon Renewal Application - Maintain Contact Details". It contains instructions: "Edit the data and press 'Done' to save your changes.", "Press 'Delete' to delete this record.", and "Press 'Cancel' if you do not want to save your changes." Below these instructions is a "Confidential Address" section with the following fields:

- Address Line 1: 1234 MAIN ST
- Address Line 2: (empty)
- Address Line 3: (empty)
- City: SACRAMENTO
- State: California (dropdown menu)
- Zip Code: 95834
- County: (empty dropdown menu)
- Country: (empty dropdown menu)
- Phone Number: (empty)
- Extension: (empty)
- E-mail: (empty)

At the bottom of the form, there is a note: "When entering a non-U.S. address, please select 'Out of Country State' from the 'State' pull-down menu. Then, enter your postal code in the format as required by your country's postal agency." Below this note are three buttons: "Done", "Delete", and "Cancel".

The footer of the page includes links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California". The taskbar at the bottom of the screen shows various application icons and the system clock indicating 10:55 AM on 6/10/2016.

After changes are made, Click: Done.

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

Department of Consumer Affairs
BREZE

Logged in as: **TESTER, RENALDO** [Update Profile](#) [Logoff](#) [Contact Us](#)

Osteopathic Physician and Surgeon Renewal Application - 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	<p>Name: TESTER, RENALDO</p> <p>Address: 1234 MAIN ST SACRAMENTO, CA SACRAMENTO 95834 US</p>
Confidential Address	<p>Address: 1234 MAIN ST SACRAMENTO, CA 95834 US</p>

Your Address of Record (practice location) is required and will be displayed on the Internet. The Confidential Address is optional and will be used as your default mailing address; it will not be displayed on the Internet.

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

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The Physician Survey portion of the renewal application is mandatory; this information will be transmitted to the Office of Statewide Healthcare Planning and Development (OSHDP) 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.

https://breeze-online-81.breeze.ca.gov/datamart/physicianSurvey.do? Certificate error (aa21) Process Application Breeze - State of Califo... Mailinator

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Logged in as: **TESTER, RENALDO** Update Profile | Logout | Contact Us

Osteopathic Physician and Surgeon Renewal Application - Activities in Medicine

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Are you retired? ☐ Yes ☒ No

Current Training Status ☐ Residency ☐ Fellow ☒ Not in Training

Physician Survey

Disclosure of Financial Interest Patient Care Hours ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☒ 30-39 ☐ 40+
 Telemedicine Hours ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
 Conviction Disclosure Administration Hours ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
 Disciplinary Disclosure Research Hours ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
 Personal Impairments Teaching Hours ☐ None ☐ 1-9 ☒ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
 Renewal Status Other Hours ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+

Primary Practice Location (U.S. Only)

Patient Care Zip County
 Telemedicine Zip County

Secondary Practice Location (CA Only)

Patient Care Zip County
 Telemedicine Zip County

Previous Next Cancel

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11:10 AM 6/10/2016

Enter the correct information and Click: Next.

https://breeze-online-81.breeze.ca.gov/datamart/physicianSurvey.do Certificate error (aa21) Process Application BreZe - State of Calif... Mailinator

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Logged in as: **TESTER, RENALDO** [Skip navigation](#) [Update Profile](#) | [Logout](#) | [Contact Us](#)

Osteopathic Physician and Surgeon Renewal Application - Areas of Practice

Select one Primary Area of Practice and any Secondary Area(s) of Practice applicable and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Primary Area of Practice Family Medicine

Secondary Area(s) of Practice

<input type="checkbox"/> Aerospace Medicine	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Public Health and General Preventive Medicine
<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> General Practice	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Geriatric Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Radiologic Physics
<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Hematology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Complementary and Alternative Medicine	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cosmetic Surgery	<input checked="" type="checkbox"/> Internal Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Sleep Medicine
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Medical Genetics	<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Spine Surgery
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Neonatal-Perinatal Medicine	<input type="checkbox"/> Pathology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Surgical Oncology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Neurodevelopmental Disabilities	<input type="checkbox"/> Physical Medicine and Rehabilitation	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Urology
<input type="checkbox"/> Facial, Plastic and Reconstructive Surgery	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Neurology with Special Qualification in Child Neurology	<input type="checkbox"/> Psychosomatic Medicine	<input type="checkbox"/> Other - Not Listed

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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)

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Osteopathic Physician and Surgeon Renewal Application - Board Certifications

Select any board certifications you may have and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

☒ None

American Board of Allergy and Immunology <input type="checkbox"/> Allergy and Immunology American Board of Anesthesiology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Critical Care Medicine <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Pediatric Anesthesiology <input type="checkbox"/> Sleep Medicine American Board of Colon and Rectal Surgery <input type="checkbox"/> Colon and Rectal Surgery American Board of Dermatology <input type="checkbox"/> Dermatology <input type="checkbox"/> Clinical and Laboratory Dermatological Immunology <input type="checkbox"/> Dermatopathology	American Board of Medical Genetics <input type="checkbox"/> Clinical Biochemical Genetics <input type="checkbox"/> Clinical Cytogenetics <input type="checkbox"/> Clinical Genetics (MD) <input type="checkbox"/> Clinical Molecular Genetics <input type="checkbox"/> Medical Biochemical Genetics <input type="checkbox"/> Molecular Genetic Pathology American Board of Neurological Surgery <input type="checkbox"/> Neurological Surgery American Board of Nuclear Medicine <input type="checkbox"/> Nuclear Medicine American Board of Obstetrics and Gynecology <input type="checkbox"/> Obstetrics and Gynecology <input type="checkbox"/> Critical Care Medicine <input type="checkbox"/> Female Pelvic Medicine and Reconstructive Surgery <input type="checkbox"/> Gynecologic Oncology <input type="checkbox"/> Hospice and Palliative	American Board of Pediatrics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Adolescent Medicine <input type="checkbox"/> Child Abuse Pediatrics <input type="checkbox"/> Developmental-Behavioral Pediatrics <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Medical Toxicology <input type="checkbox"/> Neonatal-Perinatal Medicine <input type="checkbox"/> Neurodevelopmental Disabilities <input type="checkbox"/> Pediatric Cardiology <input type="checkbox"/> Pediatric Critical Care Medicine <input type="checkbox"/> Pediatric Emergency Medicine <input type="checkbox"/> Pediatric Endocrinology <input type="checkbox"/> Pediatric Gastroenterology <input type="checkbox"/> Pediatric Hematology-Oncology <input type="checkbox"/> Pediatric Infectious Diseases <input type="checkbox"/> Pediatric	American Board of Psychiatry and Neurology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Neurology <input type="checkbox"/> Neurology with Special Qualification in Child Neurology <input type="checkbox"/> Addiction Psychiatry <input type="checkbox"/> Brain Injury Medicine <input type="checkbox"/> Child and Adolescent Psychiatry <input type="checkbox"/> Clinical Neurophysiology <input type="checkbox"/> Epilepsy <input type="checkbox"/> Forensic Psychiatry <input type="checkbox"/> Geriatric Psychiatry <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Neurodevelopmental Disabilities <input type="checkbox"/> Neuromuscular Medicine <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Psychosomatic Medicine <input type="checkbox"/> Sleep Medicine
--	--	--	---

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Click any AOA Board Certifications, then Click: Next.

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Osteopathic Physician and Surgeon Renewal Application - AOA Board Certifications

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

☐ AOA - Addictive Medicine
☐ AOA - Allergy and Immunology
☐ AOA - Anesthesiology
☐ AOA - Correctional Medicine
☐ AOA - Dermatology
☐ AOA - Emergency Medicine
☒ AOA - Family Physicians
☐ AOA - Hospice and Palliative Medicine
☐ AOA - Internal Medicine

☐ AOA - Neurology and Psychiatry
☐ AOA - Neuromusculoskeletal Medicine
☐ AOA - Nuclear Medicine
☐ AOA - Obstetrics and Gynecology
☐ AOA - Ophthalmology and Otolaryngology
☐ AOA - Orthopedic Surgery
☐ AOA - Pain Medicine
☐ AOA - Pathology
☐ AOA - Pediatrics

☐ AOA - Physical Medicine and Rehabilitation
☐ AOA - Preventative Medicine
☐ AOA - Proctology
☐ AOA - Radiology
☐ AOA - Sleep Medicine
☐ AOA - Sports Medicine
☐ AOA - Surgery
☐ AOA - Undersea and Hyperbaric Medicine

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Enter the correct data, then Click: Next.

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

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Osteopathic Physician and Surgeon Renewal Application - Post Graduate Training and Cultural Background

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Postgraduate Training (Years Completed) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9+

Physician Survey

Cultural Background

<input type="radio"/> African	<input type="radio"/> Fijian	<input type="radio"/> Mexican	<input checked="" type="radio"/> South American
<input type="radio"/> African American	<input type="radio"/> Filipino	<input type="radio"/> Middle Eastern	<input type="radio"/> Taiwanese
<input type="radio"/> Alaskan Native	<input type="radio"/> Guamanian	<input type="radio"/> Native American	<input type="radio"/> Thai
<input type="radio"/> American Indian	<input type="radio"/> Hawaiian	<input type="radio"/> Other Asian	<input type="radio"/> Tongan
<input type="radio"/> Black	<input type="radio"/> Indian	<input type="radio"/> Other Hispanic	<input type="radio"/> Vietnamese
<input type="radio"/> Cambodian	<input type="radio"/> Indonesian	<input type="radio"/> Other Pacific Islander	<input type="radio"/> White
<input type="radio"/> Central American	<input type="radio"/> Japanese	<input type="radio"/> Pakistani	<input type="radio"/> Other (not listed)
<input type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Puerto Rican	<input type="radio"/> Decline to State
<input type="radio"/> Cuban	<input type="radio"/> Laotian/Hmong	<input type="radio"/> Samoan	
<input type="radio"/> European	<input type="radio"/> Malaysian	<input type="radio"/> Singaporean	

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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.

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Osteopathic Physician and Surgeon Renewal Application - No translation found

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

FOREIGN LANGUAGE PROFICIENCY

In addition to English, indicate additional languages in which you are proficient.

<input type="checkbox"/> African Languages	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Panjabi (Punjabi)	<input type="checkbox"/> Turkish
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Hindi	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Armenian	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Russian	<input type="checkbox"/> Xiang Chinese
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Croatian	<input type="checkbox"/> Italian	<input type="checkbox"/> Scandinavian Languages	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Fijian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Serbian	<input type="checkbox"/> Other Chinese
<input type="checkbox"/> Formosan (Amis)	<input type="checkbox"/> Korean	<input checked="" type="checkbox"/> Spanish	<input type="checkbox"/> Other Non-English
<input type="checkbox"/> French	<input type="checkbox"/> Lao	<input type="checkbox"/> Swahili	<input type="checkbox"/> Other Sign Language
<input type="checkbox"/> French Creole	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (not listed)
<input type="checkbox"/> German	<input type="checkbox"/> Mien	<input type="checkbox"/> Telugu	<input type="checkbox"/> None
<input type="checkbox"/> Greek	<input type="checkbox"/> Mon-Khmer (Cambodian)	<input type="checkbox"/> Thai	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tonga	

WEB SITE PROFILE

Do you want the following information included in your physician profile on the Medical Boards's Web site?

Cultural Background ☒ Yes ☐ No Foreign Language Proficiency ☒ Yes ☐ No Gender ☒ Yes ☐ No

Email Address: WILL NOT BE RELEASED TO THE PUBLIC

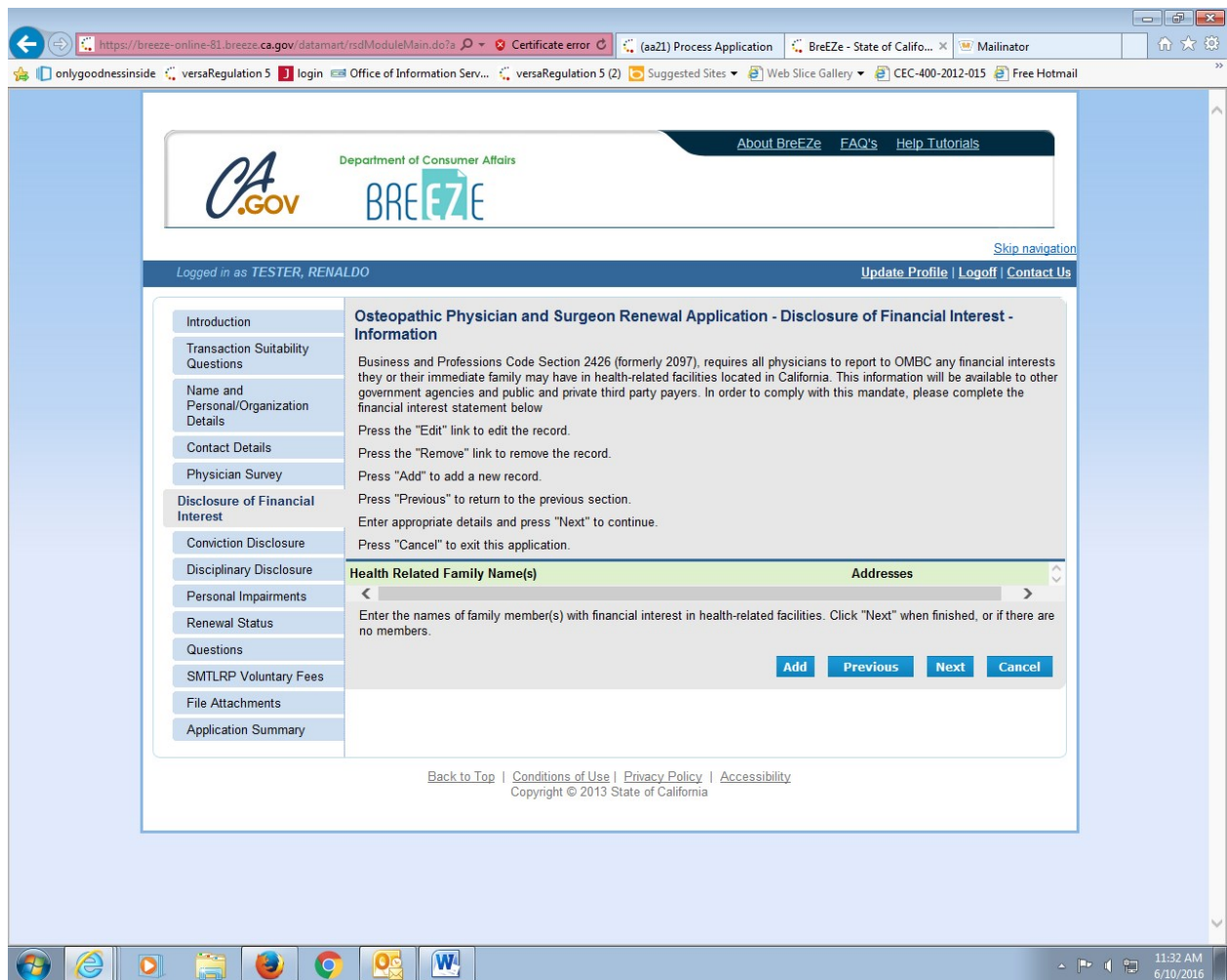
Previous Next Cancel

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Enter the names and addresses of any family members with financial interest in healthrelated facilities.

Click: Add to add names and addresses.

If no data is entered, Click: Next.



After entering the data, Click: Next

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Osteopathic Physician and Surgeon Renewal Application - Disclosure of Financial Interest - Add

Business and Professions Code Section 2426 (formerly 2097), requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the financial interest statement below

Press "Next" to save this record and continue.
Press "Cancel" if you do not want to save your changes.

Health Related Family Name(s):

Addresses:

Enter the names of family member(s) with financial interest in health-related facilities. Click "Next" when finished, or if there are no members.

Next **Cancel**

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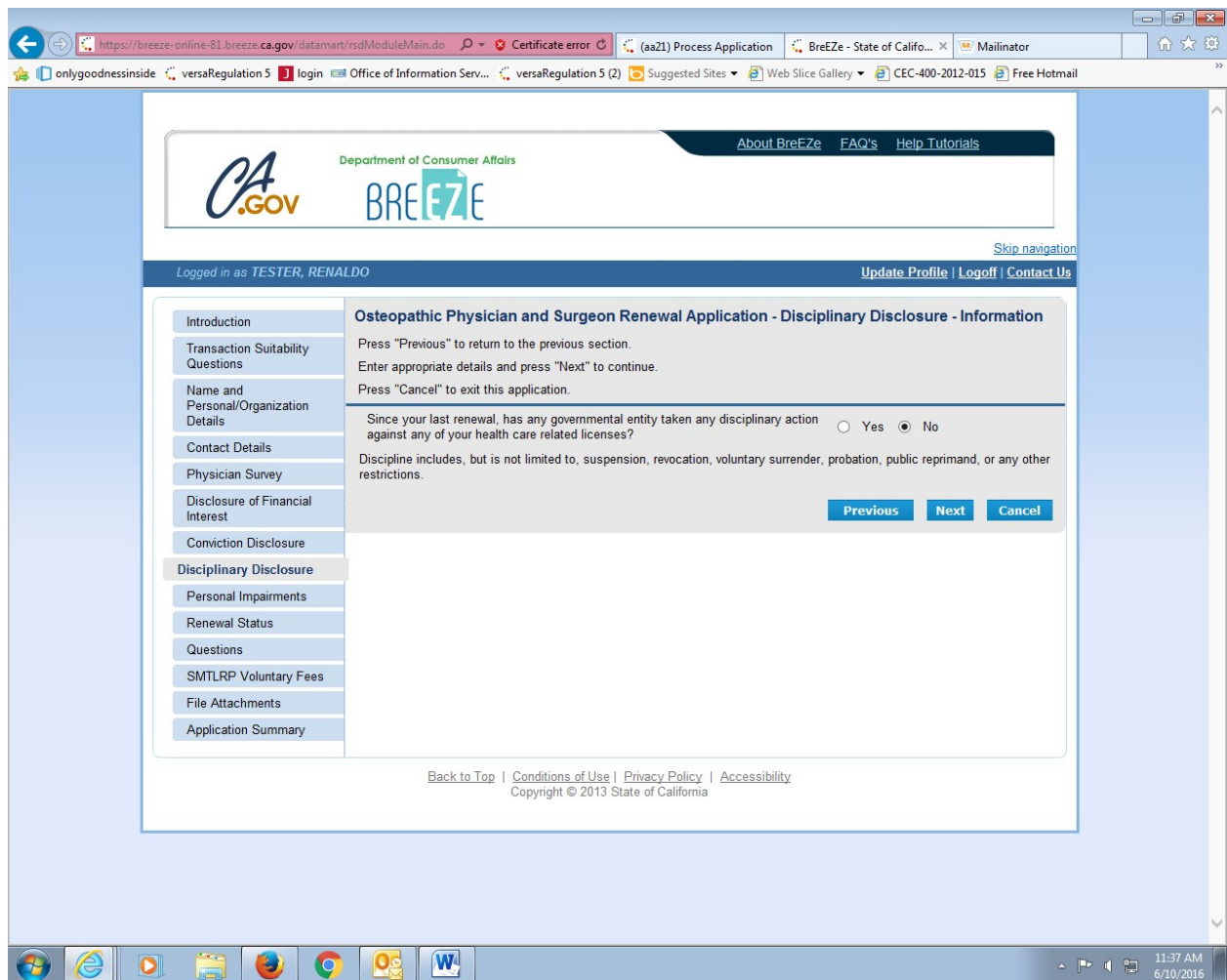
If the data is correct, Click: Next.



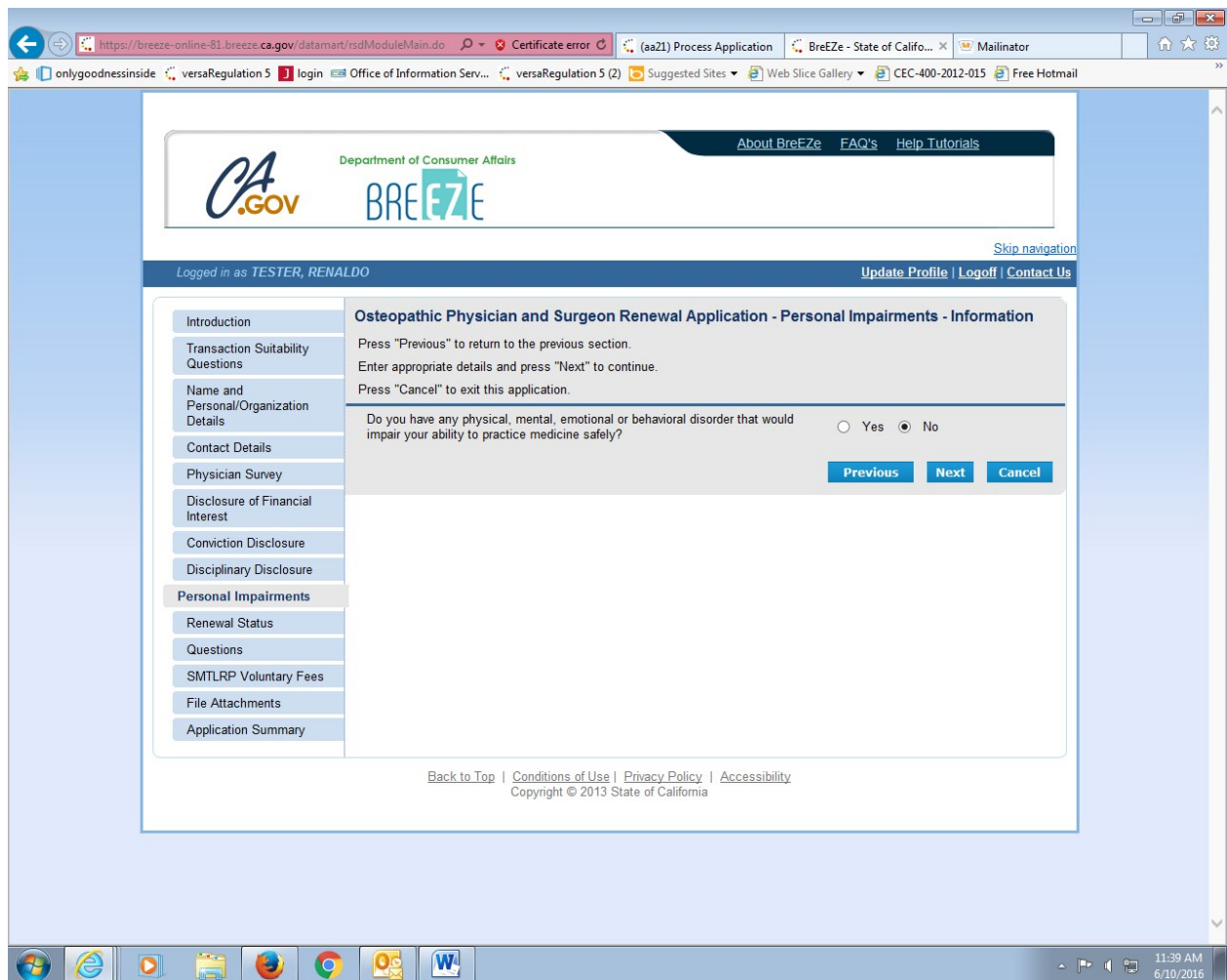
You must answer this question: Conviction Disclosure When answered, Click: Next.



You must answer this question: Disciplinary Disclosure When answered, Click: Next.

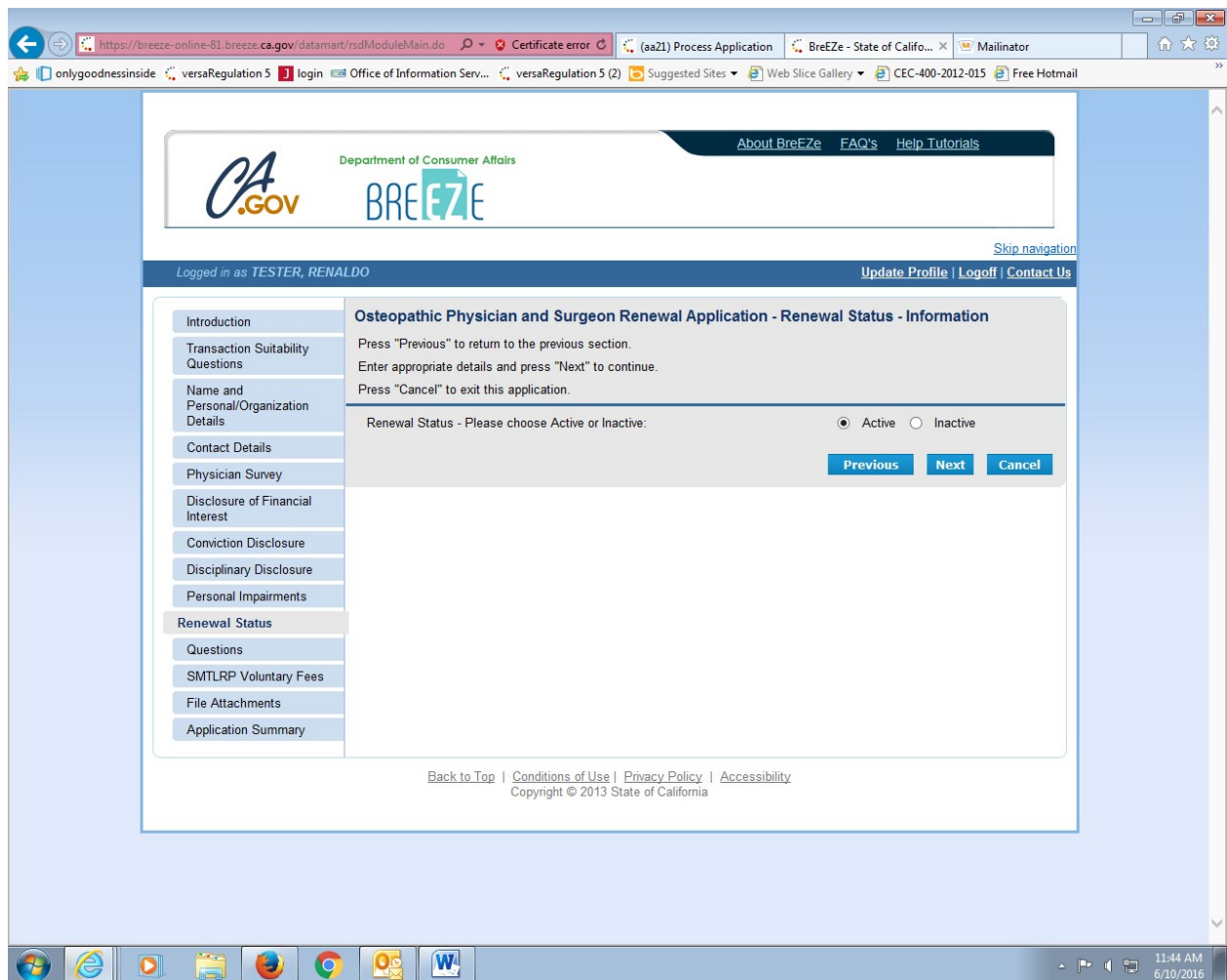


You must answer this question: Personal Impairments When answered, Click: Next.

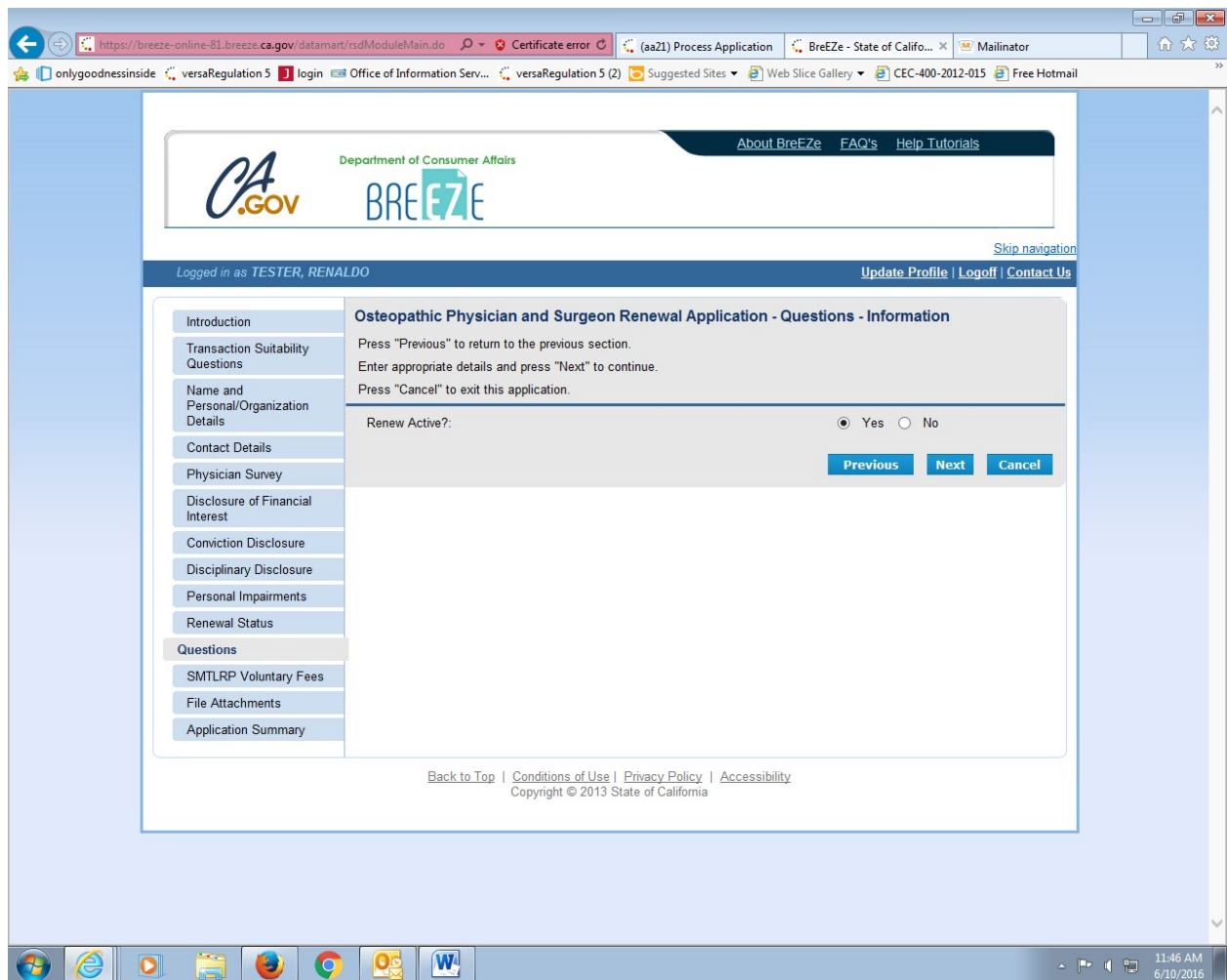


Select the applicable button. Then Click: Next.

(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

The screenshot shows a web browser window with the URL <https://breeze-online-81.breeze.ca.gov/datamart/rsdModuleMain.do>. The page header includes the Breeze logo and navigation links: About Breeze, FAQs, and Help/Tutorials. The user is logged in as TESTER, RENALDO. The main content area is titled "Osteopathic Physician and Surgeon Renewal Application - SMTLRP Voluntary Fees - Information". It contains a sidebar with a list of application steps: Introduction, Transaction Suitability Questions, Name and Personal/Organization Details, Contact Details, Physician Survey, Disclosure of Financial Interest, Conviction Disclosure, Disciplinary Disclosure, Personal Impairments, Renewal Status, Questions, SMTLRP Voluntary Fees (selected), File Attachments, and Application Summary. The main content area provides information about the SMTLRP program, including its purpose and the required fee of \$25.00. It includes a form for the user to indicate if they wish to voluntarily contribute, with radio buttons for Yes and No. Below this, there are input fields for the Amount of contribution and the SMTLRP Amount, both with the value 30. At the bottom of the form are buttons for Previous, Next, and Cancel. The footer of the page includes links for Back to Top, Conditions of Use, Privacy Policy, and Accessibility, along with a copyright notice for 2013 State of California.

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.

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Introduction	Osteopathic Physician and Surgeon Renewal Application - Application Summary
Transaction Suitability Questions	Press "Previous" to return to the previous section. Review the data and press "Proceed to Payment" to submit this application. Press "Cancel" to exit this application.
Name and Personal/Organization Details	Osteopathic Physician and Surgeon Renewal Application Summary
Contact Details	License Type: Osteopathic Physician and Surgeon 20A
Physician Survey	File Number: 2001779
Disclosure of Financial Interest	License Number: 14444
Conviction Disclosure	Application Number: 14026481
Disciplinary Disclosure	Application Date: 06/10/2016 (mm/dd/yyyy)
Personal Impairments	Personal Details
Renewal Status	First Name: RENALDO
Questions	Middle Name:
SMTLRP Voluntary Fees	Last Name: TESTER
File Attachments	Birthdate: 01/01/1900
Application Summary	Gender: Male
	Addresses
	License Specific Addresses
	Address of Record
	Name: TESTER, RENALDO
	Address: 1234 MAIN ST SACRAMENTO , CA SACRAMENTO 95834 US
	Confidential Address
	Address: 1234 MAIN ST SACRAMENTO , CA 95834 US
	Phone Number:
	E-mail:

11:54 AM 6/10/2016

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)

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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

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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

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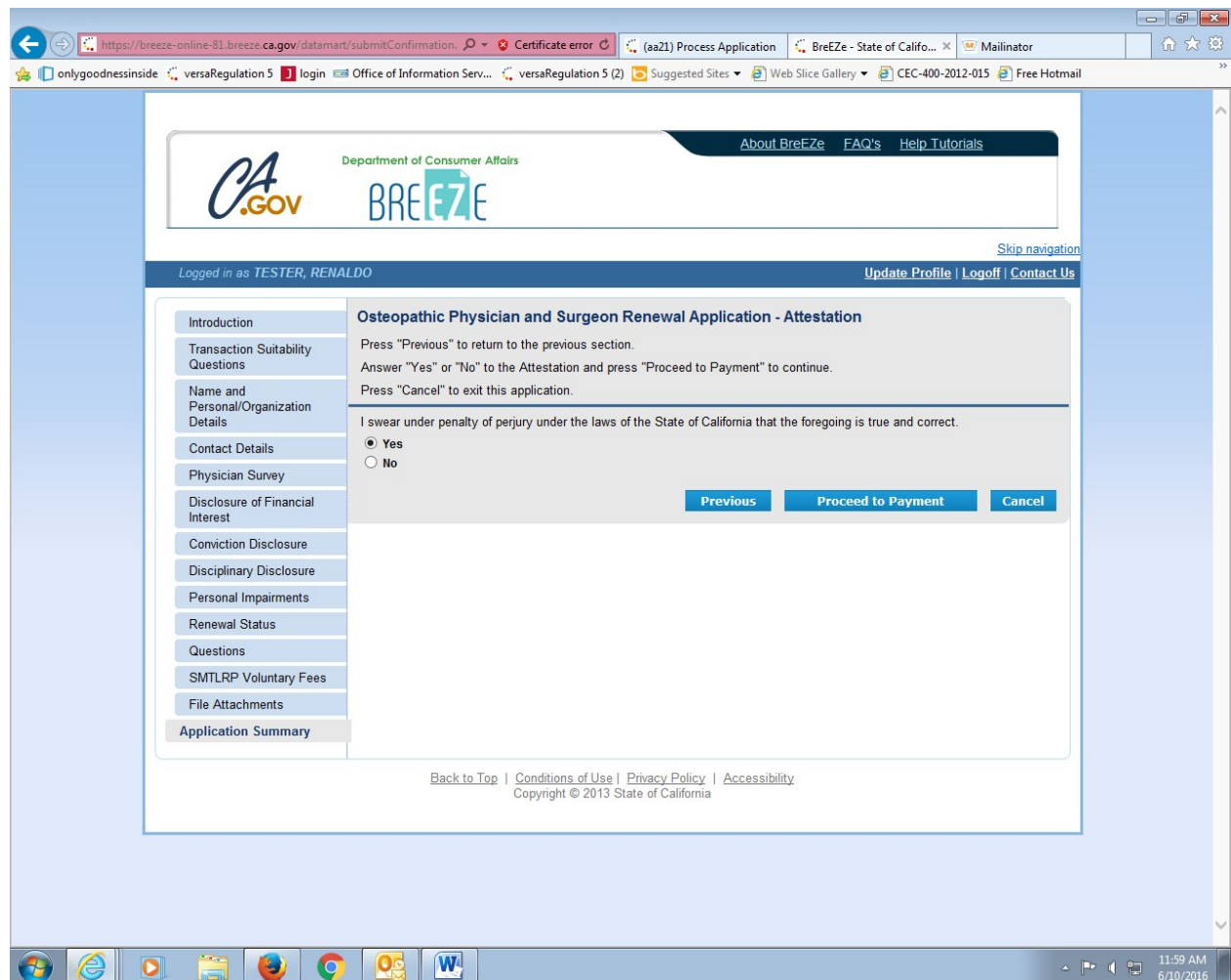
Postgraduate Training Years	5 Years
Cultural Background	South American
Foreign Language Proficiency	Spanish
Web Site Profile	Cultural Background - Yes Foreign Language Proficiency - Yes Gender - Yes
E-mail:	
Disclosure of Financial Interest	
Health Related Family Name(s)	Addresses
Jane Doe	8976 Main 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

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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)

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Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.
You are required to pay the amount below for your application to be processed.
Press "Pay Now" to proceed to the fee payment page.
Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

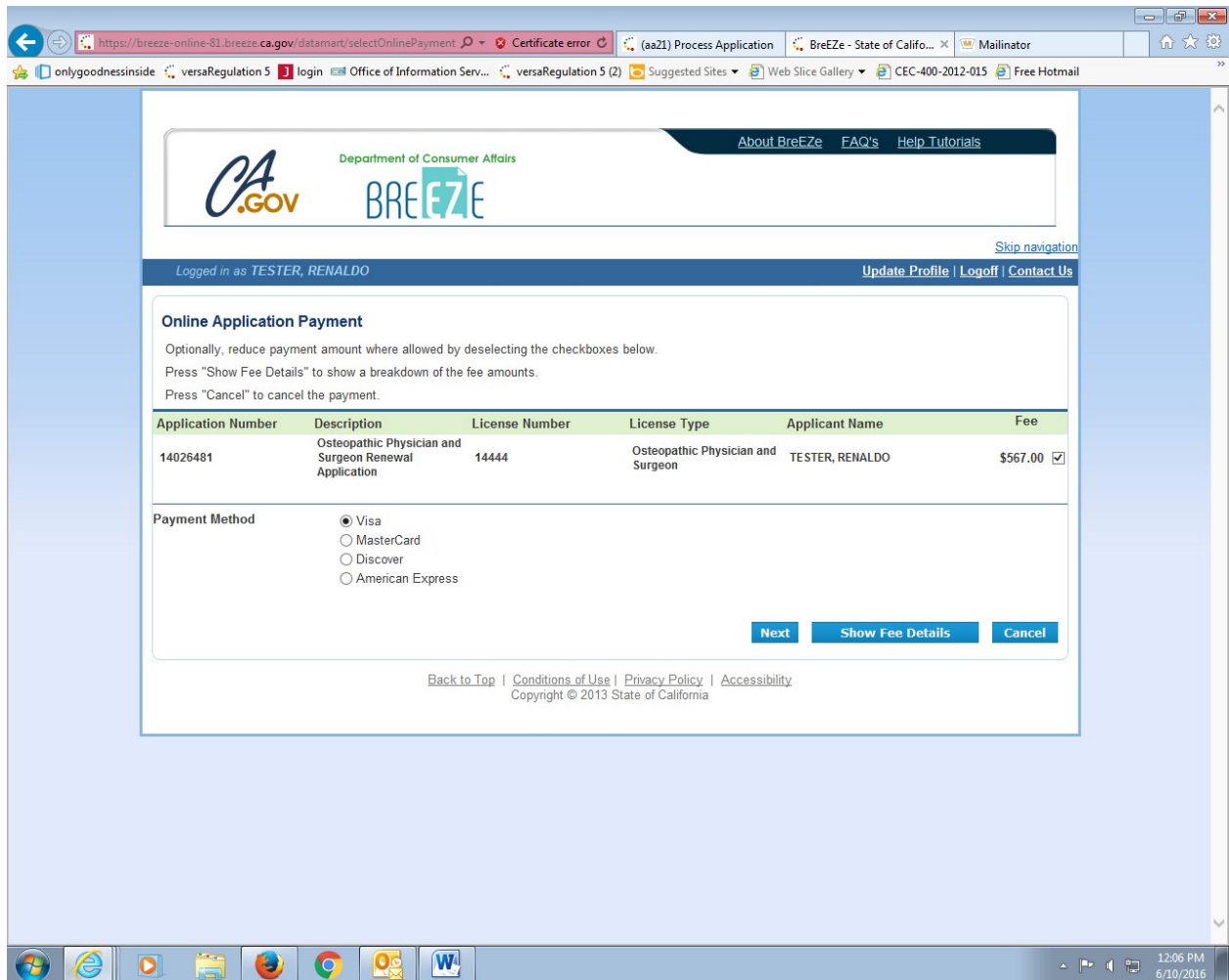
Fees	
Active Renewal Fee:	\$400.00
CURES Fund:	\$12.00
Stephen M.Thompson Loan Repayment Fee:	\$25.00
Voluntary Add'l Stephen M. Thompson Loan Repayment:	\$30.00
Active Renewal Late Fee:	\$100.00
Total Amount Due:	\$567.00

[Pay Now](#) [Add to Cart](#) [View PDF Summary Report](#) 

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12:02 PM
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Check the appropriate credit card type, then Click: Next.



If the information is correct, Click: Next

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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
14026481	Osteopathic Physician and Surgeon Renewal Application	TESTER, RENALDO	\$567.00
Total			\$567.00

Payment Method: Visa



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Enter the card information, then Click: Process.

TEST MODE

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The California Department of Consumer Affairs

SALE

Order Section

Credit Card Number: 4111111111111111 *

Expiration Date(MMY): 1220 *

Amount: 567.00 *

CVV2: 123 *

Description:

Invoice Number: 18314033

Billing Address

First Name:

Last name:

Address1:

Address2:

City:

State/Province:

Postal Code:

Phone:


Email Address:

Process

Print this page for your records:

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Online Application Payment Success

Press "Next" to return to the main menu.
Press "View PDF Summary" and print this page for your records using the print function of your browser.

Amount Paid:	\$567.00
Authorization Number:	123456
Trace Number:	18314033

Application Number	Description	Applicant Name	Fee
9001-14026481	Osteopathic Physician and Surgeon Renewal Application	TESTER, RENALDO	\$567.00

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12:08 PM 6/10/2016

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

Browser window showing a receipt from the State of California Department of Consumer Affairs (DCA) BreEZe System. The receipt is dated 06/10/2016 12:06 and includes the following information:

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BREZE

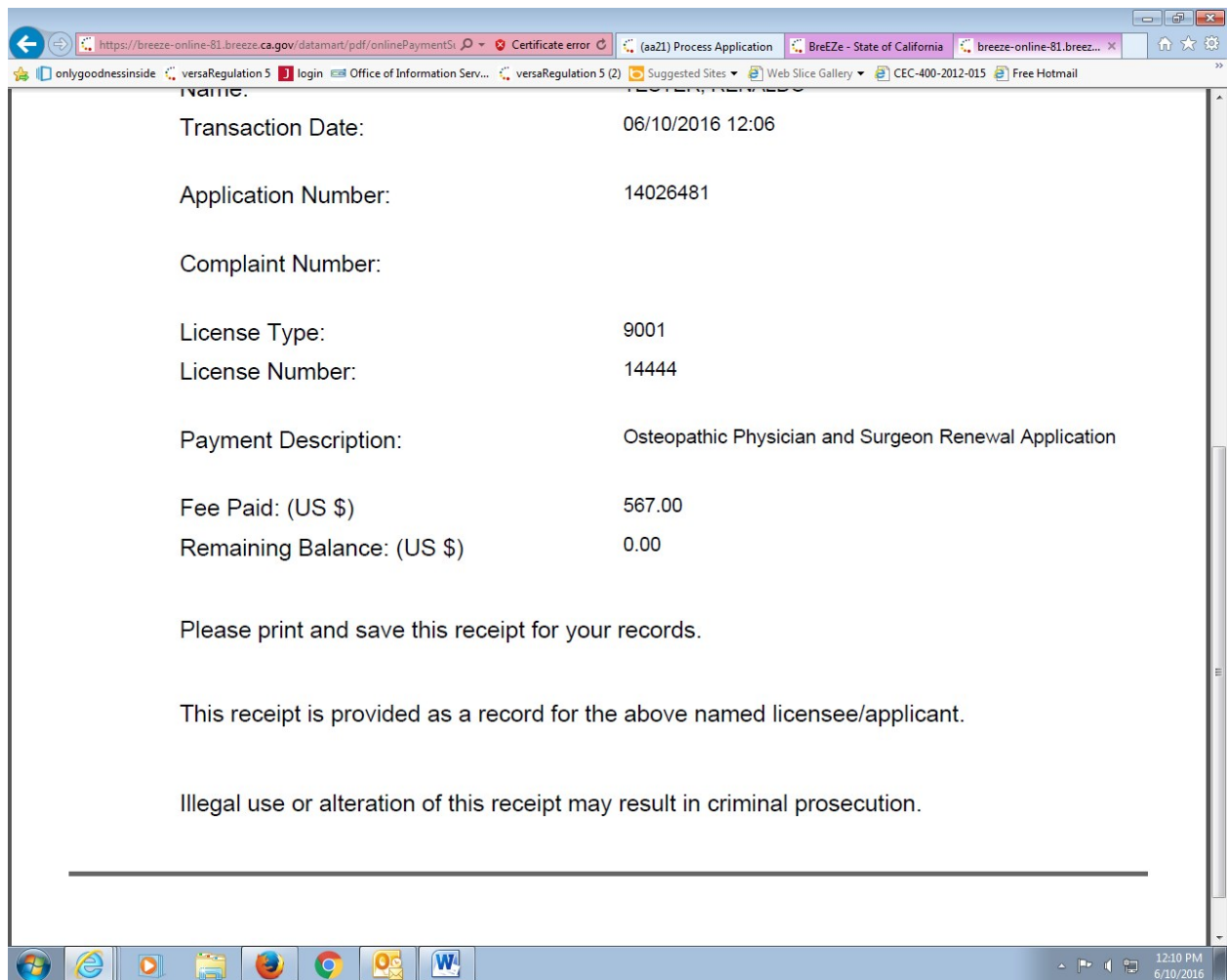
Department of Consumer Affairs

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:	

Windows taskbar at the bottom shows the time as 12:09 PM on 6/10/2016.



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

The screenshot displays the Breeze online portal interface. At the top, the browser address bar shows the URL: <https://breeze-online-81.breeze.ca.gov/datamart/quickStartMenuCAD/>. The page header includes the Department of Consumer Affairs logo and the Breeze logo. The user is logged in as TESTER, RENALDO. The Quick Start Menu provides instructions and links to various activities. The License/Registration Information sidebar shows the user's license details.

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

License Activities

- Manage your license information
 - Osteopathic Physician and Surgeon 20A 14444
 - <Choose Application> [Select](#)

Applications

- Start a New Application or Take an Exam
 - <Choose Board>
 - <Choose Application> [Select](#)
- View Application Status
 - Osteopathic Medical Board of California - Osteopathic Physician and Surgeon Renewal Application
 - Status: Pending [Details](#)

Additional Activities

- Payment Receipts (1) [Select](#)
- Add Authorized Representative [Select](#)
- License Notification Subscriptions [Select](#)

License/Registration Information [Show Details](#)

License/Registration Number:	14444
License/Registration Type	Osteopathic Physician and Surgeon 20A

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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...

onlygoodnessinside

versaRegulation 5

login

Office of Information Serv...


versaRegulation 5 (2)

Suggested Sites

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CEC-400-2012-015

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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?](#)

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Sign In

New Users

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12:16 PM
6/10/2016