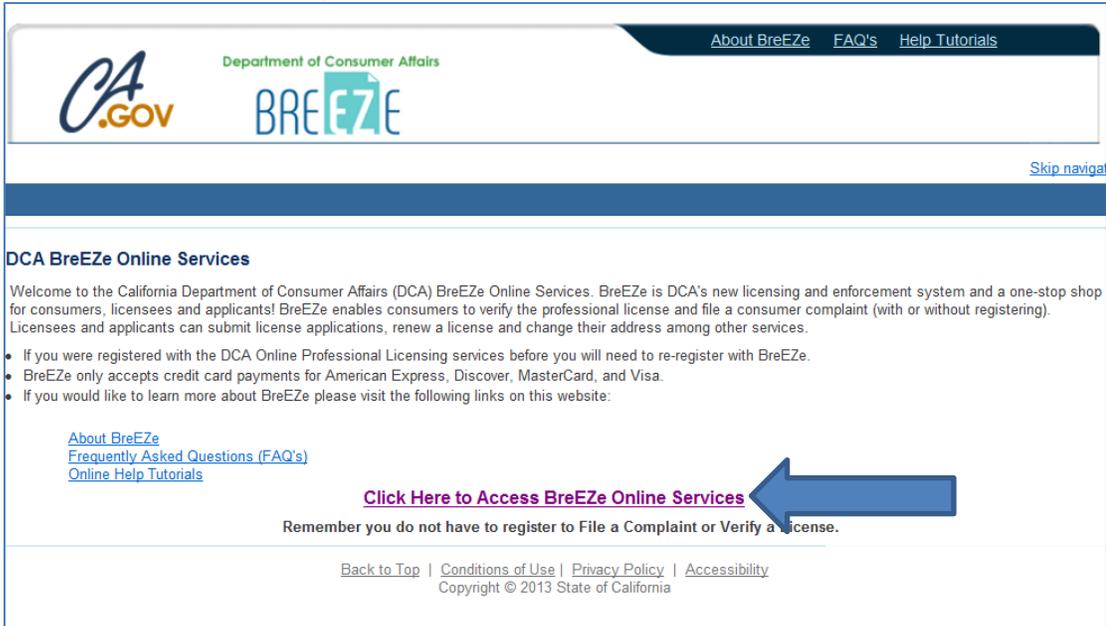


HOW TO RENEW YOUR PSYCHOLOGIST LICENSE ONLINE

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



The screenshot shows the homepage of the California Department of Consumer Affairs (DCA) BreEZe Online Services. At the top, there is a navigation bar with links for "About BreEZe", "FAQ's", and "Help Tutorials". Below this is the DCA logo and the BreEZe logo. A "Skip navigation" link is visible on the right. The main content area is titled "DCA BreEZe Online Services" and includes a welcome message and a list of services. A blue arrow points to the link "Click Here to Access BreEZe Online Services".

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](#)

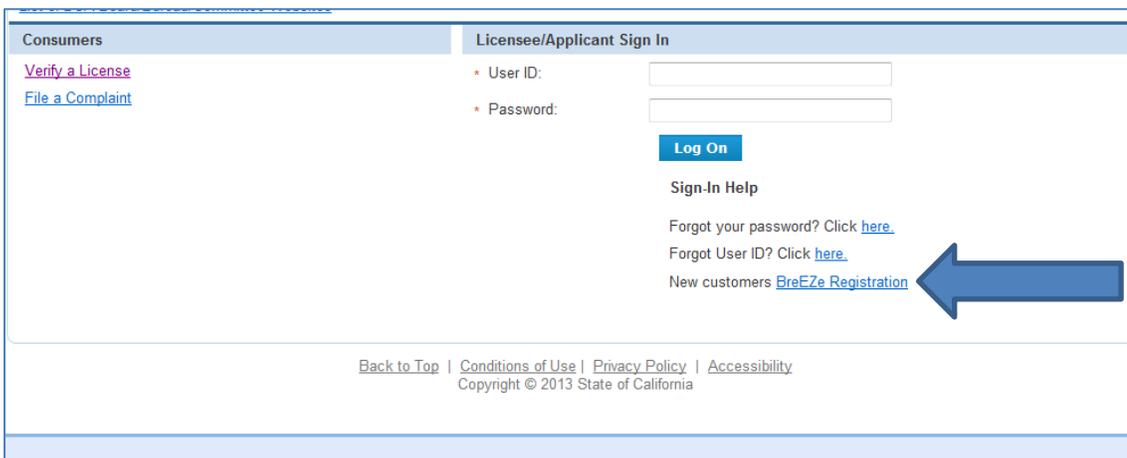
Click Here to Access BreEZe Online Services

Remember you do not have to register to File a Complaint or Verify a License.

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

*If you have previously registered in the BreEZe system, enter your User ID and Password and skip to page 4.



The screenshot shows the "Licensee/Applicant Sign In" page. It features a "Log On" button and a "Sign-In Help" section with links for "Forgot your password? Click here.", "Forgot User ID? Click here.", and "New customers BreEZe Registration". A blue arrow points to the "BreEZe Registration" link.

Consumers Licensee/Applicant Sign In

[Verify a License](#)
[File a Complaint](#)

User ID:
Password:

Log On

Sign-In Help

Forgot your password? Click [here](#).
Forgot User ID? Click [here](#).
New customers [BreEZe Registration](#)

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User Registration: Complete the required fields (marked with *) and enter the security letters, and click **Next**.

[Skip navigation](#)
[Logon](#) | [Contact Us](#)

User Registration

Please complete the information required below to become a registered BreEZe 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:

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

* Secret Question:
 * Secret Answer:

Communication

Email Communication: Yes No

Security Measures (This helps to prevent automated registrations.)

* Type the characters from the picture below (without spaces):
 w D m s c l l

Preview Registration: Click **Save**.

[Skip navigation](#)
[Logon](#) | [Contact Us](#)

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.

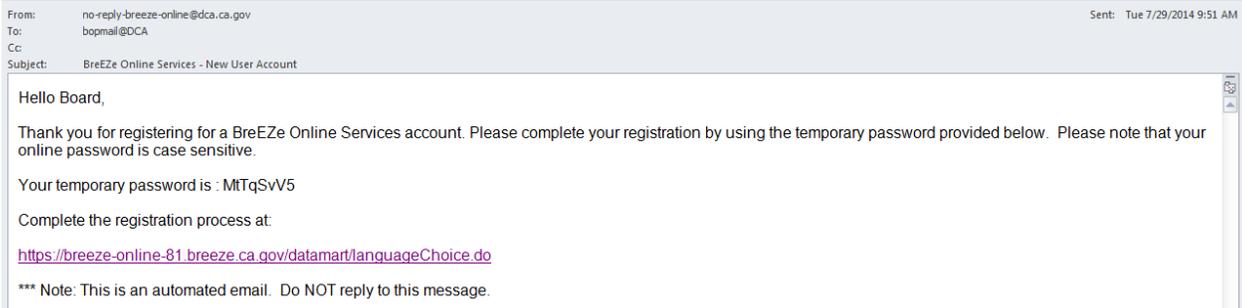
First Name:	Board
Second Name:	of
Last Name:	Psychology
Email:	bopmail@dca.ca.gov
Userid:	bopmail1
Secret Question:	What street did you grow up on?
Secret Answer:	N. Market
Email Communication:	Yes

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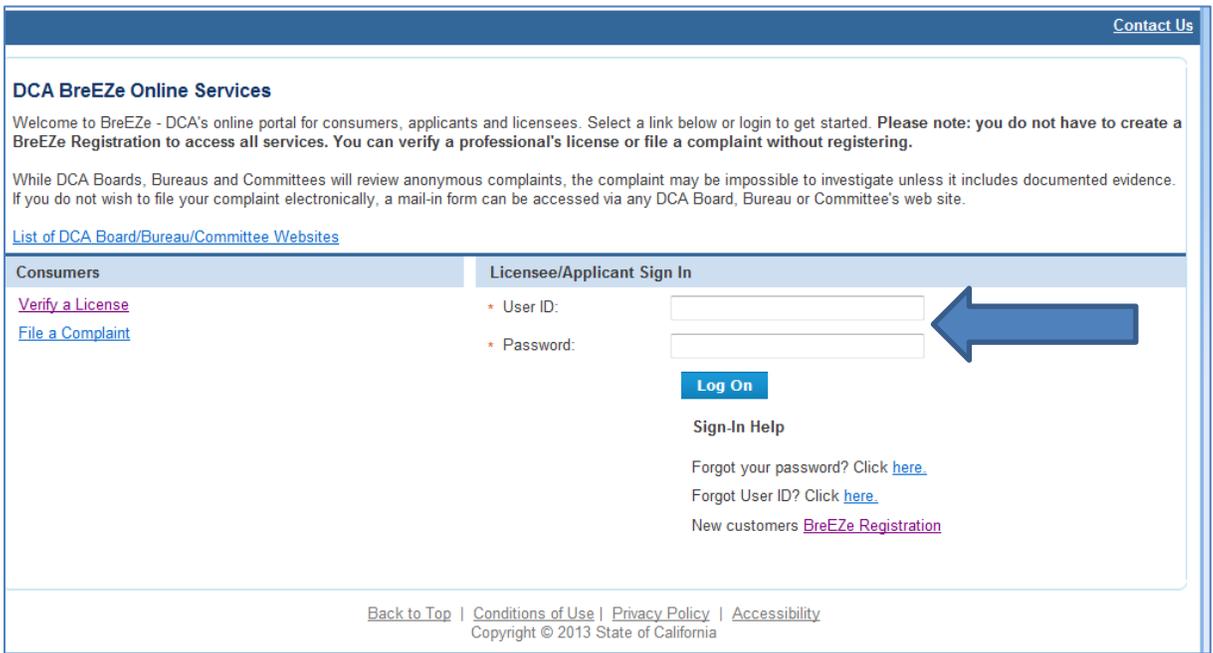
After saving your user account, **check your e-mail account** that you entered in your registration for the temporary password (**please also check spam or junk mail folders**) for an e-mail message from no-reply-breeze-online@dca.ca.gov

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

Open the e-mail and note your temporary password.



Click on the <https://www.breeze.ca.gov/datamart/languagechoice.do> link within the e-mail and enter the User ID you created and then enter the temporary password.



Enter **Temporary Password** in the **Old Password** field, and then 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**.

Logged in as Psychology, Board of [Skip navigation](#)

[Update Profile](#) | [Logout](#) | [Contact Us](#)

Change Password

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

Press "Cancel" to keep your old password.

* Old Password:

* New Password:

* Confirm Password:

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***If you previously registered with BreEZe, resume here:**

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

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

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Step1: Ever held a license before with DCA? **Add Licenses To Registration - Select License Type**

Text 1

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 info requested, the security characters and click the **Next** button.

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

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Step1: Ever held a license before with DCA? **Add Licenses To Registration - Validation**

Help us find your records.

Please note that you must have an SSN on file with your licensing Board/Bureau/Committee in order to on-board your license. If you do not have an SSN 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.

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: Last 4 Digits of SSN
- 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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Preview: Click on **I Confirm this is my license** option and then click on the **Next** button.

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

Note: If you cannot link your license to your BreZE 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 bopmail@dca.ca.gov.

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

Psychologist Renewal Application Introduction: review the information and click **Next**.

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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

Licenses expiring on or after January 1, 2004, will pay a new additional fee of \$10.00, mandated by AB 938. Please read about increase and new law at - [Notice to all Licensed Psychologists - AB 938](#).

Failure to Renew: A license that is not renewed by the expiration date shall immediately be deemed delinquent and subject to delinquent penalty fees. A psychologist must not practice in California while his/her license is delinquent. Pursuant to Section 2984 of the Business and Professions , if a license fails to renew his/her license within three years of the expiration date, the license will become cancelled.

Taxpayer Information: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with this agency. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

Family Support Legislation: Assembly Bill 1394 (Speier) was signed into law by Governor Pete Wilson on May 8, 1992 to require the collection of social security numbers for purposes of compliance with any judgment or order for family support. The bill authorizes the issuance of a temporary license to applicants for initial or renewal license who are not in compliance with any judgment or order for family support. If compliance has not been established prior to the expiration of the temporary license, the license shall be denied pursuant to Section 11350.6 of the Welfare and Institutions Code.

New CE Regulation effective 1/1/2013: You are no longer required to send copies of your continuing education certifications to MCEPAA, you will self-certify the number of hours you have completed on your renewal form (whether online or paper). You're required to retain your CE records for a minimum of 4 years; the Board will be conducting a random audit and, if selected, will contact you for proof of completion.

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.

Press "Next" to continue.
To exit this application, click on the "Cancel" button.

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](#)

Name and Personal Details: Verify information on 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.
To exit this application, click on the "Cancel" button.

Name and Personal/Organization Details

Title: _____

First Name: _____

Middle Name: _____

Last Name: _____

Birthdate: _____ (mm/dd/yyyy)

Gender: _____

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Address Detail Summary: Verify information on screen is correct and click **Next**.

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Psychologist Renewal Application - Address Detail Summary

To complete any address changes, left click on the highlighted title and hit next to save changes. Please note that your "Address of Record" will be disclosed to the public.

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: [REDACTED]

Address: 1625 N. Market Blvd.
Ste. N-215
Sacramento, CA
SACRAMENTO
95834
US

Phone Number: 9165747220

E-mail: bopmail@dca.ca.gov

Alternate Phone

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

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

Renewal Application Questions: Complete all required questions and click **Next**

- For an **Active** renewal, all questions are required
- For an **Inactive** renewal, only the first two questions are required

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Psychologist Renewal Application - Renewal Application Questions - Information

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.

Renewal Status: Active renewal fee is \$420, plus \$25 delinquent fee if renewing after your expiration date. Inactive renewal fee is \$50, plus \$25 delinquent fee if renewing after your expiration date. Active Inactive

Conviction/Discipline: Since you last renewed your license, omitting traffic infractions under \$500.00 not involving alcohol, a dangerous drug, or a controlled substance, have you been convicted of any violations of the law in this or any other state, the United States or its territories, military court or other country? If you answered yes, in order to assist the Board in determining what, if any, action need be taken, please provide copies of court records, all related police reports, proof of successful completion of probation and/or any related mitigating evidence or evidence of rehabilitation. Yes No

Fingerprint Requirement: For a license that expires after December 31, 2010, 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. Have you complied with the new fingerprint requirement? Licensees who have no electronic record of their fingerprints will receive further notification from the Board. Yes No

Continuing Education Certification: Have you successfully completed continuing education required for renewal of my license. Yes No

Laws & Ethics: I have obtained training in the subject of laws and ethics, as they apply to the practice of psychology in California. Yes No

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If you are unsure if you have previously complied with the fingerprint requirement, please send an e-mail (be sure to include your license number) to bopmail@dca.ca.gov for confirmation.

CE Information: Enter the number of CE Units Completed, complete the Affirmation, and click **Next**

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- Introduction
- Transaction Suitability Questions
- Name and Personal/Organization Details
- Contact Details
- Renewal Application Questions
- 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.
 To exit this application, click on the "Cancel" button.

CE Units Completed:

Affirmation: Yes No

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Work Location: Complete (optional) and click **Next**

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- Introduction
- Transaction Suitability Questions
- Name and Personal/Organization Details
- Contact Details
- Renewal Application Questions
- 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.
 To exit this application, click on the "Cancel" button.

Years with Employer	Self Employed	County Code	Zip Code	Health Occupation	Work Hours	Acute Care Hospital	Home Care/Durable Medical Equipment	Long-Term Acute Care	Skilled Nursing Facility	Accredited Education Program	Manufacturer
<											>

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Healing Art Survey: Complete (optional) and click Next

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Psychologist 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 appropriate value from the dropdown options.

If you identify your cultural/ethnic background as Native Hawaiian/Pacific Islander, please select "Yes." Yes No

If you identify your cultural/ethnic background as Native Hawaiian/Pacific Islander, please select the appropriate value from the dropdown options.

If you do not identify with any of the cultural/ethnic backgrounds listed in this survey, please select "Yes." Yes No

If you decline to state your cultural/ethnic background, please select "Yes." Yes No

Languages:

Attachments: if you have any Conviction/discipline documentation to upload, click on the Attach button to add the documents.

Please do not upload continuing education documents (for additional information regarding continuing education, please see http://psychology.ca.gov/licensees/ce_fags.shtml).

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

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Psychologist Renewal Application - Attachments

Licensees have the option to attached documents (such as continuing education certificates) to their online license renewal. 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.

File Name:

Notes:

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

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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.

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Psychologist Renewal Application - Application Summary

Introduction: 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.

Psychologist Renewal Application Summary

Contact Details	License Type:	Psychologist
Renewal Application Questions	File Number:	[REDACTED]
CE Information	License Number:	[REDACTED]
Work Location	Application Number:	[REDACTED]
Healing Art Survey	Application Date:	07/29/2014 (mm/dd/yyyy)

Personal Details

Title:	[REDACTED]
First Name:	[REDACTED]
Middle Name:	[REDACTED]
Last Name:	[REDACTED]
Birthdate:	[REDACTED]
Gender:	[REDACTED]

Addresses

License Specific Addresses

Address of Record	Name:	[REDACTED]
	Address:	1625 N. Market Blvd. Ste. N-215 SACRAMENTO, CA 95834 US
	Phone Number:	9165747220

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

Logged in as Psychology, Board of Update Profile | Logoff | Contact Us

Psychologist Renewal Application - Attestation

Introduction: Press "Previous" to return to the previous section. Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue. To exit this application, click on the "Cancel" button.

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.

Yes
 No

[Previous](#) [Proceed to Payment](#) [Cancel](#)

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

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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	
CEEval:	\$10.00
BiRnwiPsych:	\$400.00
DMHPEducFund:	\$10.00
DelnRnwiFeePsych:	\$25.00
Total Amount Due:	\$445.00

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

Please note: This example is for a delinquent renewal, which includes the \$25 delinquent fee. A timely active renewal fee totals \$420.

Online Application Payment: Select which type of credit card you will be using 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
[REDACTED]	Psychologist Renewal Application	[REDACTED]	Psychologist	[REDACTED]	\$445.00 <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 payment screen.

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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 hyphens. 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
[REDACTED]	Psychologist Renewal Application	[REDACTED]	\$445.00
Total			\$445.00

Payment Method: Visa

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

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

Note: Expiration date is entered as **MMYY** (no slashes in between).

The California Department of Consumer Affairs

SALE

Order Section

Credit Card Number: *

Expiration Date(MMYY): *

Amount: 808.00 *

CVV2: *

Description:

Invoice Number: 2552

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 Website **to view your new expiration date**.

CA.GOV Department of Consumer Affairs BREeZE

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DCA BreEZe Online Services

Welcome to BreEZe - DCA's online portal for consumers, applicants and licensees. Select a link below or login to get started. **Please note: you do not have to create a BreEZe Registration to access all services. You can verify a professional's license or file a complaint without registering.**

While DCA Boards, Bureaus and Committees will review anonymous complaints, the complaint may be impossible to investigate unless it includes documented evidence. If you do not wish to file your complaint electronically, a mail-in form can be accessed via any DCA Board, Bureau or Committee's web site.

[List of DCA Board/Bureau/Committee Websites](#)

Consumers
[Verify a License](#)
[File a Complaint](#)

Licensee/Applicant Sign In

* User ID:
* Password:

Log On

Sign-In Help

Forgot your password? Click [here](#).
Forgot User ID? Click [here](#).
New customers [BreEZe Registration](#)

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.

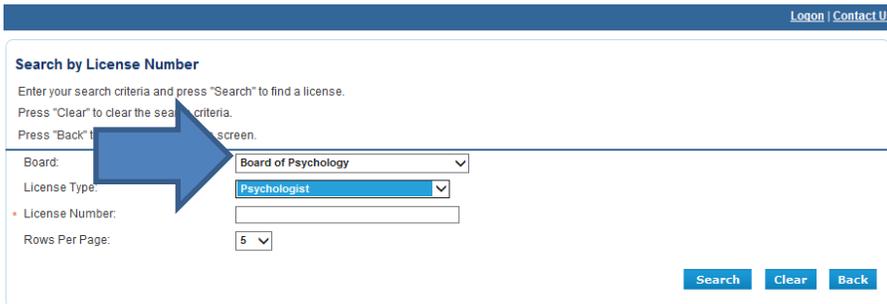
Click on the type of search below to enter search criteria.
Press "Back" to return to the previous screen.

[Search by Personal or Business Name](#)
[Search by Board/Bureau Name](#)
[Search by License Number](#)
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Then use drop down boxes to select the Board option for **Board of Psychology** and License Type option for **Psychologist**.

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



Search by License Number

Enter your search criteria and press "Search" to find a license.
Press "Clear" to clear the search criteria.
Press "Back" to return to the previous screen.

Board:

License Type:

License Number:

Rows Per Page:

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 send an e-mail (including your license number and a brief description of the situation) to bopmail@dca.ca.gov. A missed question on your renewal application could be holding up your renewal and staff can assist you with correcting this problem via e-mail.

If you are experiencing technical difficulties, please call (855) 227-9633 for assistance.