

HOW TO RENEW YOUR PSYCHOLOGICAL ASSISTANT REGISTRATION 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.

The screenshot shows the BreEZe website interface. At the top, there is a navigation bar with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEZe logo. Links for "About BreEZe", "FAQ's", and "Help Tutorials" are visible. Below the navigation bar, there are links for "Skip navigation" and "Contact Us". The main content area is titled "DCA BreEZe Online Services" and includes a welcome message and a list of services. Below this, there are two main sections: "FOR CONSUMERS" and "FOR APPLICANTS AND LICENSEES". The "FOR CONSUMERS" section has buttons for "License SEARCH" and "File a COMPLAINT". The "FOR APPLICANTS AND LICENSEES" section has a "Returning User" login form with fields for "User ID" and "Password", and a "Sign In" button. Below the login form is a "New Users" section with a link for "BreEZe Registration", which is highlighted by a red arrow.

CA.GOV Department of Consumer Affairs BREZE

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DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS
Check Licenses and file complaints.

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

Yes 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 
reCAPTCHA
Privacy - Terms

Next **Cancel**

Preview Registration: Click Save.

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Preview Registration

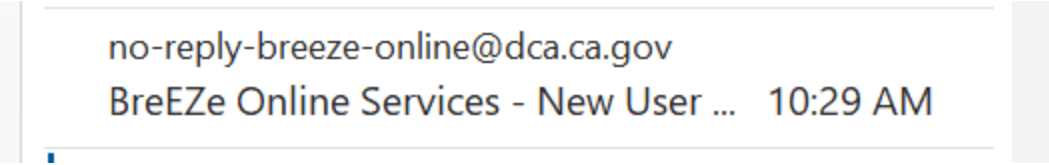
Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

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

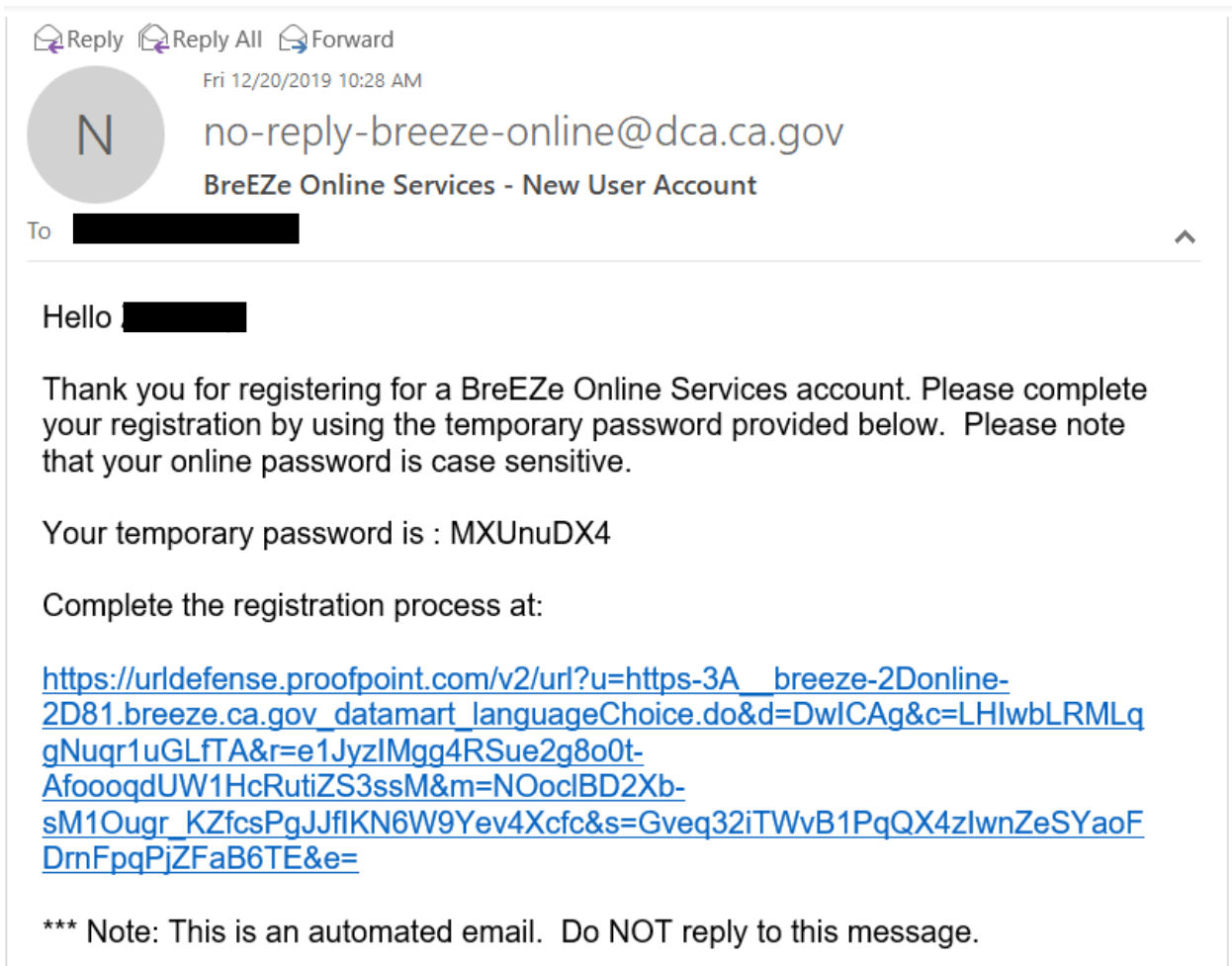
Save **Edit** **Cancel**

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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.



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

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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.

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

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Step1: Ever held a license before with DCA?

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

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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 **“Registered Psychological Assistant”**
- Then click **Next**.

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Step1: Ever held a license before with DCA?

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: **Board of Psychology** [How do I know?](#)

* License/Registration Type: **Registered Psychological Assistant** [How do I know?](#)

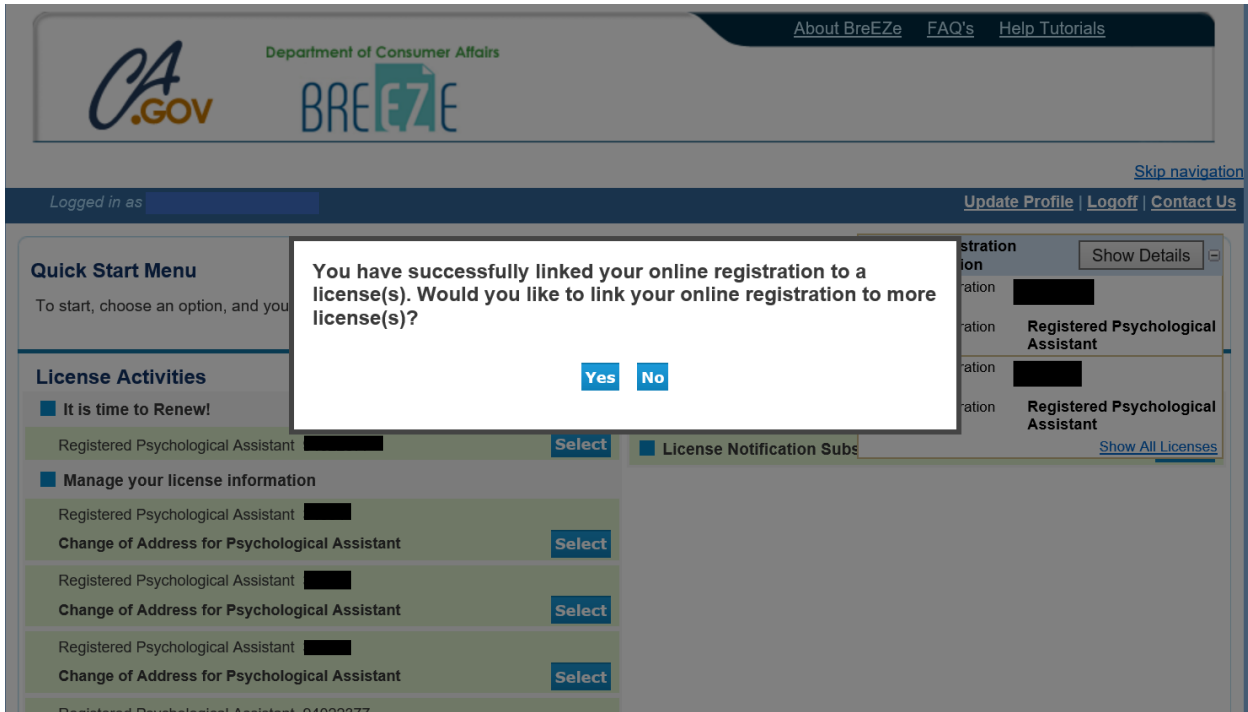
Next Cancel

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

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.



Note: If you cannot link your license to your BreEze USER ID, please e-mail your registration 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 shows a user interface for a Registered Psychological Assistant. At the top, there is a navigation bar with 'Logged in as [redacted]', 'Update Profile', 'Logoff', and 'Contact Us'. Below this is a 'Quick Start Menu' with the instruction: 'To start, choose an option, and you will return to this Quick Start menu after you have finished.' The main content is divided into three sections: 'License Activities', 'Additional Activities', and 'License/Registration Information'. The 'License Activities' section is highlighted with a red box and contains the following items: 'It is time to Renew!' (with a blue 'Select' button), 'Manage your license information' (with a sub-section 'Change of Address for Psychological Assistant' and four 'Select' buttons), and 'Applicant Activities' (with a sub-section 'Manage your application' and a 'Change of Address' button). The 'Additional Activities' section contains 'Add Authorized Representative' and 'License Notification Subscriptions'. The 'License/Registration Information' section shows the user's details, including 'Registered Psychological Assistant' and a 'Show All Licenses' link. A blue arrow points from a text box to the 'Select' button under 'It is time to Renew!'.

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

Registered Psychological Assistant Renewal Application - Introduction: Review the information and click **Next**



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- Application Questions
- Name and Personal/Organization Details
- Contact Details
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- File Attachments
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Registered Psychological Assistant Renewal Application - Introduction

PSYCHOLOGICAL ASSISTANT REGISTRATION RENEWAL APPLICATION and ANNUAL REPORT

DO NOT MAKE SUPERVISION, NAME OR ADDRESS CHANGES ON THIS FORM

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.


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

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


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Application Questions:

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



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Registered Psychological Assistant 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?

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

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Registered Psychological Assistant 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.

Name and Personal/Organization Details

Introduction

Application Questions

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Work Location

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Application Summary

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**.

bopmail@dca.ca.gov.' Below this, there are instructions: 'Press "Add" to add an optional or mandatory address.', 'Press "Previous" to return to the previous section.', 'Press "Next" when finished adding/changing addresses.', and 'Press "Cancel" to exit this application.' A section titled 'License Specific Addresses' contains a form with fields for 'Address of Record', 'Name', 'Address', 'Phone Number', and 'E-mail'. A red arrow points from a callout box to the 'Address of Record' field. The callout box contains the text: 'If the Next button is not available, please click the "Address of Record" hyperlink and update required fields.' At the bottom right, there are four buttons: 'Previous', 'Next', 'Add', and 'Cancel'. A note at the bottom states: 'Please note, the 'Address of Record' will be disclosed to the public.'"/>

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

www.psychology.ca.gov to complete the Psychological Assistant Annual Report. Have your Supervisor/Employer complete the form and mail the original to the Board to complete your online application.' At the bottom right, there are three buttons: 'Previous', 'Next', and 'Cancel'."/>

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

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Registered Psychological Assistant 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	Manufacturing
< [] >											

[Add](#)
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[Cancel](#)

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

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Registered Psychological Assistant 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.
 Press "Cancel" to exit this application.

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.

Attachments (Optional): If you would like to upload the **Annual Report(s)** associated with your registration, 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.

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Registered Psychological Assistant Renewal Application - Attachments

Registered Psychological Assistants may use this feature to attach their annual report. Your renewal will not be processed if the annual report is not attached. Please visit the Board's website to download the annual report.

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.

Press "Cancel" to exit this application.

File Name: Browse...

Notes:

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

Attach
Previous
Next
Cancel

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

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Registered Psychological Assistant Renewal Application - Application Summary

Verify the information below. If any of the information is not correct, press "Previous" to return to the appropriate screen to make corrections.

Press "Previous" to the return to the previous section.

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

Press "Cancel" to exit this application.

Registered Psychological Assistant Renewal Application Summary

License Type:	Registered Psychological Assistant
File Number:	██████████
License Number:	██████████
Application Number:	██████████
Application Date:	██████████ (mm/dd/yyyy)

Application Questions

Have you served or are you currently serving in the military? No

Personal Details

Title:	
First Name:	██████████
Middle Name:	
Last Name:	██████████
Birthdate:	██████████
Gender:	

Addresses

Home Specific Address

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

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Introduction	Registered Psychological Assistant 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. Press "Cancel" to exit this application.
Contact Details	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.
Questions	<input checked="" type="radio"/> Yes <input type="radio"/> No
Work Location	
Healing Art Survey	
File Attachments	
Application Summary	Previous Proceed to Payment Cancel

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Fee and Summary Report: 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	
AssistAnnRnwPsych:	\$40.00
Total Amount Due:	\$40.00

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

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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
14018219	Registered Psychological Assistant Renewal Application	██████████	Registered Psychological Assistant	██████████	\$40.00 <input checked="" type="checkbox"/>

Payment Method

Visa
 MasterCard
 Discover
 American Express

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

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Confirm Payment Details: Verify fees and card type, then Click **Next** to continue to 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
14018219	Registered Psychological Assistant Renewal Application	██████████	\$40.00
Total			\$40.00

Payment Method: **Visa**

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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 MMYT with no slashes in between.

The California Department of Consumer Affairs

SALE

Order Section

Credit Card Number: *

Expiration Date(MMYT): *

Amount: 40.00 *

CVV2: *

Description:

Invoice Number:

Billing Address

First Name:

Last Name:

Address 1:

Address 2:

City:

State/Province:

Postal Code:

Phone:

Email Address:

Process

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 registration to arrive at your Address of Record. In the meantime, you can verify if your renewal has been approved by looking up your registration information at <https://search.dca.ca.gov/>.