# HOW TO RENEW YOUR PSYCHOLOGICAL ASSISTANT REGISTRATION ONLINE

Go to [www.breeze.ca.gov.](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.



*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**.



## Preview Registration: Click **Save**.

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 - New User ...   10:29 AM
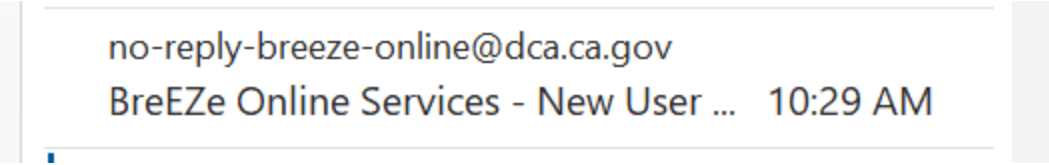
Open the e-mail and note your temporary password.

Reply  Reply All  Forward

Fri 12/20/2019 10:28 AM

N   no-reply-breeze-online@dca.ca.gov

BreEZe Online Services - New User Account

To

Hello

Thank you for registering for a BreEZe 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=LHIwbLRMLq gNuqr1uGLfTA&r=e1JyzIMgg4RSue2g8o0t-AfoooqdUW1HcRutiZS3ssM&m=NOoclBD2Xb-sM1Ougr_KZfcsPgJJfIKN6W9Yev4Xcfc&s=Gveq32iTWvB1PqQX4zIwnZeSYaoF DrnFpqPjZFaB6TE&e=

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

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**.

**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**.

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



- 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**.

- 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.**
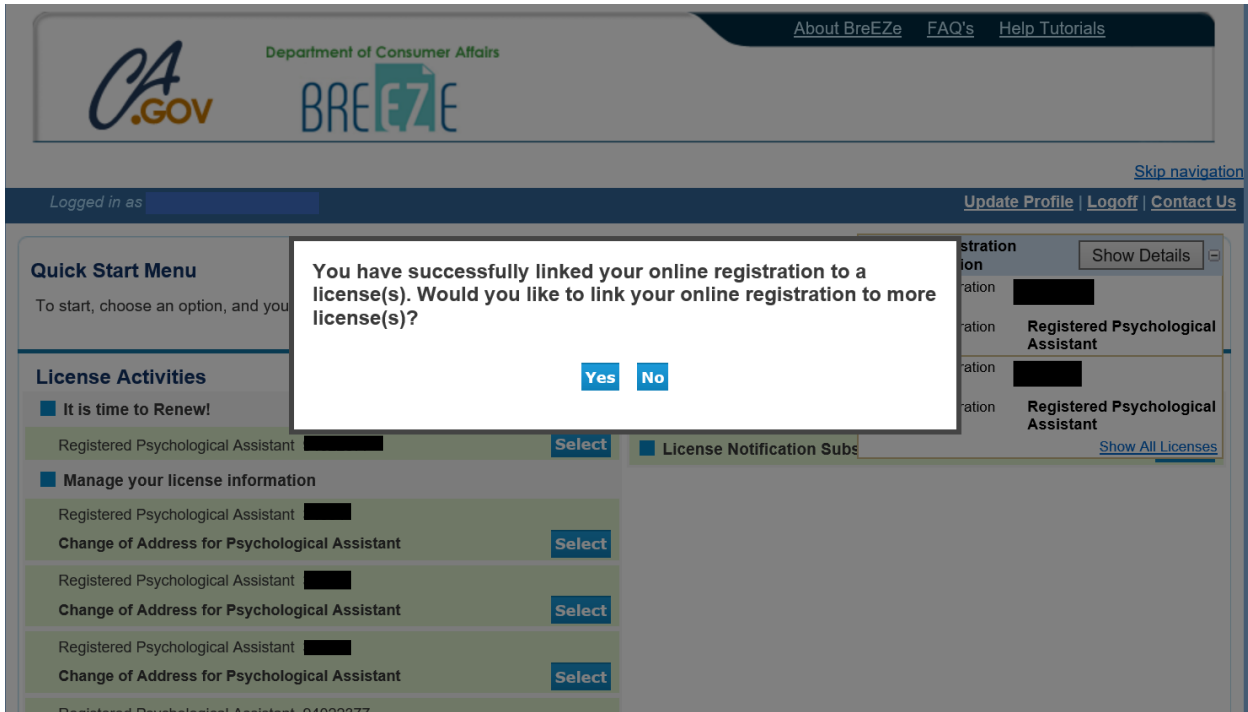


*Note: If you cannot link your license to your BreEZe USER ID, please e-mail your registration number, the last four digits of your social security number (SSN) and your date of birth (DOB) to boprenewals@dca.ca.gov.*

## *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.



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**



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

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

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Department of Consumer Affairs

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*Logged in as*                                    Update Profile | Logoff | Contact Us

Introduction

Application Questions

**Name and Personal/Organization Details**

Contact Details

Questions

Work Location

Healing Art Survey

File Attachments

Application Summary

**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.

Title:

First Name:

Middle Name:

Last Name:

Birthdate:                                    (mm/dd/yyyy)

Gender:

Previous    Next    Cancel

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

**Registered Psychological Assistant Renewal Application - Address Detail Summary**

Be advised that the address of record must be the address of record of the supervisor. Psychological assistants are required to be an employee of the supervisor and practice under his or her supervision. The supervisor is also required to renew the registrations. Therefore, the Board requires that the address of record for a psychological assistant to be the address of record of the supervisor. Your "address of record" will be the address to which all Board of Psychology correspondence (i.e. 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 through the Board's web site. Currently changing your address of record is not an available feature. To change the address of record of your registration, please have your supervisor e-mail the Board at bopmail@dca.ca.gov.

Press "Add" to add an optional or mandatory 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:

Address:

Phone Number:

E-mail:

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

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

Sidebar navigation: Introduction | Application Questions | Name and Personal/Organization Details | **Contact Details** | Questions | Work Location | Healing Art Survey | File Attachments | Application Summary

Buttons: Previous | Next | Add | Cancel

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

**Registered Psychological Assistant 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.

Conviction/Discipline:

Have you ever been convicted of, or plead guilty or nolo contendere to ANY criminal or civil offence in the United States, its territories, or a foreign country?   ○ Yes  ○ No

This includes every citation, infraction, misdemeanor and/or felony, including traffic violations resulting in fines over $500. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357 (b), (c),(d),(e), or section 11360 (b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to Sections 1203.4. 1203.4a, 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. If "yes", complete the Conviction/License Disciplinary Action Form.

Proof of Dismissal: If you have obtained a dismissal of your convictions(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

For a registration 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 registration is grounds for discipline by the board. Have you complied with the fingerprint requirements?   ○ Yes  ○ No

Note: Please visit the Board of Psychology's website at 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.

Sidebar navigation: Introduction | Application Questions | Name and Personal/Organization Details | Contact Details | **Questions** | Work Location | Healing Art Survey | File Attachments | Application Summary

Buttons: Previous | Next | Cancel

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



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

**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.



**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.

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



**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.

**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 ☑ |

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.



**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**

[Next] [Cancel]

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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 <mark>expiration date must be entered as MMYY with no slashes in between</mark>.

**The California Department of Consumer Affairs**

**SALE**

**Order Section**

| | |
|---|---|
| Credit Card Number: | ✳ |
| Expiration Date(MMYY): | ✳ |
| 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 **<u>Successful Payment</u>** 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 BreEZe 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/.