

To renew your license online, go to www.BreEZe.ca.gov

1. Enter user name and password.
2. In the **Quick Start Menu** screen, under **License Activities**, find your license number in **It is time to Renew!** and click on the “Select” button.

The screenshot shows the 'Quick Start Menu' interface. At the top, it says 'Logged in as mc vittie, melchor' and has links for 'Update Profile', 'Logoff', and 'Contact Us'. The 'License/Registration Information' box shows 'License/Registration Number: 777' and 'License/Registration Type: Naturopathic Doctor'. The 'License Activities' section is highlighted with a red box and contains the following items:

- It is time to Renew!** (highlighted with a red box) with a 'Select' button.
- Naturopathic Doctor 777
- Manage your license information** with a dropdown menu set to '<Choose Application>' and a 'Select' button.

The 'Additional Activities' section includes:

- Add Authorized Representative** with a 'Select' button.
- License Notification Subscriptions** with a 'Select' button.

The 'Applications' section includes:

- Start a New Application or Take an Exam** with dropdowns for '<Choose Board>' and '<Choose Application>' and a 'Select' button.
- View Application Status** showing 'Naturopathic Medicine Committee - Naturopathic Doctor Renewal Application' with 'Status: Pending' and a 'Details' button.

A red arrow points from the 'Select' button in the 'It is time to Renew!' section to a text box that says 'Click "Select"'. At the bottom, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2019 State of California'.

3. Follow instructions on the **Introduction Page** and click on “Next”.

The screenshot shows the 'Introduction' page for the 'Naturopathic Doctor Renewal Application'. The header includes the 'CA.GOV' logo, 'Department of Consumer Affairs', and 'BREZE' logo. Navigation links include 'About BreEZe', 'FAQ's', and 'Help Tutorials'. The user is logged in as 'mc vittie, melchor'. The page content includes:

- Introduction** (selected in the left sidebar):
 - Information Privacy Act
 - Application Questions
 - Name and Personal/Organization Details
 - Contact Details
 - Continuing Education & Conviction Certification
 - Work Location
 - Healing Art Survey
 - DEA/CURES Registration Questions
 - File Attachments
 - Application Summary

The main content area provides instructions: 'In order to renew your license, you must complete the on-line application and submit it with fees; or, you may complete the paper version <http://www.naturopathic.ca.gov/formspubs/index.shtml> and mail it with a check. All portions of this application are required to be completed. Press "Next" to continue. Press "Cancel" to exit this application. If you need to change your current address please go back to the quick start menu by pressing 'Cancel' and select the 'Address Change' application.'

At the bottom right, the 'Next' and 'Cancel' buttons are visible, with the 'Next' button highlighted by a red box.

4. On the **Information Privacy Act** screen, read the information and click on the “Agree” button.

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Introduction	Naturopathic Doctor Renewal Application - Information Privacy Act
Information Privacy Act	INFORMATION COLLECTION AND ACCESS
Application Questions	Agency requesting information: California Department of Consumer Affairs, Naturopathic Medicine Committee, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991, (916) 928-4785.
Name and Personal/Organization Details	All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Sections 3630-3637 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Executive Officer of the Naturopathic Medicine Committee of California is the custodian of records.
Contact Details	Disclosure of your social security number or individual taxpayer identification number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or individual taxpayer identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.
Continuing Education & Conviction Certification	NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information. Press "Agree" to continue.
Work Location	Press "Cancel" to exit this application.
Healing Art Survey	
DEA/CURES Registration Questions	
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[Agree](#) [Cancel](#)

5. On the **Application Questions** screen, read and answer the military service question by using the drop-down menu and click on the “Next” button.

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Introduction	Naturopathic Doctor Renewal Application - Application Questions
Information Privacy Act	Answer the questions and press "Next" to continue.
Application Questions	Press "Previous" to return to the previous section.
Name and Personal/Organization Details	Press "Cancel" to exit this application.
Contact Details	Have you served or are you currently serving in the military? <input type="text" value="Yes"/>
Continuing Education & Conviction Certification	Previous Next Cancel
Work Location	
Healing Art Survey	
DEA/CURES Registration Questions	
File Attachments	

6. On the **Name and Personal/Organization Details** screen, ensure your name, birthdate and gender are correct and click on the “Next” button.

The screenshot shows the 'Name and Personal/Organization Details' screen. The header includes the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help Tutorials' are in the top right. A user is logged in as 'mc vittie, melchor'. The main content area is titled 'Naturopathic Doctor Renewal Application - Name and Personal Details'. It contains instructions: 'Press "Previous" to return to the previous screen.', 'Verify your personal details and press "Next" to continue.', and 'Press "Cancel" to exit this application.' Below the instructions is a form with the following fields: Title (empty), First Name (MELCHOR), Middle Name (empty), Last Name (MC VITTIE), Birthdate (01/23/1919), and Gender (Female). At the bottom right are buttons for 'Previous', 'Next', and 'Cancel'. A sidebar on the left lists various application sections, with 'Name and Personal/Organization Details' currently selected.

7. On the **Contact Details** screen, you will need to complete the mandatory address records for the **Address of Record** and **Mailing Address**. Follow the instructions on the screen. You will need to **Add** or click on Name of address type to **Edit** these records. Click on each address type, to ensure all required fields are complete. You must add a phone number and an email. The phone number and email can be the same for both address records. NOTE: most licensees use the **Address of Record** as their practice address and the **Mailing Address** as their home address. The **Mailing Address** is confidential and is for Committee use only.

The screenshot shows the 'Address Detail Summary' screen. The header is the same as the previous screen. The main content area is titled 'Naturopathic Doctor Renewal Application - Address Detail Summary'. It contains instructions: 'You must provide an Address of Record/Practice Address and Mailing Address. The Address of Record/Practice Address will be published on our web site. If you use a PO Box in both the Address of Record/Practice Address and Mailing Address, you must also provide a Street Address.', 'The following address types need to be updated to include required information. Please modify them by clicking on the links for the relevant addresses below.', and a list of address types: 'Address of Record' and 'Mailing Address'. Below the list 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.' The screen displays two address records under the heading 'License Specific Addresses'. The first record is for 'Address of Record' and the second is for 'Mailing Address'. Both records show the same information: Name (MC VITTIE, MELCHOR), Address (343 S GILPIN ST, SAN DIEGO, CA, SAN DIEGO, 92114-7029), Phone Number (7149036718), and E-mail (removed_by_obfuscation@dummy.domain). At the bottom right are buttons for 'Previous', 'Next', 'Add', and 'Cancel'. A red arrow points from the 'Next' button to a text box on the right.

The “Next” button will remain gray until you have completed all required fields. The button must be blue to move forward.

8. On the **Continuing Education & Conviction Certification** screen, answer both questions by clicking on the Yes/No buttons. Then click “Next”.

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Naturopathic Doctor Renewal Application - Continuing Education & Conviction Certification - Information

IMPORTANT NOTICE REGARDING CONTINUING EDUCATION CERTIFICATION:

If this is your 2nd or later renewal, renewal licensing is dependent on completion of statutorily required continuing education. Please complete and return the CONTINUING EDUCATION CERTIFICATION form ND-113b found under Renewal Forms on the following web page: www.naturopathic.ca.gov/formspubs/index.shtml

You may upload a copy of the ND-113b form later in this process when prompted, fax to 916/928-4787, or e-mail to naturopathic@dca.ca.gov. DO NOT upload/fax copies of CE certificates and/or letters of attendance unless asked to do so.

Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
Press "Cancel" to exit this application.

CERTIFICATION OF CONVICTION: Since your last renewal, have you: 1. been convicted of, or pled guilty or nolo contendere of any violation of any law of any state, the United States, or a foreign country or had any conviction that has been dismissed under Section 1203.4 of the Penal Code (except for traffic infractions) - or 2. had any disciplinary action (excluding citations and fines) taken against you by any licensing/regulatory agency in this or any other state? If Yes, please explain on a separate document and include dates, charge/violation, location of board/bureau/court, and penalty or disposition. You may upload a copy of the explanation later in this process when prompted, fax to 916/928-4787, or e-mail to naturopathic@dca.ca.gov.

Yes No

CERTIFICATION: I certify that I have completed the required continuing education requirements as stated on the CONTINUING EDUCATION CERTIFICATION form ND-113b.

Yes No

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9. On the **Work Location** screen, click on “Next” button to answer questions.

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Naturopathic Doctor 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	Manufacture

Add Previous Next Cancel

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10. Complete the survey questions and click on "Next".

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Naturopathic Doctor Renewal Application - Healing Art Survey - Information

Introduction
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.

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

Name and Personal Organization Details
Enter appropriate details and press "Next" to continue.
Press "Cancel" to edit this application.

Contact Details

Additional Credentials/Certifications:

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. 2015)?

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:

Are you fluent in languages other than English? If yes, please identify these languages in the drop downs below.

Language 1:

Language 2:

Language 3:

Language 4:

Retirement:

Please select the value from the dropdown that best represents when you plan to retire.

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- On the **DEA/CURES Registration Questions** screen, read the statement and answer the question regarding whether you have a DEA registration or not. Answer Yes/No, click "Next".

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Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
Press "Cancel" to exit this application.

California Health and Safety Code section 11165.1 requires all California licensed prescribers authorized to prescribe scheduled drugs to register for access to the Department of Justice (DOJ) Controlled Substance Utilization Review and Evaluation System (CURES) by July 1, 2016 or upon issuance of a Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, whichever occurs later.

* Do you currently have a California DEA Registration? Yes No

This question is mandatory and must be answered. You will be unable to proceed with your application if this section is left unanswered - please provide your response now.

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- If you click "Yes", you will be asked if you registered on the DOJ CURES system. Note: If you have a DEA you are required to register on the DOJ CURES System.
- Answer the **DOJ CURES system** question using "Yes/No" button, then click "Next".
- If you answer **Yes** to the **DOJ CURES system**, enter the date using month/year of registration, click "Next".

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Error

■ If you have a CA DEA Registration, you are required to register with the DOJ/CURES System.

Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
Press "Cancel" to exit this application.

California Health and Safety Code section 11165.1 requires all California licensed prescribers authorized to prescribe scheduled drugs to register for access to the Department of Justice (DOJ) Controlled Substance Utilization Review and Evaluation System (CURES) by July 1, 2016 or upon issuance of a Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, whichever occurs later.

* Do you currently have a California DEA Registration? Yes No

If yes, have you registered on DOJ CURES system? Yes No

If yes, what month and year did you complete your DOJ CURES registration? 09/2019 (mm/yyyy)

This question is mandatory and must be answered. You will be unable to proceed with your application if this section is left unanswered - please provide your response now.

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15. On the **File Attachments** screen, it asks for the Continuing Education Certificate. Since the Committee now conducts random audits, you are no longer required to attach anything here. If you are selected to participate in the audit, you will be notified. Note: You are required to keep a minimum of 6 years of CE Certificates of Completion (3 renewal cycles).
16. Click "Next".

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Naturopathic Doctor Renewal Application - Attachments

If this is your second or later renewal, you are required to complete a Continuing Education Certification. The form can be found on our web site at: www.naturopathic.ca.gov/formspubs/index.shtml under the "Renewal" section. DO NOT attach CE certificates unless you have been asked to do so.

Other documents that maybe attached include an explanation of conviction and copies of court documents pertaining to a conviction. If you are changing your name, attach a copy of a marriage certificate, divorce decree, or copy of a drivers license.

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: No file selected.

Notes:

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

17. You will be taken to the **Application Summary** screen. Review you answers.
18. If your answers need to be edited, click on "Previous" until you reach the field you need to edit.
19. If no changes are needed, click on "Proceed to Payment".

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Naturopathic Doctor Renewal Application - Attestation

Press "Previous" to return to the previous section.

Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.

Press "Cancel" to exit this application.

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Yes
 No

20. On the **Application Summary – Attestation** screen, answer the attestation and click on “Proceed to Payment”.
21. The page will open up to the **Fee and Summary Report** screen.
22. Choose the “Add to Cart” button.
23. Follow the instructions on the payment screen.
24. Print out the PDF of your receipt and application and keep for your records.