

STEP-BY-STEP USER GUIDE FOR PHYSICIANS TO COMPLETE PHYSICIAN SURVEY ONLINE – www.breeze.ca.gov

The Physician Survey includes information (i.e., areas of practice, specialty, board certifications) that is self-reported by the physician. The information is viewable by the public on the physician’s profile located on the Board’s website at www.mbc.ca.gov/Breeze/License_Verification.aspx.

The Physician Survey is part of the renewal process; however, it may be updated at any time from within the physician’s BreEZe account.

Example of the survey information displayed on the physician’s public profile:

SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

ARE YOU RETIRED?	NO
ACTIVITIES IN MEDICINE	TELEMEDICINE - NONE TEACHING - 1-9 HOURS PATIENT CARE - 30-39 HOURS OTHER - NONE RESEARCH - NONE ADMINISTRATION - 1-9 HOURS
PATIENT CARE PRACTICE LOCATION	ZIP - 95758 COUNTY - SACRAMENTO
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IN TRAINING
AREAS OF PRACTICE	FAMILY MEDICINE - PRIMARY
BOARD CERTIFICATIONS	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE
POSTGRADUATE TRAINING YEARS	3 YEARS
CULTURAL BACKGROUND	DECLINED TO DISCLOSE
FOREIGN LANGUAGE PROFICIENCY	DECLINED TO DISCLOSE
GENDER	MALE

Log in to your BreEZe account, located at www.breeze.ca.gov

If you previously registered in the BreEZe system, enter your User ID and Password in the **Returning User** section located on the right column and click the **Sign In** button.

NOTE: If you have never registered in the BreEZe system, please go to http://www.mbc.ca.gov/Licensees/License_Renewal/Physicians_and_Surgeons.aspx and view pages 2 through 8 of the “Step-by-Step User Guide for Physicians to Renew Online”. These pages explain how to create a new user account and connect your license to that account.

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.

Verify a LICENSE File a COMPLAINT

FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here.
You will need to [register](#), or use your existing user name and password

Returning User

Fields marked with * are required

* User ID:

* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

New Users
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Physician Survey:

Once you have successfully logged in to the BreEZe system, you should see the **Quick Start Menu** screen.

1. On the left hand side of the screen, under the section License Activities, subsection Manage your license information, click the down arrow of the Choose Application box and select **Physician Survey Transaction**. Click the **Select** button next to the option.

The screenshot displays the BreEZe system interface. At the top, there is a header with the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are visible. The user is logged in, and the 'Quick Start Menu' is shown. Under 'License Activities', the 'Manage your license information' subsection is active, showing 'Physician and Surgeon A. 98' and a dropdown menu with 'Physician Survey Transaction' selected. A 'Select' button is next to it. Two red arrows point from the text above to the dropdown arrow and the 'Select' button. Other sections include 'Applications' and 'Additional Activities'.

License/Registration Information [Show Details](#)

License/Registration Number:	98
License/Registration Type:	Physician and Surgeon A

License Activities

- Manage your license information
- Physician and Surgeon A. 98
- Physician Survey Transaction [Select](#)

Applications

- Start a New Application or Take an Exam
- <Choose Board>
- <Choose Application> [Select](#)
- View Application Status
- Medical Board of California - Physician's and Surgeon's - Initial Application Status: Expired [Details](#)

Additional Activities

- Payment Receipts (1) [Select](#)
- Add Authorized Representative [Select](#)
- License Notification Subscriptions [Select](#)

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

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2. Physician Survey Transaction – Introduction

Read the information then click the **Next** button to proceed.

The screenshot shows the 'Physician Survey Transaction - Introduction' page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreZE', 'FAQ's', and 'Help Tutorials' are visible. Below the header, there is a blue bar with 'Logged in as' and 'Update Profile | Logoff | Contact Us'. The main content area has a left sidebar with 'Introduction', 'Physician Survey', and 'Application Summary'. The main content area is titled 'Physician Survey Transaction - Introduction' and contains the following text:

Review the detailed instructions and information regarding this survey before proceeding at www.mbc.ca.gov/licenses/physician_survey.html

Physician Survey
California B&P Code sections 2425.1 and 2425.3 require the Medical Board to collect and publish certain information on training and practice characteristics for each physician licensed in California. To comply with this law, the Board has developed a physician survey that must be completed by each physician when renewing their license. In addition to completing a physician survey during renewal, physicians can update their survey information at any time using this application.

Contact Us:

- **Licensing Questions:**
For licensing information, contact the Medical Board of California at:
CA Toll-Free line: 1 (800) 633-2322
Phone: (916) 263-2382
Fax: (916) 263-2944

Assistance is available Monday - Friday, 8:00 a.m. - 5:00 p.m. PST (except holidays).

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

At the bottom right of the main content area, there are two buttons: 'Next' and 'Cancel'. Below the main content area, there is a footer with links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', and a copyright notice: 'Copyright © 2013 State of California'.

3. Physician Survey Transaction – Activities in Medicine

Complete **Activities in Medicine** (per week) questions then click the **Next** button to proceed.

The screenshot shows a web application interface for the Department of Consumer Affairs (BREZE) titled "Physician Survey Transaction - Activities in Medicine". The page includes a navigation menu on the left with "Introduction", "Physician Survey", and "Application Summary". The main content area contains instructions and a series of radio button questions. The questions include "Are you retired?", "Current Training Status", and various hour categories (Patient Care, Telemedicine, Administration, Research, Teaching, Other) with options from "None" to "40+". There are also sections for "Primary Practice Location (U.S. Only)" and "Secondary Practice Location (CA Only)", each with input fields for Zip and County. At the bottom right, there are "Previous", "Next", and "Cancel" buttons. The footer contains links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice for 2013 State of California.

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Physician Survey Transaction - Activities in Medicine

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Are you retired? Yes No

Current Training Status Residency Fellow Not in Training

Patient Care Hours None 1-9 10-19 20-29 30-39 40+

Telemedicine Hours None 1-9 10-19 20-29 30-39 40+

Administration Hours None 1-9 10-19 20-29 30-39 40+

Research Hours None 1-9 10-19 20-29 30-39 40+

Teaching Hours None 1-9 10-19 20-29 30-39 40+

Other Hours None 1-9 10-19 20-29 30-39 40+

Primary Practice Location (U.S. Only)

Patient Care Zip _____ County _____

Telemedicine Zip _____ County _____

Secondary Practice Location (CA Only)

Patient Care Zip _____ County _____

Telemedicine Zip _____ County _____

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4. Physician Survey Transaction – Areas of Practice

On the **Areas of Practice** screen, click on the dropdown box to select your primary area of practice. If applicable, click on the boxes for any secondary areas of practice then click the **Next** button to proceed.

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Physician Survey Transaction - Areas of Practice

Select one Primary Area of Practice and any Secondary Area(s) of Practice applicable and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Primary Area of Practice

Secondary Area(s) of Practice

<input type="checkbox"/> Aerospace Medicine	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Public Health and General Preventive Medicine
<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> General Practice	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Geriatric Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Radiologic Physics
<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Hematology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Complementary and Alternative Medicine	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cosmetic Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Sleep Medicine
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Medical Genetics	<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Spine Surgery
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Neonatal-Perinatal Medicine	<input type="checkbox"/> Pathology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Surgical Oncology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Neurodevelopmental Disabilities	<input type="checkbox"/> Physical Medicine and Rehabilitation	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Urology
<input type="checkbox"/> Facial, Plastic and Reconstructive Surgery	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Neurology with Special Qualification in Child Neurology	<input type="checkbox"/> Psychosomatic Medicine	<input type="checkbox"/> Other – Not Listed

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5. Physician Survey Transaction – Board Certifications

Select any Board Certifications (listed alphabetically) by clicking on the appropriate box then click the **Next** button to proceed.

The screenshot displays the 'Physician Survey Transaction - Board Certifications' page. At the top, there is a header with the CA.GOV logo, 'Department of Consumer Affairs', and 'BREZE' logo. Navigation links include 'About BreZE', 'FAQ's', and 'Help Tutorials'. A user is logged in, with links for 'Update Profile', 'Logout', and 'Contact Us'. The main content area has a left sidebar with 'Introduction', 'Physician Survey', and 'Application Summary'. The main panel contains instructions: 'Select any board certifications you may have and press "Next" to continue.', 'Press "Previous" to return to the previous screen.', and 'Press "Cancel" to cancel this application and return to the main menu.' Below the instructions is a list of board certifications, each with a checkbox:

- None
- American Board of Allergy and Immunology**
 - Allergy and Immunology
- American Board of Anesthesiology**
 - Anesthesiology
 - Critical Care Medicine
 - Hospice and Palliative Medicine
 - Pain Medicine
 - Pediatric Anesthesiology
 - Sleep Medicine
- American Board of Colon and Rectal Surgery**
 - Colon and Rectal Surgery
- American Board of Medical Genetics**
 - Clinical Biochemical Genetics
 - Clinical Cytogenetics
 - Clinical Genetics (MD)
 - Clinical Molecular Genetics
 - Medical Biochemical Genetics
 - Molecular Genetic Pathology
- American Board of Neurological Surgery**
 - Neurological Surgery
- American Board of Nuclear Medicine**
 - Nuclear Medicine
- American Board of Obstetrics and Gynecology**
- American Board of Pediatrics**
 - Pediatrics
 - Adolescent Medicine
 - Child Abuse Pediatrics
 - Developmental-Behavioral Pediatrics
 - Hospice and Palliative Medicine
 - Medical Toxicology
 - Neonatal-Perinatal Medicine
 - Neurodevelopmental Disabilities
 - Pediatric Cardiology
 - Pediatric Critical Care Medicine
 - Pediatric Emergency Medicine
 - Pediatric
- American Board of Psychiatry and Neurology**
 - Psychiatry
 - Neurology
 - Neurology with Special Qualification in Child Neurology
 - Addiction Psychiatry
 - Brain Injury Medicine
 - Child and Adolescent Psychiatry
 - Clinical Neurophysiology
 - Epilepsy
 - Forensic Psychiatry
 - Geriatric Psychiatry
 - Hospice and Palliative Medicine

6. Physician Survey Transaction – Post Graduate Training and Cultural Background

Select the number of years of Postgraduate Training you completed after finishing medical school, your Cultural Background, then click the **Next** button.

The screenshot shows a web application interface for the Department of Consumer Affairs (BREZE). The page title is "Physician Survey Transaction - Post Graduate Training and Cultural Background". The form includes a navigation menu on the left with "Introduction", "Physician Survey", and "Application Summary". The main content area contains instructions: "Enter the data and press 'Next' to continue.", "Press 'Previous' to return to the previous screen.", and "Press 'Cancel' to cancel this application and return to the main menu." Below the instructions are two sections: "Postgraduate Training (Years Completed)" with radio buttons for 1 through 9+, and "Cultural Background" with a grid of radio buttons for various ethnicities including African, African American, Alaskan Native, American Indian, Black, Cambodian, Central American, Chinese, Cuban, European, Fijian, Filipino, Guamanian, Hawaiian, Indian, Indonesian, Japanese, Korean, Laotian/Timong, Malaysian, Mexican, Middle Eastern, Native American, Other Asian, Other Hispanic, Other Pacific Islander, Pakistani, Puerto Rican, Samoan, Singaporean, South American, Taiwanese, Thai, Tongan, Vietnamese, White, and Other (not listed). At the bottom right are "Previous", "Next", and "Cancel" buttons. The footer contains links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California".

7. Physician Survey Transaction – Foreign Language Proficiency

Select additional languages in which you are proficient.

Answer the Website Profile questions to determine what information you want displayed on your Physician Profile.

Enter your email address (it will NOT be released to the public) then click the **Next** button.

The screenshot shows a web application interface for the Department of Consumer Affairs (BREZE). The page title is "Physician Survey Transaction - Foreign Language Proficiency". It includes a navigation menu on the left with "Introduction", "Physician Survey", and "Application Summary". The main content area contains instructions to enter data and press "Next" to continue, with options to return to the previous screen or cancel. Below this is a section for "FOREIGN LANGUAGE PROFICIENCY" with a list of languages and checkboxes. The "WEB SITE PROFILE" section includes radio buttons for "Cultural Background", "Foreign Language Proficiency", and "Gender", and a text input field for "Email Address" with a note "WILL NOT BE RELEASED TO THE PUBLIC". At the bottom, there are "Previous", "Next", and "Cancel" buttons, and a footer with "Back to Top", "Conditions of Use", "Privacy Policy", "Accessibility", and "Copyright © 2013 State of California".

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Physician Survey Transaction - Foreign Language Proficiency

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

FOREIGN LANGUAGE PROFICIENCY

In addition to English, indicate additional languages in which you are proficient.

<input type="checkbox"/> African Languages	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Panjabi (Punjabi)	<input type="checkbox"/> Turkish
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Hindi	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Armenian	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Russian	<input type="checkbox"/> Xiang Chinese
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Croatian	<input type="checkbox"/> Italian	<input type="checkbox"/> Scandinavian Languages	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Fijian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Serbian	<input type="checkbox"/> Other Chinese
<input type="checkbox"/> Formosan (Amis)	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other Non-English
<input type="checkbox"/> French	<input type="checkbox"/> Lao	<input type="checkbox"/> Swahili	<input type="checkbox"/> Other Sign Language
<input type="checkbox"/> French Creole	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (not listed)
<input type="checkbox"/> German	<input type="checkbox"/> Mien	<input type="checkbox"/> Telugu	<input type="checkbox"/> None
<input type="checkbox"/> Greek	<input type="checkbox"/> Mon-Khmer (Cambodian)	<input type="checkbox"/> Thai	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tonga	

WEB SITE PROFILE

Do you want the following information included in your physician profile on the Medical Boards's Web site?

Cultural Background Yes No Foreign Language Proficiency Yes No Gender Yes No

Email Address: WILL NOT BE RELEASED TO THE PUBLIC

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8. Physician Survey Transaction – Application Summary

Please review the information. If it is correct, scroll down and click the **Proceed to Payment** button. If information needs to be changed, click the **Previous** button to back up and make corrections.

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Physician Survey Transaction - Application Summary

Press "Previous" to return to the previous section.
Review the data and press "Proceed to Payment" to submit this application.
Press "Cancel" to exit this application.

Physician Survey Transaction Summary

License Type:	Physician and Surgeon A	
File Number:	116310	
License Number:	98756	
Application Date:	08/25/2016 (mm/dd/yyyy)	

Physician Survey

Patient Care Practice Location:	Zip:	County:
Telemedicine Practice Location:	Zip:	County:
Patient Care Secondary Practice Location:	Zip:	County:
Telemedicine Secondary Practice Location:	Zip:	County:
E-mail:		

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NOTE: There is no charge to update your Physician Survey.

12. Physician Survey Transaction –Attestation

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

The screenshot shows the 'Physician Survey Transaction - Attestation' page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help Tutorials' are in the top right. Below the header, a blue bar indicates the user is logged in, with links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area has a left sidebar with 'Introduction', 'Physician Survey', and 'Application Summary'. The main section is titled 'Physician Survey Transaction - Attestation' and contains instructions: 'Press "Previous" to return to the previous section.', 'Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.', and 'Press "Cancel" to exit this application.' Below the instructions is a declaration: 'I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.' There are two radio buttons for 'Yes' and 'No'. At the bottom right of the main section are three buttons: 'Previous', 'Proceed to Payment', and 'Cancel'. At the very bottom, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

13. Fee and Summary Report

Click the **Back** button to complete the survey.

The screenshot shows the 'Fee and Summary Report' page. It features the same header and navigation as the previous page. The main content area is titled 'Fee and Summary Report' and contains the text: 'Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.' and 'Press "Back" to return to the main menu.' Below this text are two buttons: 'Back' and 'View PDF Summary Report'. There is also a small Adobe Reader icon on the right. At the bottom, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.