

HOW TO RENEW YOUR PSYCHOLOGIST LICENSE ONLINE

Go to www.breeze.ca.gov. If you have not previously registered in the BreEZe system, click on New Customers **BreEZe Registration** link on the right, under the Log On button.

CA.GOV Department of Consumer Affairs

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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.

[License SEARCH](#) [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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*If you have previously registered in the BreEZe system, enter your User ID and Password and skip to page 9.

User Registration:

- Complete the required fields (marked with *)
- Click the white checkbox next to "I'm not a robot"
- Click **Next**.

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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.

Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account Owner Contact Information

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:

Note: Please enter a valid email address; this email address will not be sold to solicitors.

* User ID:

Note: User ID must be a minimum of 8 characters, cannot be your email address or contain special characters (i.e. @, #, \$, %, &, *, +).

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

* Secret Question:

Note: Select a question from the drop-down menu, then enter your Secret Answer.


* Secret Answer:

Communication

Email Communication: Yes No

Note: Select Yes if you would like to receive Email communications; otherwise select No.



Security Measures (This helps to prevent automated registrations.)

* Click the white Checkbox next to "I'm not a robot". I'm not a robot 

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

Preview Registration: Click Save.

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Preview Registration

Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Board
Second Name:	of
Last Name:	Psychology
Email:	boprenewals@dca.ca.gov
User ID:	BOPrenewals
Secret Question:	Where were you born?
Secret Answer:	California
Email Communication:	Yes

[Save](#) [Edit](#) [Cancel](#)

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



Open the e-mail and note your temporary password.

Reply Reply All Forward

Fri 12/20/2019 10:28 AM

 no-reply-breeze-online@dca.ca.gov
BreZE Online Services - New User Account

To [Redacted]

Hello [Redacted]

Thank you for registering for a BreZE Online Services account. Please complete your registration by using the temporary password provided below. Please note that your online password is case sensitive.

Your temporary password is : MXUnuDX4

Complete the registration process at:

https://urldefense.proofpoint.com/v2/url?u=https-3A__breeze-2Donline-2D81.breeze.ca.gov_datamart_languageChoice.do&d=DwICAg&c=LHIwbLRMLqgNuqr1uGLfTA&r=e1JyzlMgg4RSue2g8o0t-AfooqUW1HcRutiZS3ssM&m=NOoclBD2Xb-sM1Ougr_KZfcsPgJJfIKN6W9Yev4Xcfc&s=Gveq32iTWvB1PqQX4zIwnZeSYaoFDrnFpqPjZFaB6TE&e=

*** Note: This is an automated email. Do NOT reply to this message.

Click on the link within the e-mail. Enter the **User ID** you created, enter the temporary password provided in the email as the **Password**, and then click **Sign In**.

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DCA BreEZe Online Services

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Returning User

Fields marked with * are required

* User ID:

* Password:

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New Users

[BreEZe Registration](#)

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Update Default Registration Information:

- Enter the **Temporary Password** in the **Old Password** field
- Click in the **New Password** field, and Enter a new password.
- Click in the **Confirm Password** field and reenter the **New Password**

Password Requirements:

- Four (4) character minimum, including:
- One (1) uppercase character,
- One (1) lowercase character,
- One (1) special character (*,#, !, etc.), and
- One (1) numeric character.

- Click **Save**.



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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 (8) 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](#)

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Add License to Registration: Click on Yes, and then click Next.

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Step1: Ever held a license before with DCA?

Step2: Provide Identifying Information

Step3: Confirm Information

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

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- At the DCA Board/Bureau/Committee field, click on the **drop-down arrow** and select **“Board of Psychology”**
- At the License/Registration Type field, click on the **drop-down arrow** and select **“Psychologist”**
- Click the **Next** button.

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Step1: Ever held a license before with DCA?

Step2: Provide Identifying Information

Step3: Confirm Information

Add Licenses To Registration - Select License Type

Welcome to DCA OnlineQuickStart

Identify the License/Registration that you have held, or you have applied for, in the past.

Which board manages your License/Registration type? Selecting the appropriate board will narrow the available items found in the License/Registration drop-down list.

• DCA Board/Bureau/Committee: [How do I know?](#)

• License/Registration Type: [How do I know?](#)

Next Cancel

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- Enter the personal information requested
- Click the box next to **I'm not a robot** and complete the CAPTCHA verification
- Click the **Next** button

Click on the **I Confirm this is my license/registration** button and then click **Next**.

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

The screenshot shows the BreEze website interface. At the top, there is a navigation bar with the Department of Consumer Affairs logo and the BreEze logo. Below the navigation bar, there is a header area with links for "About BreEze", "FAQ's", and "Help Tutorials". The main content area is divided into several sections: "Quick Start Menu", "License Activities", and "Applications". A modal dialog box is displayed in the center, asking the user: "You have successfully linked your online registration to a license(s). Would you like to link your online registration to more license(s)?" with "Yes" and "No" buttons. The background content is dimmed, showing options for "Psychologist" and "Registered Psychological Assistant" under "License Activities", and "Start a New Application or Take an Exam" under "Applications".

Note: If you cannot link your license to your BreEze USER ID, please e-mail your license number, the last four digits of your social security number (SSN) and your date of birth (DOB) to boprenewals@dca.ca.gov.

***IF YOU PREVIOUSLY REGISTERED WITH BREEZE, RESUME HERE:**

Quick Start Menu: under the License Activities heading, you should see **It is time to Renew!** (see red box). Click on the blue **Select** box.

The screenshot displays the Breeze website interface. At the top, there is a navigation bar with the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. A dark blue bar contains links for 'About BreZE', 'FAQ's', and 'Help Tutorials'. Below this, a 'Logged in as' section shows a profile picture and links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Quick Start Menu' and includes a sub-header 'License Activities'. A red box highlights the 'It is time to Renew!' option, which includes a 'Psychologist' field and a blue 'Select' button. Other options include 'Manage your license information' with a dropdown menu and a 'Select' button, and 'Applications' with a 'Start a New Application or Take an Exam' section containing two dropdown menus and a 'Select' button. A blue arrow points from a text box to the 'Select' button in the 'Manage your license information' section. The text box contains the instruction: 'Please note: if you need to submit a change of address, please do so **before** renewing your license by clicking here'. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2019 State of California.

Please note: if you need to submit a change of address, please do so **before** renewing your license by clicking here

Psychologist Renewal Application Introduction: Review the information and click Next.

Psychologist Renewal Application - Introduction
CALIFORNIA BOARD OF PSYCHOLOGY ONLINE LICENSING (RENEW)

You are eligible to renew online if:

1. You are a licensed psychologist, and
2. Your license expires within the next 3 months, or
3. Your license is delinquent by no more than 3 years

DO NOT SEND THE BOARD YOUR COURSE CERTIFICATES WITH THE RENEWAL.

FAILURE TO RENEW — Pursuant to Code §2984, a license that is not renewed by the expiration date shall immediately be delinquent and subject to a \$150 delinquency fee for active renewals and a \$20 delinquency fee for inactive renewals. You cannot practice in California while your license is delinquent. Pursuant to §2986 of the Business and Professions Code, if you fail to renew your license within three years of the expiration date, your license will become cancelled and invalid.

LAW & ETHICS — Pursuant to 16 CCR §1397.61 (b), you must state whether you have obtained training in the subject of laws and ethics. This training could have been obtained in one or more of the following ways (1) formal coursework from an educational institution, (2) approved CE course [meeting requirements set forth in 1397.60(c)], (3) workshops in laws and ethics, or (4) other experience which provide direction and education in laws and ethics.

FINGERPRINT REQUIREMENT — Pursuant to 16 CCR §1381.7(b), as a condition of renewal, an applicant for renewal not previously fingerprinted by the Board, or for whom an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender record identification database, is required to furnish to the Department of Justice, as directed by the Board, a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. Failure to submit a full set of fingerprints to the Department of Justice on or before the date required for renewal of a license or registration is grounds for discipline by the Board. You must certify on the renewal application whether your fingerprints have been submitted. The requirement is waived if you renew in an inactive status, or are actively serving in the military outside the country.

NOTICE OF TAX OBLIGATION — Pursuant to Code §494.5, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. California law requires you to pay your state tax obligation. If you fail to pay your state tax obligation, your license may be suspended.

FAMILY SUPPORT LEGISLATION — Business & Professions Code §530 and 31 requires the collection of social security numbers or Individual Taxpayer Identification Numbers for purposes of compliance with any judgment or order for family support. A temporary license may be issued for initial or renewed licenses to applicants not in compliance with any judgment or order for family support. Pursuant to Family Code §17520, if compliance has not been established prior to the expiration of the temporary license, the license shall be denied.

Note:

- The Out-of-State CE waiver is no longer available.
- CEUs must be approved by: APA, CPA or CME/ACCME. Do not send the Board your course certificates with the renewal.

LICENSED MENTAL HEALTH SERVICE PROVIDER EDUCATION (MHSPEP) — Effective July 1, 2018, Business & Professions Code §2987.2 requires the Board to collect \$20 in addition to the renewal fee to support grants to licensed mental health service providers who provide direct patient care in a publicly funded facility or a mental health professional shortage area.

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

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.

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

Application Questions:

- Review the instructions.
- Answer the military service question and click **Next**

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Psychologist Renewal Application - Application Questions

Answer the questions and press "Next" to continue.
Press "Previous" to return to the previous section.
Press "Cancel" to exit this application.

Have you served or are you currently serving in the military?

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

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Name and Personal Details: Verify information on the screen is correct and click **Next**.

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Psychologist 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.

Title: [redacted]
First Name: [redacted]
Middle Name: [redacted]
Last Name: [redacted]
Birthdate: [redacted] (mm/dd/yyyy)
Gender: [redacted]

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Contact Details: Verify that your address information on the screen is correct, and then click **Next**.

Psychologist Renewal Application - Address Detail Summary

Pursuant to Section 1380.5 of the California Code of Regulations, each person holding a license as a psychologist must have an address of record. Your "Address of Record" will be the address that all Board of Psychology correspondence (e.g. renewal applications, newsletters, etc.) will be sent. The address of record is public information and is, therefore, available to anyone who asks over the phone, in writing, or via the Board's website. Therefore, the Board recommends that you do not use your residence address as your address of record.

If your address of record is a post office box, or mail drop location, then you must provide a physical business or residential address to the Board as a "Confidential Address". A confidential address is not available to the public, but it will be available to the Board. You must report to the Board within 30 days after a change to your address of record and/or confidential address. Failure to comply could result in enforcement action. To complete any address changes, left click on the highlighted title "Address of Record" or "Confidential Address" and hit next to save your changes.

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](#) Name: [Redacted]
Address: [Redacted]
Phone Number: [Redacted]
E-mail: [Redacted]
Alternate Phone: [Redacted]

[Confidential Address](#) Name: [Redacted]
Address: [Redacted]

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

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

If the **Next** button is not available, please click the "Address of Record" and/or "Confidential Address" hyperlink and update required fields.

Renewal Application Questions: Complete all required questions and click Next

- For an **Inactive** renewal, all questions are required, however a “Yes” answer is not required for the **Suicide Risk Assessment and Intervention Training, Continuing Education Certification, or the Laws & Ethics** questions.

Introduction	Psychologist Renewal Application - Renewal Application Questions - Information
Application Questions	Press "Previous" to return to the previous section.
Name and Personal/Organization Details	Enter appropriate details and press "Next" to continue.
Contact Details	Press "Cancel" to exit this application.
Renewal Application Questions	<p>Renewal Status: Active renewal fee is \$430, plus \$150 delinquent fee if renewing after your expiration date. Inactive renewal fee is \$60, plus \$20 delinquent fee if renewing after your expiration date. <input type="radio"/> Active <input type="radio"/> Inactive</p> <p>Conviction/Discipline:</p> <p>Since you last renewed (or if your initial licensure occurred in the past two years), have you been convicted or disciplined as outlined below? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Subsequent to the issuance of your license or since you last renewed, (1) have you been convicted of any violation of the law in this or any other state, the United States or its territories, military court or other country, omitting traffic infractions under \$500 not involving alcohol, a dangerous drug, or a controlled substance, or (2) had any license disciplined by a government agency or other disciplinary body. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held. In answering the above question, do NOT list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b). Include all other arrests, pleas, and convictions for misdemeanors and felonies, and traffic infractions involving drugs or alcohol, and all other infractions resulting in fines over \$500. If you answer yes to the conviction question, please send certified copies of the court records to the address above.</p> <p>Suicide Risk Assessment and Intervention Training: Effective January 1, 2020, an applicant for licensure as a psychologist, renewal applicant, or applicant for reactivation or reinstatement to an active license status is required to have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention as a one-time requirement specified in section 2915.4 of the Business and Professions Code. Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request. Have you complied with the new training requirement? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Continuing Education Certification: Have you successfully completed continuing education required for renewal of my license. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Laws & Ethics: I have obtained training in the subject of laws and ethics, as they apply to the practice of psychology in California. <input type="radio"/> Yes <input type="radio"/> No</p>
Capture Licensee's Professional URL	
CE Information	
Work Location	
Healing Art Survey	
File Attachments	
Application Summary	
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

Capture Licensee’s Professional URL (Optional): You may provide a professional URL if you choose to add one to your license record. You can either complete the information and click **Next**, or simply click **Next**.

Introduction	Psychologist Renewal Application - Capture Licensee’s Professional URL - Information
Application Questions	Below, you will find a space to record a professional URL if you choose to add one to your license record. This URL will display as information associated with your license when an online license validation is performed.
Name and Personal/Organization Details	Press "Previous" to return to the previous section.
Contact Details	Enter appropriate details and press "Next" to continue.
Renewal Application Questions	Press "Cancel" to exit this application.
Capture Licensee's Professional URL	<p>Please enter your Professional URL: <input style="width: 300px; height: 20px;" type="text"/></p>
CE Information	
Work Location	
Healing Art Survey	
File Attachments	
Application Summary	
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

CE Information: If renewing **Active**, enter the number of CE Units Completed into the box, if renewing **Inactive** enter 0 in the box, select the “Yes” **Affirmation**, and click **Next**.

Introduction

Application Questions

Name and Personal/Organization Details

Contact Details

Renewal Application Questions

Capture Licensee's Professional URL

CE Information

Work Location

Healing Art Survey

File Attachments

Application Summary

Psychologist Renewal Application - CE Information - Information

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to exit this application.

If you are renewing as Inactive, you are not required to complete the CEUs for renewal. If you have not completed any CEUs, please enter 0 in the box below.

If you are renewing as Active, be aware that you are required to complete your CEUs for each renewal period. Please enter the number completed below.

* CE Units Completed:

Affirmation: Yes No

Previous
Next
Cancel

Work Location (Optional): You can either complete the information and click **Next**, or simply click **Next**.

Introduction

Application Questions

Name and Personal/Organization Details

Contact Details

Renewal Application Questions

Capture Licensee's Professional URL

CE Information

Work Location

Healing Art Survey

File Attachments

Application Summary

Psychologist 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.

Press "Cancel" to exit this application.

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	Manufactu
< [Empty Row] >											

Add
Previous
Next
Cancel

Healing Art Survey (Optional): You can either complete the optional information and click **Next**, or simply click **Next**.

Introduction	Psychologist Renewal Application - Healing Art Survey - Information
Application Questions	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.
Name and Personal/Organization Details	Press "Previous" to return to the previous section. Enter appropriate details and press "Next" to continue.
Contact Details	Press "Cancel" to exit this application.
Renewal Application Questions	Additional Credentials/Certificates:
Capture Licensee's Professional URL	Are you presently pursuing credentials or certifications in addition to your previously obtained qualifying degree? <input type="radio"/> Yes <input type="radio"/> No
CE Information	If you answered 'Yes' to the previous question, please enter the name of the credential/certification: <input type="text"/>
Work Location	If you are pursuing additional credentials or certifications, what is the expected year of completion (e.g. 2018)? <input type="text"/>
Healing Art Survey	If applicable, please enter the name of the school at which you are pursuing your additional credential/certification: <input type="text"/>
File Attachments	If applicable, please enter the address of the school at which you are pursuing your additional credential/certification: <input type="text"/>
Application Summary	Cultural/Ethnic Background:
	If you identify your cultural/ethnic background as African American, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No
	If you identify your cultural/ethnic background as American Indian/Native American/Alaskan Native, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No
	If you identify your cultural/ethnic background as Caucasian/White European/Middle Eastern, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No
	If you identify your cultural/ethnic background as Latino/Hispanic, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No
	If you identify your cultural/ethnic background as Latino/Hispanic, please select the appropriate value from the dropdown options. <input type="text"/>
	If you identify your cultural/ethnic background as Asian, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No
	If you identify your cultural/ethnic background as Asian, please select the appropriate value from the dropdown options. <input type="text"/>
	If you identify your cultural/ethnic background as Native Hawaiian/Pacific Islander, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No

Attachments (Optional): If you would like to upload continuing education documents you can do so here by clicking on the **Browse** button, attaching the file(s), clicking the **Attach** button to add the document(s), and click **Next**.

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

Introduction	Psychologist Renewal Application - Attachments
Application Questions	Licenses have the option to attach documents (such as continuing education certificates) to their online license renewal.
Name and Personal/Organization Details	Locate a file with the "Browse" button and press "Attach" or "Remove" as required.
Contact Details	Press "Next" when there are no more files to attach.
Renewal Application Questions	Press "Previous" to return to the previous screen.
Capture Licensee's Professional URL	Press "Cancel" to exit this application.
CE Information	File Name: <input type="text"/> <input type="button" value="Browse..."/>
Work Location	Notes: <input type="text"/>
Healing Art Survey	Note: The character limit for the notes field is 200 characters
File Attachments	<input type="button" value="Attach"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>
Application Summary	

Application Summary: Review the information carefully and if all of the information is correct, scroll down and click **Proceed to Payment**. If information needs to be changed, click the **Previous** button to go back and make the appropriate corrections.

Introduction	Psychologist Renewal Application - Application Summary
Application Questions	Verify the information below. If any of the information is not correct, press "Previous" to return to the appropriate screen to make corrections.
Name and Personal/Organization Details	Press "Previous" to return to the previous section. Review the data and press "Proceed to Payment" to submit this application.
Contact Details	Press "Cancel" to exit this application.
Renewal Application Questions	Psychologist Renewal Application Summary
Capture Licensee's Professional URL	License Type: Psychologist
CE Information	File Number: ██████████
Work Location	License Number: ██████████
Healing Art Survey	Application Number: ██████████
File Attachments	Application Date: 12/20/2019 (mm/dd/yyyy)
Application Summary	Application Questions
	Have you served or are you currently serving in the military? No
	Personal Details
	Title: _____
	First Name: ██████████
	Middle Name: ██████████
	Last Name: ██████████
	Birthdate: ██████████

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


Introduction	Psychologist Renewal Application - Attestation
Application Questions	Press "Previous" to return to the previous section.
Name and Personal/Organization Details	Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.
Contact Details	Press "Cancel" to exit this application.
Renewal Application Questions	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.
Capture Licensee's Professional URL	<input type="radio"/> Yes
CE Information	<input type="radio"/> No
Work Location	Previous Proceed to Payment Cancel
Healing Art Survey	
File Attachments	
Application Summary	

Fee and Summary Report: Click **Pay Now** to pay renewal fees and complete your renewal or Click **Add to Cart** to pay later. Note: your renewal is not complete until you have successfully submitted payment of your renewal fees.

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	
CEEval:	\$10.00
BiRnwIPsych:	\$400.00
DMHPEducFund:	\$20.00
Total Amount Due:	\$430.00

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

Online Application Payment: Select which type of credit card you will be using and click **Next**.

Online Application Payment

Optionally, reduce payment amount where allowed by deselecting the checkboxes below.
 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
14121655	Psychologist Renewal Application	██████	Psychologist	██████████	\$430.00 <input checked="" type="checkbox"/>

Payment Method

Visa
 MasterCard
 Discover
 American Express

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

Confirm Payment Details: Verify fees and card type, then click **Next** to continue to the payment screen.

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
14121655	Psychologist Renewal Application	[REDACTED]	\$430.00
Total			\$430.00

Payment Method: **Visa**

Enter your credit card details in the **Order Section**, enter your address information into the **Billing Address**, and then click **Process**.

Note: credit card expiration date must be entered as MMY Y with no slashes in between.

The California Department of Consumer Affairs

SALE

Order Section

Credit Card Number: *

Expiration Date(MMY Y): *

Amount: *

CVV2: *

Description:

Invoice Number:

Billing Address

First Name:

Last Name:

Address 1:

Address 2:

City:

State/Province:

Postal Code:

Phone:

Email Address:

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 see a **Successful Payment** screen. You will have the option to print a PDF receipt for your records, it will also be emailed to the email associated with your BreZE account.

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

NOTE: Upon approval of your renewal application, it may take up to 2-3 weeks for your new pocket license to arrive at your Address of Record. In the meantime, you can verify if your renewal has been approved by looking up your license information at <https://search.dca.ca.gov/>.