

# STEP BY STEP USER GUIDE FOR NURSES TO RENEW ONLINE

Go to [www.breeze.ca.gov](http://www.breeze.ca.gov) and click on the [Click Here to Access BreEZe Online Services](#) link.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

### 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 have never registered in the new BreEZe system, 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.)

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

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.

[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](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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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.)

The screenshot shows the 'User Registration' form with the following sections:

- Account Owner Contact Information:** Fields for First Name, Middle Name, and Last Name.
- Account Login:** Fields for Email (with a note: 'Please enter a valid email address; this email address will not be sold to solicitors.'), Confirm Email, and User ID.
- Password Recovery:** A dropdown for Secret Question and a text field for Secret Answer.
- Communication:** Radio buttons for 'Yes' (selected) and 'No'.
- Security Measures:** A CAPTCHA field with the text 'w D m s c n' and a 'Refresh' button.

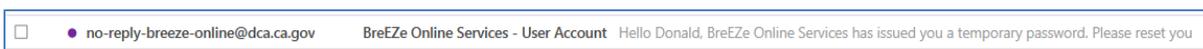
Navigation buttons 'Next' and 'Cancel' are located at the bottom right.

Click **Save** on the Preview Registration screen.

The screenshot shows the 'Preview Registration' screen with the following details:

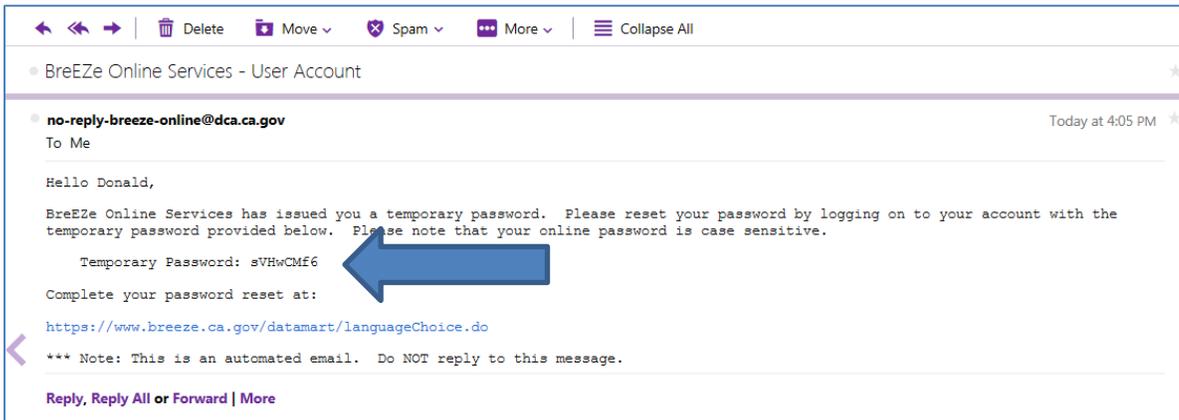
- Department of Consumer Affairs logo and 'BREZE' logo.
- Navigation links: About BreZE, FAQ's, Help/Tutorials.
- Registration details summary:
  - First Name: Donald
  - Second Name:
  - Last Name: Duck
  - Email: donald.duck@gmail.com
  - Userid: donaldduck
  - Secret Question: What is your mother's maiden name?
  - Secret Answer: Daisy Duck
  - Email Communication: Yes
- Buttons: Save, Edit, Cancel.
- Footer: 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

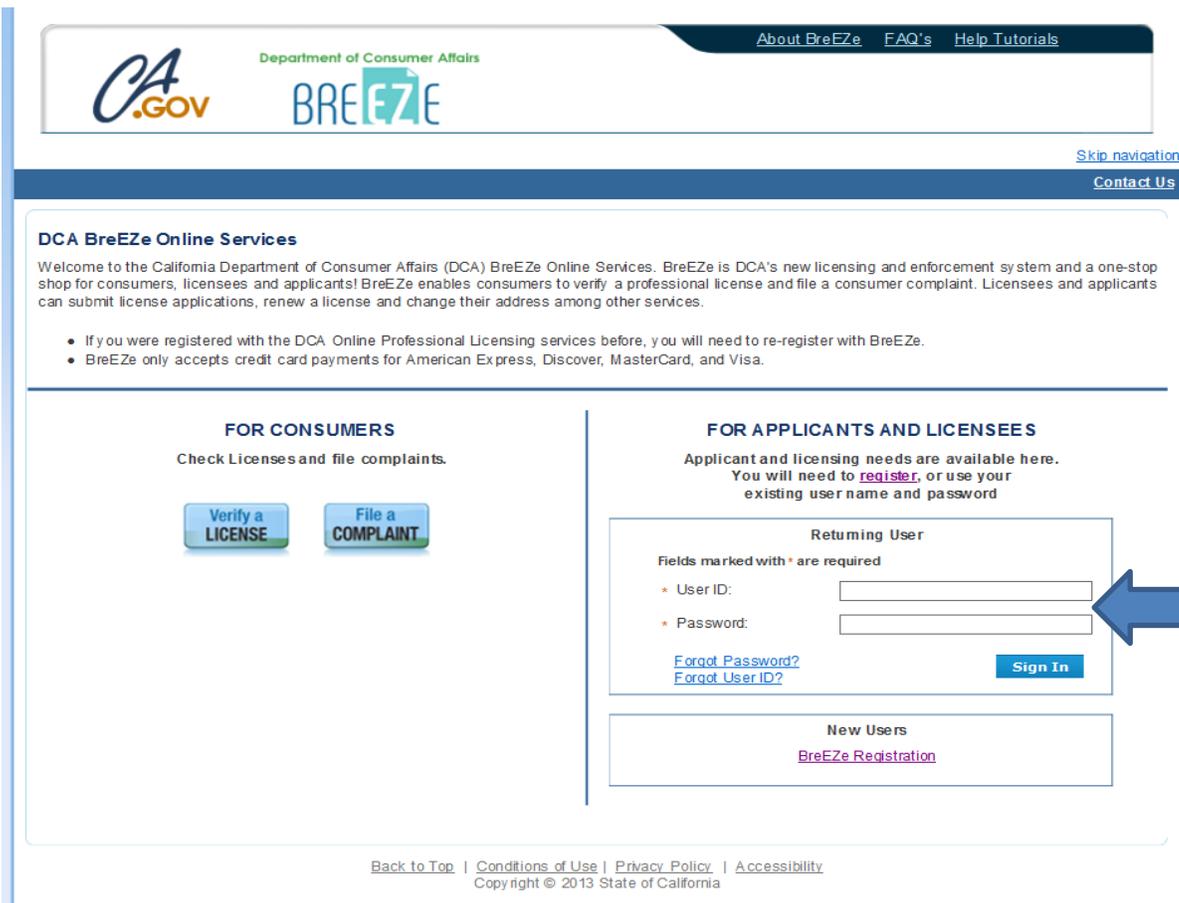


Once email is received, open it. Write down or print temporary password.

**Note:** Passwords are case sensitive



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



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-1 uppercase, 1 lowercase, 1 special character (\*,#, etc.) and one numeric) and click the **Save** button.

CA.GOV Department of Consumer Affairs BREZE

About BreZE | FAQ's | Help/Tutorials

Skip navigation

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### 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:

Save

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)

At the Add License to Registration Yes or No question, click on **Yes** button and then click on the **Next** button.

CA.GOV Department of Consumer Affairs BREZE

About BreZE | FAQ's | Help/Tutorials

Skip navigation

Logged in as Duck, Donald Update Profile | Logoff | Contact Us

### Add Licenses To Registration

Welcome to DCA OnlineQuickStart

By answering a few, simple questions, we will help you to get started.

Are you, or have you ever been, professionally licensed or registered with the Department of Consumer Affairs?

Yes [How do I know?](#)

No

Next

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)

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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.

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.

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

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About BreEze FAQ's Help\_Tutorials

Skip navigation

Logged in as Duck, Donald Update Profile | Logoff | Contact Us

Step1: Ever held a license before with DCA?  
Step2: Provide Identifying Information  
Step3: Confirm Information

**Add Licenses To Registration - Preview**

Good News! We have located your information

Please confirm your license/registration/certificate credentials below. If you are a current applicant, you will see the type of license you are currently pursuing listed below.

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](http://www.dca.ca.gov/webapps/breeze/dec_descript.php) )

No this is not my license/registration information

Next Cancel

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**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.**

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About BreEze FAQ's Help\_Tutorials

Skip navigation

Logged in as Duck, Donald Update Profile | Logoff | Contact Us

**Quick Start Menu**

To start, choose an option, and you

**License Activities**

- It is time to Renew!  
Registered Nurse 381100
- Manage your license information  
Registered Nurse 381100  
<Choose Application> Select

**Applications**

- Start a New Application or Take an Exam  
<Choose Board>  
<Choose Application> Select
- View Application Status  
Board of Registered Nursing - Registered Nurse Status: Pending Details

**License/Registration Information** Show Details

Registration	381100
Registration	Registered Nurse

Select Select

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

**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.

The screenshot shows the 'Quick Start Menu' for a user logged in as 'Duck, Donald'. The page header includes the 'CA.GOV' logo, 'Department of Consumer Affairs', and 'BREZZE' logo. A navigation bar at the top right contains links for 'About BreEze', 'FAQ's', and 'Help Tutorials'. Below the header, there are links for 'Skip navigation', 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is divided into several sections:

- Quick Start Menu:** A heading with a sub-heading 'To start, choose an option, and you will return to this Quick Start menu after you have finished.'
- License/Registration Information:** A box on the right showing 'License/Registration Number: 381100' and 'License/Registration Type: Registered Nurse'. A 'Show Details' button is also present.
- License Activities:** A section with two main options:
  - It is time to Renew!**: A blue button with a square icon. Below it, a green bar shows 'Registered Nurse 381100' and a blue 'Select' button.
  - Manage your license information**: A blue button with a square icon. Below it, a green bar shows 'Registered Nurse 381100', a dropdown menu for '<Choose Application>', and a blue 'Select' button.
- Applications:** A section with two main options:
  - Start a New Application or Take an Exam**: A blue button with a square icon. Below it, a green bar shows two dropdown menus for '<Choose Board>' and '<Choose Application>', and a blue 'Select' button.
  - View Application Status**: A blue button with a square icon. Below it, a green bar shows 'Board of Registered Nursing - Registered Nurse Renewal Application' and 'Status: Pending', with a blue 'Details' button.
- Additional Activities:** A section with two options:
  - Add Authorized Representative**: A blue button with a square icon. Below it, a green bar and a blue 'Select' button.
  - License Notification Subscriptions**: A blue button with a square icon. Below it, a green bar and a blue 'Select' button.

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

This is a close-up view of the 'Quick Start Menu' focusing on the 'License Activities' section. A red arrow points from the text above to the blue 'Select' button next to the 'It is time to Renew!' option. The 'It is time to Renew!' option is highlighted with a light blue background. Below it, a green bar contains the text 'Registered Nurse 381100' and a blue 'Select' button. The 'Manage your license information' option is also visible below, with a dropdown menu for '<Choose Application>' and a blue 'Select' button.

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

<b>Introduction</b>	<b>Registered Nurse Renewal Application - Introduction</b>
Information Privacy Act	<b>CALIFORNIA BOARD OF REGISTERED NURSING (BRN), ONLINE LICENSE RENEWAL APPLICATION</b>
Transaction Suitability Questions	<b>Requirements</b> In order to renew your RN license you will need to:
Application Questions	<ol style="list-style-type: none"><li>1. Answer the renewal questions</li><li>2. Verify your personal information</li><li>3. Provide information regarding your Continuing Education</li><li>4. Meet the fingerprint requirement</li><li>5. Certification of Accuracy Statement</li><li>6. Attachments (if needed)</li><li>7. Pay the appropriate renewal fee</li></ol>
Name and Personal/Organization Details	<b>Legality of Practice Between Renewal and Receipt of License:</b> Section 121 of the Business and Professions Code provides that a nurse may work pending receipt of his/her renewed license providing the renewal fee has been submitted timely and all renewal requirements have been met.
Contact Details	<b>Certification Reminder:</b> Registered nurses must be certified by the Board in order to use the titles Clinical Nurse Specialist (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)
CE Information	<b>Advanced Practice Certificate Renewals:</b> If you are a CNS, NA, NMW, or if you possess a furnishing number certificate, you must renew your certificate(s) in addition to your registered nurse license. Each certificate has an associated fee due at time of renewal. Note: The following certifications are automatically updated upon renewal of the RN license: NP, PHN, and PMH.
Questions	<b>Late Fee:</b> Renewal fees are due prior to the expiration date. A late penalty is added for renewals submitted after the expiration date.
Work Location	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.
Healing Art Survey	Press "Next" to continue.
File Attachments	To exit this application, click on the "Cancel" button.
Application Summary	
	<a href="#">Next</a> <a href="#">Cancel</a>

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

<a href="#">Skip navigation</a>	
Logged in as <b>Duck, Donald</b> <a href="#">Update Profile</a>   <a href="#">Logout</a>   <a href="#">Contact Us</a>	
<b>Introduction</b>	<b>Registered Nurse Renewal Application - Information Privacy Act</b>
<b>Information Privacy Act</b>	<b>INFORMATION COLLECTION AND ACCESS</b>
Transaction Suitability Questions	<b>The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.</b>
Application Questions	<b>Agency Name:</b> Board of Registered Nursing
Name and Personal/Organization Details	<b>Title of official responsible for information maintenance:</b> Executive Officer
Contact Details	<b>Address:</b> P.O. BOX 944210, SACRAMENTO, CA 94244-2100
CE Information	<b>Telephone Number:</b> (916) 322-3350
Questions	<b>Authority which authorizes the maintenance of the information:</b> Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.
Work Location	<b>The consequences, if any of not providing all or any part of the requested information:</b> Failure to provide any of the requested information will result in the application being rejected as incomplete.
Healing Art Survey	<b>The principal purpose(s) for which the information is to be used:</b> Section 30 of the business and professions code and public law 94-455 (42 usca 405(c)(2)(c)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the welfare and institutions code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. If you fail to list your social security number, your application for initial or renewal licensure will not be processed. You will be reported to the franchise tax board, which may assess a \$100 penalty against you. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed or renewed.
File Attachments	<b>Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:</b> Possible transfer to law enforcement, other government agencies and reporting social security number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.
Application Summary	<b>Mandatory Reporter:</b> Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.
	California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 (generally law enforcement agencies) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 30 hours of receiving the information concerning the incident.
	Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.
	For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.
	Press "Agree" to continue.
	To exit this application, click on the "Cancel" button.
	<a href="#">Agree</a> <a href="#">Cancel</a>

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

**If you need to do a name change, STOP!**

Please go to <http://rn.ca.gov/pdfs/forms/namechange.pdf> 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 wait until the name change is completed to proceed with the online renewal. Once your name change is completed, then skip to page 7 and continue.

The screenshot shows the BREZE application interface. At the top, there is a header with the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links include 'About BreEze', 'FAQ's', and 'Help/Tutorials'. A user is logged in as 'Duck, Donald'. The main content area is titled 'Registered Nurse Renewal Application - Function Suitability'. It includes instructions: 'Please answer the following questions. You must respond to each question in order to proceed with renewal. Press "Previous" to return to the previous section. Answer the questions and press "Next". To exit this application, click on the "Cancel" button.' Below this is a question: 'Do you have a name change to make with this renewal?' with radio button options for 'Yes' (selected) and 'No'. 'Previous', 'Next', and 'Cancel' buttons are at the bottom right. A sidebar on the left lists application sections: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, CE Information, Questions, Work Location, Healing Art Survey, File Attachments, and Application Summary. The footer contains 'Back to Top | Conditions of Use | Privacy Policy | Accessibility' and 'Copyright © 2013 State of California'.

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

The screenshot shows the BREZE application interface. At the top, there is a header with the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links include 'About BreEze', 'FAQ's', and 'Help/Tutorials'. A user is logged in as 'Duck, Donald'. The main content area is titled 'Registered Nurse Renewal Application - Application Questions'. It includes instructions: 'Answer the questions and press "Next" to continue. Press "Previous" to return to the previous section. To exit this application, click on the "Cancel" button.' Below this is a question: 'Since you last renewed your license, have you had a license disciplined by a government agency or other 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>' with a dropdown menu set to 'Yes'. 'Previous', 'Next', and 'Cancel' buttons are at the bottom right. A sidebar on the left lists application sections: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, CE Information, Questions, Work Location, Healing Art Survey, File Attachments, and Application Summary. The footer contains 'Back to Top | Conditions of Use | Privacy Policy | Accessibility' and 'Copyright © 2013 State of California'.

Verify information on screen is correct – Click **Next** button.

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**Registered Nurse Renewal Application - Name and Personal Details**

Introduction  
Information Privacy Act  
Transaction Suitability Questions  
Application Questions

**Name and Personal/Organization Details**

Title:  
First Name: **Donald**  
Middle Name:  
Last Name: **Duck**  
Birthdate: **11/03/1908** (mm/dd/yyyy)  
Gender:  
If your name or date of birth is incorrect please contact the BRN at (916) 322-3350.  
If all the information is correct select "Next" to proceed.

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

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**Contact Detail:** If the Next button is grey, Click on the 'Address of Record' link.

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**Registered Nurse Renewal Application - Address Detail Summary**

Introduction  
Information Privacy Act  
Transaction Suitability Questions  
Application Questions  
Name and Personal/Organization Details

**Contact Details**

CE Information  
Questions  
Work Location  
Healing Art Survey  
File Attachments  
Application Summary

If the address below is incorrect, please click on "Address of Record" and make the appropriate changes.  
Please note that you will need to make a separate change of address for each license type you hold (ex RN, NMW, etc.)  
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.

- Address of Record

Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
To exit this application, click on the "Cancel" button.

**License Specific Addresses**

[Address of Record](#) Name: **Duck, Donald**  
Address: **1313 Disneyland Dr  
ANAHEIM, CA  
ORANGE  
92802**

Please note, the 'Address of Record' will be disclosed to the public.

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

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

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### 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:   
Address Line 2:   
Address Line 3:   
City:   
State:   
Zip Code:   
County:   
Country:

Phone Number:   
Extension:   
E-mail:   
Alternate Phone:

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

CA.GOV BREAZE [Skip navigation](#)

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### Registered Nurse Renewal Application - Address Detail Summary

If the address below is incorrect, please click on "Address of Record" and make the appropriate changes.  
Please note that you will need to make a separate change of address for each license type you hold (ex RN, NMW, etc.)  
Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
To exit this application, click on the "Cancel" button.

**License Specific Addresses**

<a href="#">Address of Record</a>	Name:	Duck, Donald
	Address:	1313 Disneyland Dr ANAHEIM, CA ORANGE 92802 US
	Alternate Phone:	

Please note, the 'Address of Record' will be disclosed to the public.

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

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**Registered Nurse Renewal Application - CE Information - Information**

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.

If using academic courses taken for CE credit, use the following breakdown to compute the number of hours: 1 quarter unit = 10 contact hours; and 1 semester unit = 15 contact hours.

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. Please enter EXEMPT as the Course Name, NCLEX as the Providers name, today's date as the Date of Completion and 30 as the Number of CE Hours.

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To exit this application, click on the "Cancel" button.

Course Name	Date of Completion (mm/dd/yyyy)	Provider Name	Provider Number	Number of Hours
<				>

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

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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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

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**Registered Nurse Renewal Application - CE Information - Add**

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.

If using academic courses taken for CE credit, use the following breakdown to compute the number of hours: 1 quarter unit = 10 contact hours; and 1 semester unit = 15 contact hours.

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. Please enter EXEMPT as the Course Name, NCLEX as the Providers name, today's date as the Date of Completion and 30 as the Number of CE Hours.

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

Course Name:

Date of Completion:  (mm/dd/yyyy)

Provider Name:

Provider Number:

Number of Hours:

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

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Click **Next** when done.

The screenshot shows a web application interface for a Registered Nurse Renewal Application. The page title is "Registered Nurse Renewal Application - CE Information - Information". The user is logged in as "Duck, Donald". The page contains a sidebar with navigation links: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, CE Information (selected), Questions, Work Location, Healing Art Survey, File Attachments, and Application Summary. The main content area provides instructions for completing the CE information section, including a table for recording CE courses. The table has columns for Course Name, Date of Completion, Provider Name, Provider Number, and Number of Hours. Below the table are buttons for "Add", "Previous", "Next", and "Cancel".

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### Registered Nurse Renewal Application - CE Information - Information

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.

If using academic courses taken for CE credit, use the following breakdown to compute the number of hours: 1 quarter unit = 10 contact hours; and 1 semester unit = 15 contact hours.

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. Please enter EXEMPT as the Course Name, NCLEX as the Providers name, today's date as the Date of Completion and 30 as the Number of CE Hours.

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To exit this application, click on the "Cancel" button.

Course Name	Date of Completion (mm/dd/yyyy)	Provider Name	Provider Number	Number of Hours
<				

[Edit](#) [Remove](#)

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

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**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.

The screenshot shows the "Registered Nurse Renewal Application - Questions - Information" page. The user is logged in as "Duck, Donald". The page contains a sidebar with navigation links: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, CE Information, Questions (selected), Work Location, Healing Art Survey, File Attachments, and Application Summary. The main content area contains several questions with radio button options for "Yes" or "No".

Department of Consumer Affairs  
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### Registered Nurse Renewal Application - Questions - Information

Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
Press "Cancel" to exit this application.

Please select "Yes" or "No" to renew.  Yes  No

For Active Status - Check "Yes"  
For Inactive Status - Check "No"  
(Please Note: You cannot work if your license status is Inactive)

Since you last renewed your license, have you had a license disciplined by a government agency or other disciplinary body; or have you been convicted of any crime in any state, the USA and its territories, military court or other country?  Yes  No

Have you complied with the fingerprint requirement?  Yes  No

Have you completed 30 hours or more of continuing education within the last two years or are you exempted from the CE requirement based on first-time renewal status?  Yes  No

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

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

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**Registered Nurse Renewal Application - Work Location - Information**

Please consider completing the following optional survey questions relating to your work in the healing arts profession. Completion of the survey helps determine health professionals' shortages and improves access to patient care. If you do not wish to complete this component of the survey, select 'Next' at the bottom of the screen to proceed forward with your application.

Please select 'Add' below to add information relevant to one or more of your current work locations. You will be allowed to enter more than one work location.

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To exit this application, click on the "Cancel" button.

Years with Employer	Self Employed	County	Zip Code	Health Occupation	Work Hours	Acute Care Hospital	Home Care/Durable Medical Equipment	Long-Term Acute Care	Skilled Nursing Facility	Accredited Education Program	Manufacturing
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Fill out the Healing Art Survey and Click the **Next** button at the bottom of the page to continue.

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**Registered Nurse Renewal Application - Healing Art Survey - Information**

Please consider completing the following optional survey questions relating to your healing arts profession. Completion of the survey helps determine health professionals' shortages and improves access to patient care. If you do not wish to complete this component of the survey, select 'Next' at the bottom of the screen to proceed forward with your application.

Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To exit this application, click on the "Cancel" button.

**Additional Credentials/Certificates:**

Are you presently pursuing credentials or certifications in addition to your previously obtained qualifying degree?  Yes  No

If you answered 'Yes' to the previous question, please enter the name of the credential/certification:

If you are pursuing additional credentials or certifications, what is the expected year of completion (e.g. 2018)?

If applicable, please enter the name of the school at which you are pursuing your additional credential/certification:

If applicable, please enter the address of the school at which you are pursuing your additional credential/certification:

**Cultural/Ethnic Background:**

If you identify your cultural/ethnic background as African American, please select 'Yes.'  Yes  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.'  Yes  No

If you identify your cultural/ethnic background as Latino/Hispanic, please select 'Yes.'  Yes  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.

**Registered Nurse Renewal Application - Attachments**

If you have electronic documents to provide to the BRN please select the "Browse" button and click "Attach" for each document. Appropriate attachments can include: conviction/discipline explanation, completed Live Scan form with ATI number, or CE certificates.

Locate a file with the "Browse" button and press "Attach" or "Remove" as required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

To exit this application, click on the "Cancel" button.

Notes:

Note: The character limit for the notes field is 200 characters.

**Attach Previous Next Cancel**

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.

**Registered Nurse Renewal Application - Application Summary**

Press "Previous" to return to the previous section.

Review the data and press "Proceed to Payment" to submit this application.

To exit this application, click on the "Cancel" button.

**Registered Nurse Renewal Application Summary**

License Type:	Registered Nurse
File Number:	199802
License Number:	381100
Application Number:	14333298
Application Date:	07/31/2014 (mm/dd/yyyy)

**Application Questions**

Since you last renewed your license, have you had a license disciplined by a government agency or other disciplinary body; or have you been convicted of any crime in any state, the USA and its territories, military court or No other country? <http://www.m.ca.gov/enforcement/convictions.shtml>

**Personal Details**

Title:	
First Name:	Donald
Middle Name:	
Last Name:	Duck
Birthdate:	11/03/1908
Gender:	

**Addresses**

**License Specific Addresses**

Address of Record	Name:	Duck, Donald
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Attestation - Read and click **YES** and click **Proceed to Payment**.

**Note:** If you click NO you will not be able to proceed to payment.

The screenshot shows the BREZE application interface. At the top, there is a header with the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links include "About BreEZe", "FAQ's", and "Help/Tutorials". The user is logged in as "Duck, Donald". The main content area is titled "Registered Nurse Renewal Application - Attestation". It contains instructions: "Press 'Previous' to return to the previous section.", "Answer 'Yes' or 'No' to the Attestation and press 'Proceed to Payment' to continue.", and "To exit this application, click on the 'Cancel' button." Below this is a declaration: "I declare under penalty of perjury under the laws of the State of California that the information contained in 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 application." There are two radio buttons: "Yes" (selected) and "No". At the bottom right of the main content area are three buttons: "Previous", "Proceed to Payment", and "Cancel". A sidebar on the left lists various application sections, with "Application Summary" highlighted. At the bottom of the page, there are links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice for 2013 State of California.

Fee and Summary Report

Click **Pay Now** to complete renewal or Click **Add to Cart** to pay later.

The screenshot shows the BREZE application interface for the "Fee and Summary Report". At the top, there is a header with the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links include "About BreEZe", "FAQ's", and "Help/Tutorials". The user is logged in as "Duck, Donald". The main content area is titled "Fee and Summary Report". It contains instructions: "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.", and "Press 'Add to Cart' to Add to Shopping Cart and return to the main menu." Below this is a table of fees:

Fees	
RN Renewal:	\$130.00
DuetoRNEducationFund:	\$10.00
<b>Total Amount Due:</b>	<b>\$140.00</b>

At the bottom of the main content area are three buttons: "Pay Now", "Add to Cart", and "View PDF Summary Report". There is also a small Adobe Reader icon. At the bottom of the page, there are links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice for 2013 State of California.

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

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### Online Application Payment

Select the applications and/or miscellaneous charges you wish to pay for by checking the box at the far right of the screen and press "Next" to continue.  
Press "Show Fee Details" to show a breakdown of the fee amounts.  
Press "Cancel" to cancel the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
14333298	Registered Nurse Renewal Application	381100	Registered Nurse - RN	DUCK, DONALD	\$140.00 <input checked="" type="checkbox"/>

Payment Method

Visa  
 MasterCard  
 Discover  
 American Express

[Next](#) [Show Fee Details](#) [Cancel](#)

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### Confirm Payment Details Screen

Verify fees and card type, then Click **Next** to continue to payment screen.

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Skip navigation  
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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
14333298	Registered Nurse Renewal Application	DUCK, DONALD	\$140.00
Total			\$140.00

Payment Method: Visa

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

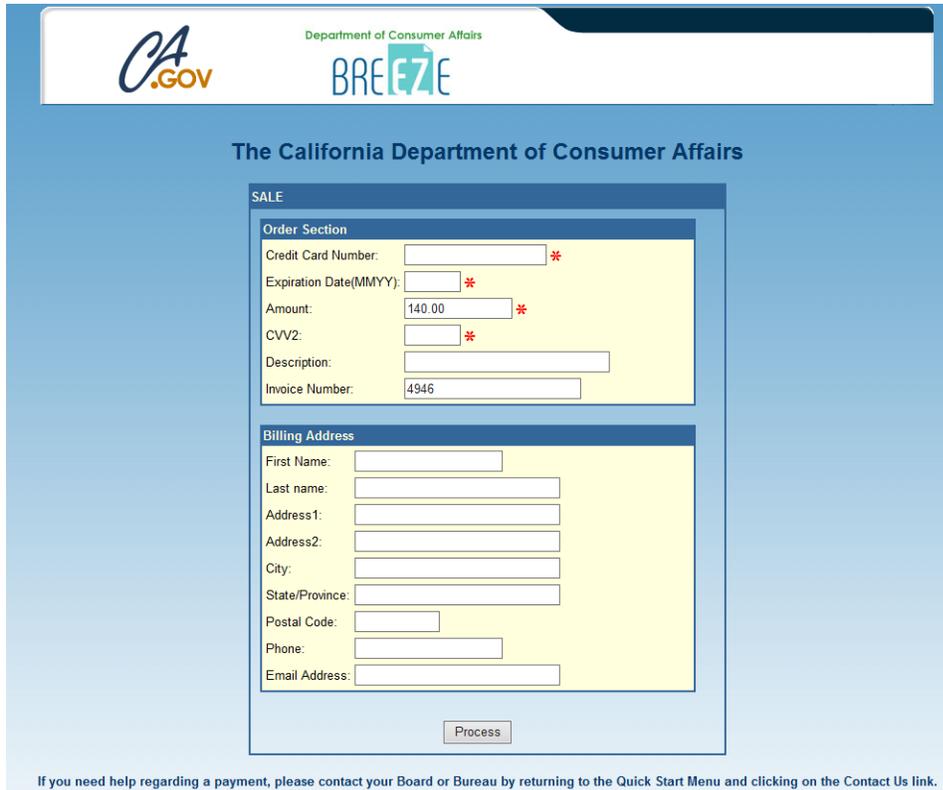
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Enter your Credit Card details, and then click **Process**.

**Note:** -DO NOT put spaces or dashes in Credit Card number

-Expiration date is entered as MMY (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.



CA.GOV Department of Consumer Affairs BREZE

The California Department of Consumer Affairs

**SALE**

**Order Section**

Credit Card Number:  \*

Expiration Date(MMY):  \*

Amount: 140.00 \*

CVV2:  \*

Description:

Invoice Number: 4946

**Billing Address**

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 **Successful Payment**, you should use the **Verify a License** option from [www.breeze.ca.gov](http://www.breeze.ca.gov) Web site **to view your new expiration date**.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help/Tutorials

Skip navigation 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.

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](#)

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## Click on Search by License Number

Logon | Contact Us

**DCA BreEZe License Verification**

Welcome to the Department of Consumer Affairs BreEZe License Verification Page. You may use this page to check the license of a company or individual who has a license issued by the Department of Consumer Affairs, including any disciplinary or administrative actions. Please select one of the search options below to begin.

Click on the type of search below to enter search criteria.

Press "Back" to return to the previous screen.

[Search by Personal or Business Name](#)  
[Search by Board/Bureau Name](#)  
[Search by License Number](#)  
[Search by City](#)  
[Search by County](#)  
[Medical Board of California - Search for a Physician and Surgeon by Self-Reported Survey Responses](#)

**Back**

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**.

Screenshot of the "Search by License Number" form. A blue arrow points to the "License Number" input field. The form includes dropdown menus for "Board" (set to "Board of Registered Nursing - BRN") and "License Type" (set to "Registered Nurse - RN"). It also has a "Rows Per Page" dropdown set to "5". Buttons for "Search", "Clear", and "Back" are at the bottom right. Footer text includes "Back to Top", "Conditions of Use", "Privacy Policy", "Accessibility", and "Copyright © 2013 State of California".

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. A missed question on your renewal application could be holding up your renewal and this unit can assist you with correcting this problem.**