GUAM BOARD OF ALLIED HEALTH EXAMINERS

Health Professional Licensing Office

Current Physical Address: 194 Hernan Cortez Ave., Terlaje Prof. Bldg., Ste 213, Hagåtña Guam 96910-5052

Requirements for Chiropractic (10 GCA, Chapter 12, Article 8 & 11)

GENERAL REQUIREMENTS

_	1.	List all jurisdictions in the U.S. or foreign country where licensed or has applied for licensure to practice (§12805 (a) (4) (See Application Form);
	2.	Document detailed chronological life history, including dates and places of residence (§12805 (a) (8));
_	3.	Document detailed employment history including military service, in the U.S. or foreign country (§12805 (a) (8));
_	4.	Document detailed educational history, including places, institutions, dates and program descriptions. (§12805 (a) (7));
	5.	All official graduate transcripts must be sent directly to the Board (§12805 (a);
_	6.	Three (3) letters of recommendation, original or notarized copies, one(1) of which must be a letter
		provided by your immediate supervisor of your most recent employer, or by a practice associate, if you are in private practice (§12805 (b)(3)) sent directly to the Board;
	7.	Police clearance from the Guam Police Department (GPD) if you have resided on Guam for more than one (1) year, or a police clearance from your last place of residence (§12805 (b)(4);
	8.	A set of fingerprints (paid by the applicant) and a sample of handwriting, if requested by the Board; and
	9.	Any other information or documentation that the Board determines necessary (§12805 (a)(10).
\equiv	10.	Submit to a physical, mental or professional competency examination, or a drug dependency evaluation,
		if deemed necessary by the Board.
Qu	alifi	cations for Specific Discipline (Article 11, §121102)
Chi	rop	ractic
Chi	1.	ractic Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and
Chi	1.	ractic Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree.
Chi	1. 2.	ractic Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and
Chi	1. 2. 3.	ractic Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program;
Chi	1. 2. 3. 4.	ractic Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part 1, II, III & IV;
_ _ _	1. 2. 3. 4. 5.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part 1, II, III & IV; Pass all other exams as required by the Board (GBAHE); and Possess a current Basic Cardiac Life Support (BCLS) Certification.
_ _ _	1. 2. 3. 4. 5.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part \{, II, III & IV; Pass all other exams as required by the Board (GBAHE); and
_ _ _	1. 2. 3. 4. 5.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part 1, II, III & IV; Pass all other exams as required by the Board (GBAHE); and Possess a current Basic Cardiac Life Support (BCLS) Certification.
_ _ _	1. 2. 3. 4. 5. dua 1a.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part I, II, III & IV; Pass all other exams as required by the Board (GBAHE); and Possess a current Basic Cardiac Life Support (BCLS) Certification. **Re of Foreign School of Chiropractic (Article 11, §121103)** Completion of a minimum of three (3) years pre-professional training at an accredited college or University of that foreign country, Fifty percent (50%) of this training must be in basic sciences;
_ _ _	1. 2. 3. 4. 5. dua 1a. 1b. 2a.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part 1, II, III & IV; Pass all other exams as required by the Board (GBAHE); and Possess a current Basic Cardiac Life Support (BCLS) Certification. **Ref of Foreign School of Chiropractic (Article 11, §121103)* Completion of a minimum of three (3) years pre-professional training at an accredited college or University of that foreign country, Fifty percent (50%) of this training must be in basic sciences; Graduation from an accredited school of chiropractic in which it is located.
_ _ _	1. 2. 3. 4. 5. dua 1a. 1b. 2a.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part 1, II, III & IV; Pass all other exams as required by the Board (GBAHE); and Possess a current Basic Cardiac Life Support (BCLS) Certification. **te of Foreign School of Chiropractic (Article 11, §121103)** Completion of a minimum of three (3) years pre-professional training at an accredited college or University of that foreign country, Fifty percent (50%) of this training must be in basic sciences; Graduation from an accredited school of chiropractic in which it is located. Curriculum at the school of chiropractic must have a minimum period of eight (8) semesters,
_ _ _	1. 2. 3. 4. 5. dua 1a. 1b. 2a.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part I, II, III & IV; Pass all other exams as required by the Board (GBAHE); and Possess a current Basic Cardiac Life Support (BCLS) Certification. **te of Foreign School of Chiropractic (Article 11, §121103)* Completion of a minimum of three (3) years pre-professional training at an accredited college or University of that foreign country, Fifty percent (50%) of this training must be in basic sciences; Graduation from an accredited school of chiropractic in which it is located. Curriculum at the school of chiropractic must have a minimum period of eight (8) semesters, or the equivalent of not less than four thousand two hundred (4,200) credit hours provided that
_ _ _	1. 2. 3. 4. 5. dua 1a. 1b. 2a.	Graduation from an accredited Council of Chiropractic Education (CCE) school or college of chiropractic and received a Doctor of Chiropractic ('D.C.') degree. Satisfactory completion of at least one (1) year of an internship training program; Pass all exams given by the National Board of Chiropractic Examiners (NBCE), Part 1, II, III & IV; Pass all other exams as required by the Board (GBAHE); and Possess a current Basic Cardiac Life Support (BCLS) Certification. **te of Foreign School of Chiropractic (Article 11, §121103)** Completion of a minimum of three (3) years pre-professional training at an accredited college or University of that foreign country, Fifty percent (50%) of this training must be in basic sciences; Graduation from an accredited school of chiropractic in which it is located. Curriculum at the school of chiropractic must have a minimum period of eight (8) semesters,

Health Professional Licensing Office
Department of Public Health & Social Services
194 Hernan Cortez Ave.
Terlaje Prof. Bldg.Ste 213
Hagåtña, GU 96910-5052
Tel: 671-735-7407~12

APPLICATION FORM FOR INITIAL LICENSE

General Instructions:

- a. Please type or print legibly.
- b. Submit a recent (not more than 90 days old) 2" x 2" photograph (signed at back).
- c. Applications for Licensure Form(s) must be notarized. See, 10 GCA § 12824(c).
- d. Attach a signed Authorization for Release of Employment Records.
- e. All FEES paid to the Treasurer of Guam are non-refundable.
 - On-island applicants must pay the applicable fees to the Treasurer of Guam prior to submitting application/renewal form to the Health Professional Licensing Office. Receipt of payment must be attached to this Application Form.
 - 2. Off-Island applicants must pay the applicable fees with a Cashier's check payable to Treasurer of Guam. Attach cashier's check to this completed application and send to HPLO at the address shown above.
- f. The Allied Health Practice Act does not provide for the issuance of temporary or conditional licenses.
- g. Undergraduate and graduate transcripts, certifications, and verification of licensure by other jurisdictions, are to be sent directly from the educational institution and licensing agency to the Board. Copies of transcripts or licenses delivered by the applicant are not acceptable.
- h. Applicants and Licensees are responsible for updating any change in the information provided in their application, in writing, to the Board.

Guam Board of Allied Health Examiners
Health Professional Licensing Office
Department of Public Health & Social Services **194 Hernan Cortez Ave. Terlaje Prof. Bldg. Ste.213 Hagåtña, GU 96910-5052** Tel: 671-735-7407~12

INITIAL LICENSE APPLICATION

Attach Recent 2" X 2" Photo (Not More than 90 Days Old & Signed at back).

A. Date of Application:	By End	orsement	By Examination _	
B. IDENTIFICATION:				
NAME: Last	First	Middle	(<u>)</u>	Maiden)
OTHER NAMES / ALIASES			(
Sex: M F AGE: Date of			_ SECURITY #:	
PHYSICAL ADDRESS:				
MAILING ADDRESS:				
CURRENT PRACTICE / CLINIC ADDRES (Any change of office/clinic/practice addre		rd)		
WORK PHONE: H	OME PHONE: CELL	_ PHONE:	Email:	
		_ PHONE:	Email:	
				ry Therapy (Registered)
C. Discipline for Which You Are Se	eking License:	strator	Respirato	
D. Discipline for Which You Are Se Acupuncture	eeking License: Nursing Home Adminis	strator	Respirato Respirato	ry Therapy (Registered)
C. Discipline for Which You Are Se Acupuncture Audiology	ecking License: Nursing Home Adminis Occupational Therapy	strator	Respirato Respirato Speech La	ry Therapy (Registered) ry Therapy (Certified)
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic	Peking License: Nursing Home Adminis Occupational Therapy Occupational Therapy	strator Assistant	Respirato Respirato Speech La	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic Clinical Psychology	Peking License: Nursing Home Adminis Occupational Therapy Occupational Therapy Physical Therapy	strator Assistant	Respirato Respirato Speech L Nutritionis	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic Clinical Psychology Licensed Mental Health Counselor	Peking License: Nursing Home Adminis Occupational Therapy Occupational Therapy Physical Therapy Assi	strator Assistant	Respirato Respirato Speech L Nutritionis	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian
Audiology Chiropractic Clinical Psychology Licensed Mental Health Counselor Licensed Professional Counselor Marriage & Family Therapist	Peking License: Nursing Home Adminis Occupational Therapy Occupational Therapy Physical Therapy Assi Podiatric Medicine Physician Assistant	strator Assistant istant	Respirato Respirato Speech La Nutritionis Veterinary	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian y Medicine
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic Clinical Psychology Licensed Mental Health Counselor Licensed Professional Counselor	Peking License: Nursing Home Adminis Occupational Therapy Occupational Therapy Physical Therapy Assi Podiatric Medicine Physician Assistant	strator Assistant istant	Respirato Respirato Speech La Nutritionis Veterinary	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian y Medicine educational institution.
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic Clinical Psychology Licensed Mental Health Counselor Licensed Professional Counselor Marriage & Family Therapist D. EDUCATIONAL INFORMATION: Atta	Peking License: Nursing Home Adminis Occupational Therapy Occupational Therapy Physical Therapy Assi Podiatric Medicine Physician Assistant	strator Assistant istant Transcripts must be	Respirato Respirato Speech La Nutritionis Veterinary	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian y Medicine
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic Clinical Psychology Licensed Mental Health Counselor Licensed Professional Counselor Marriage & Family Therapist D. EDUCATIONAL INFORMATION: Atta	Peking License: Nursing Home Administ Occupational Therapy Occupational Therapy Physical Therapy Physical Therapy Assi Podiatric Medicine Physician Assistant ach additional sheets if necessary. Note:	strator Assistant istant Transcripts must be	Respirato Respirato Speech Language Nutritionis Veterinary sent directly from the	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian y Medicine educational institution. Degree/
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic Clinical Psychology Licensed Mental Health Counselor Licensed Professional Counselor Marriage & Family Therapist D. EDUCATIONAL INFORMATION: Atta Educational Information Ad	Peking License: Nursing Home Administ Occupational Therapy Occupational Therapy Physical Therapy Physical Therapy Assi Podiatric Medicine Physician Assistant ach additional sheets if necessary. Note:	strator Assistant istant Transcripts must be	Respirato Respirato Speech Language Nutritionis Veterinary sent directly from the	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian y Medicine educational institution. Degree/
C. Discipline for Which You Are Se Acupuncture Audiology Chiropractic Clinical Psychology Licensed Mental Health Counselor Licensed Professional Counselor Marriage & Family Therapist D. EDUCATIONAL INFORMATION: Atta Educational Information Ad	Peking License: Nursing Home Administ Occupational Therapy Occupational Therapy Physical Therapy Physical Therapy Assi Podiatric Medicine Physician Assistant ach additional sheets if necessary. Note:	strator Assistant istant Transcripts must be	Respirato Respirato Speech Language Nutritionis Veterinary sent directly from the	ry Therapy (Registered) ry Therapy (Certified) anguage Pathology st/Clinical Dietitian y Medicine educational institution. Degree/

GBAHE Initial Application Form Adopted: 07/01/16

Gradua	te School					
Post Gr	aduate Sc	hool				
Field W	ork Experi	ence				
	aduate Tra hip/ Resid					
Others						
E. PROFE	SSIONAL II	NFORMATION:		'		
			es from any state(s), territory or foreign e (active, inactive, suspended, revoked,			
FROM (DATE)	TO (DATE)	STATE, TERRITORY, COUNTRY	TYPE OF LICENSE / LICENSE # / ST	TATUS	REASON FOR LEA	AVING PRACTICE

TO (DATE)	STATE, TERRITORY, COUNTRY	TYPE OF LICENSE / LICENSE # / STATUS	REASON FOR LEAVING PRACTICE

2. **Professional / Work History:** List all places of professional employment since you have been licensed, completed your professional education, or 15 years, whichever is longest. Attach additional sheets if necessary. Initial applicants are required to provide a signed and notarized (otherwise blank) AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS.

FROM (DATE)	TO (DATE)	JOB TITLE	EMPLOYER NAME STREET ADDRESS	CITY, STATE ZIP CODE	TELEPHONE NO.	REASON FOR LEAVING

FROM (DATE)	TO (DATE)	JOB TITLE	EMPLOYER NAME STREET ADDRESS	CITY, STATE ZIP CODE	TELEPHONE NO.	REASON FOR LEAVING

3. Professional Memberships: List current membership in any professional association. (Attach additional sheets if necessary)

FROM (DATE)	TO (DATE)	MEMBERSHIP / ASSOCIATION	LOCATION IF NOT NATIONAL

F. ADDITIONAL PERSONAL INFORMATION:

Detailed Chronological History (required by 10 GCA § 12805(a)(8)): Please provide the addresses and dates of residence since graduation from high school. Attach additional sheets if necessary.

FROM (DATE)	TO (DATE)	PHYSICAL & MAILING ADDRESS
TROW (DATE)	TO (DATE)	THISICAL & WALLING ADDICESS

G. OTHER INFORMATION REQUIRED: Please check answer. If yes to any question, explain *in detail* separately and attach. For questions 1, 3 through 7, and 10, include copies of the complaint or other charging instrument and the final disposition of the matter.

YES	NO	Have you ever been charged, arrested, or convicted of a felony or any other offense involving moral turpitude?
YES	NO	2) Has any state, territory, or foreign country rejected or denied your application for licensure or certification in any profession?
YES	NO	3) Have you ever had a professional license or certificate placed on probationary status, put on restriction, suspended, refused to renew, or revoked by any licensing authority in Guam, or another state, territory, or foreign country?
YES	NO	4) Have you ever been reprimanded, disciplined, or required or asked to surrender a professional license issued by a licensing authority in Guam, another state, territory, or foreign country?
YES	NO	5) Have you ever voluntarily surrendered your license or certificate in any profession in order to avoid disciplinary action by any licensing or regulatory agency in any state, territory, or foreign country?
YES	NO	6) Have you ever been sanctioned or otherwise disciplined by a professional association?
YES	NO	7a) Have you ever been sued for malpractice or other professional liability claim made against you?
YES	NO	7b) Has there been any adverse judgment against you, or settlement by you or made on your behalf as a result of litigation or threatened litigation arising from a professional liability claim against you?
YES	NO	8a) Do you have any medical/physical, mental, or substance-related disorders that may interfere with your ability to competently, Independently, and safely perform the essential functions of your profession? If yes, attach a statement by your primary physician summarizing your limitation.
YES	NO	8b) Are you receiving any ongoing treatment (with or without medication)?
YES	NO	8c) Are you participating in any monitoring program for any of the above?
YES	NO	9) Do you have any outstanding child support, spousal support, alimony or educational loan payment or repayment obligation of 90 days or more in Guam or in any state, territory, or foreign country? See, 5 GCA § 34213.
YES	NO	 a) I am not more than days delinquent in complying with child support order, alimony order or educational loan payment obligations;
YES	NO	 b) I am more than days delinquent in complying with child support order, spousal support order, alimony order or educational loan repayment obligations;
YES	NO	c) I am currently under order for child support, spousal support, alimony or educational loan payment obligations.
YES	NO	10) Have you ever been judged incompetent by a court of law?

I declare under penalty of perjury that the foregoing information is true to the best of my knowledge and belief. I acknowledge that I am responsible for familiarizing myself with Guam law, including but not limited to Title 10 Guam Code Annotated, Chapter 12, Article 8 and my profession's article, and for notifying the GBAHE within thirty (30) days if any information provided in herein should change.

					DATE:			
	SIGNATURE (OF APPLICAN	Т		_			
TO BE SWORN TO OR	AFFIRMED BEFO	RE AN OFFICIA	AL AUTHORIZI	ED TO AD	MINISTER (DATHS		
		, being dul	y sworn, says	that he	or she is tl	ne person	referred to	in the
foregoing application and that the	e statements made	therein are true.						
Subscribed and Sworn	to Before Me this	day of	, 20					
		NOT	ARY PUBLIC:					

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

Employee's Name:	
Date of Birth:	Social Security No
TO:	(to be completed by GBAHE)
licensure before the Guan as a present or former en	tified above and whose signature appears below has filed an application for Board of Allied Health Examiners. You have been identified by this individual ployer. By copy of this Authorization for Release of Employment Records,
upon request, and furnish	
	Allied Health Examiners, their agents, representatives, and attorneys, dential personnel files, regarding this individual's employment with your
A facsimile, photo release the records herein	copy, or scanned image of this authorization shall also authorize you to
l declare under pe	alty of perjury that the foregoing is true and correct.
	Signature of Employee (Date)
	Print or Type Name



194 Hernan Cortez Ave. Terlaje Prof. Bldg., Ste.213 Hagåtña, GUAM 96910-5052

CERTIFICATE OF EDUCATION

THE APPLICANT BELOW IS APPLYING FOR A LICENSE TO PRACTICE IN GUAM. PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN **DIRECTLY** TO THE BOARD OF ALLIED HEALTH EXAMINERS AT THE ADDRESS ABOVE.

CURRENT NAME:(Last Nam			
(Last Nam	ne) (First Nar	ame) (Middle)	
PREVIOUS NAME USED:		(First Name) (Middle)	
SOCIAL SECURITY NO.:		()	
SOURL SEGURITINO			
. AREA OF SPECIALTY/PROFESSION:	-		
Acupuncture	Marriage & Family Therapist		
Audiology	Nursing Home Administrator		
Chiropractic	Nutritionist/Clinical Dietitian	Respiratory Therapy (Certified)	
Clinical Psychology	Occupational Therapy	Respiratory Therapy (Registered)	
Euthanasia Technician (Certified)	Occupational Therapy Assistar	ant Speech Language Asst (Registered)	
Licensed Mental Health Counselor	Physical Therapy	Speech Language Pathology	
Licensed Professional Counselor	Physical Therapy Assistant	Veterinary Medicine	
HEREBY AUTHORIZE RELEASE OF A CO	PY OF MY ACADEMIC RECORD T	TO THE BOARD	
HEREBI NOTHORIZE RELEASE OF A CC	of the metaldeline record i	TO THE BOTHED	
SIGNATURE OF APPLIC		DATE	
		5.11.2	
RT B – TO BE COMPLETED BY THE SCI	HOOL ADMINISTRATOR: Indica	cate (X) where applicable.	
. NAME OF APPLICANT:			_
(Las	st Name) (First Nar	ame) (Middle)	
. NAME AND ADDRESS OF			
COLLEGE/UNIVERSITY:	(N	(Name)	
			_
. WAS THE SCHOOL BOARD-APPRO ENROLLMENT? () YES () NO IF YES, BY WHOM:		AGENCY-APPROVED DURING THE APPL	ICAN
. THE APPLICANT ENTERED THE EL		AND COMPLETED MON'	THS
. NUMBER OF THEORY HOURS	: NUMBER OF SUPERVISE	ED CLINICAL/FIELDWORK HOURS	
. WAS APPLICANT A GRADUATE FRO	M HIGH SCHOOL?Y	YESNO; EQUIVALENT	_
. ATTACHED IS THE OFFICIAL COPY O	OF APPLICANT'S TRANSCRIPT.		
SEAL	SIGNATI	TURE:	
OF			
SCHOOL		AME:	
	TIT	ITLE:	
	7.4)ATF:	



194 Hernan Cortez Ave. Terlaje Prof. Bldg., Ste.213 Hagåtña, GUAM 96910-5052

VERIFICATION OF INTERNSHIP

THE APPLICANT BELOW IS APPLYING FOR A LICENSE TO PRACTICE IN GUAM. PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN **DIRECTLY** TO THE BOARD OF ALLIED HEALTH EXAMINERS AT THE ADDRESS ABOVE.

	Γ A – TO BE COMPLETED BY AI				
	CURRENT NAME:	ast Name)	(First Name)	(Midd	le)
	PREVIOUS NAME USED:	(Last Name)	(First Name)	(1	Middle)
	AREA OF SPECIALTY/PROFESS	SION:			
	EREBY AUTHORIZE RELEASE O COMPLETION OF THE INTERNS		THE GUAM BOARD OF ALLIED	HEALTH EXAMI	NERS RELATIVE TO
	SIGNATURE OF A			DATE	
R	Г В – TO BE COMPLETED BY TH	HE INSTITUTION:			
1.	NAME OF APPLICANT:				(111)
	NAME OF INSTITUTION			•	iddle)
3.					
э.	ADDRESS OF INSTITUTION ON		(Street or PO Box #)		
		(City)	(State)		(Zip Code)
4.	THE ABOVE NAMES APPLICAN	T SERVED HIS/HER IN	NTERNSHIP PROGRAM FROM _	7	0
	FOR A TOTAL OF			(Date)	(Date)
5.	THIS APPLICANT WAS SUPERV	VISED BY:			
		(Name of	f Supervisor) (Profe	ssion/Specialty)	(License No.)
6.	DURING THIS PERIOD SAID AP	PLICANT'S PERFORM			l complaints in on separate shee
CCU	TTIFY UNDER PENALTY OF PER BRACY OF STATEMENTS, ANSW ING LICENSE TO PRACTICE IN C	'ERS AND REPRESEN'			
			SIGNATURE:		
	SEAL		NAME:		
	SEAL		TITLE:		
			111 BE.		



194 Hernan Cortez Ave. Terlaje Prof. Bldg., Ste.213 Hagåtña, GUAM 96910-5052

ENDORSEMENT VERIFICATION

PART A - INSTRUCTIONS

- 1. Applicant completed Part B. Type or Print.
- 2. Send this form to your state of original licensure (include required processing fee).
- 3. Your state of original licensure will return this form **directly** to the address above.

PART B - TO BE COMPLETED BY APPLICANT:

1.	CURRENT NAME:(Last				
	(Last	Name)	(First Name)		(Middle)
2.	NAME AS IT APPEARS ON ORIGI	NAL LICENSE:			
	(Last Name)		(First Name)		(Middle)
3.	AREA OF SPECIALTY/PROFESSI	ON:			
4.	DATE OF BIRTH:	_ PLACE OF BIR	RTH:	SSN:	
5.	CURRENT ADDRESS:				
	CURRENT ADDRESS:(Street or P	O Box #)	(City)	(State)	(Zip Code)
6.	LICENSE INFORMATION: Sate	of Original Licens	e:		
	Original License No.:		Date Issued: _		
EX	AMINERS THE REQUESTED INFO		INED IN PART C.		
	SIGNATURE OF AP	PLICANT		DAT	TE .
PAR'	T C – TO BE COMPLETED BY LIC	ENSING AUTHOR	ITY.		
1.	Original License to Practice as: _		Expi	ration Date: _	
	L	icense No.:	Da	te Issued:	
	Li	icense Status:	Active Inactiv	e Years La	psed:
2.	License By: Examination	n Endor	sement		
3.	Was the license ever encumbered	ed in any way, rev	oked, suspended, suri	rendered, rest	ricted, limited, or
	placed on probation?	_Yes No	o If yes, please explai	n on a separat	e sheet.

PLEASE CONTINUE ON OTHER SIDE

GBAHE-6 (Rev. 07/2016) Page **1** of **2**

194 Hernan Cortez Ave. Terlaje Prof. Bldg., Ste.213 Hagåtña, GUAM 96910-5052 (Endorsement Verification cont'd)

4.	Name of School:					
	Address:					
		(Street or PO Box #)	(City)	(State)	(Zip Code)	
	Type of Program:	Associates Degree	Baccalaureate	D	octorate	
		Diploma	Masters in:			
5.	Major/Minor:		Date of Gi	raduation:		
6.		proved or accredited at the ti m:			No	
	BOARD SEAL		I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE, AND ATTEST TO THE TRUTH AND ACCURACY OF STATEMENTS ANSWES AND REPRESENTATIONS MADE IN SUPPORT OF THE ABOVE NAMED APPLICANT SEEKING LICENSE TO PRACTICE IN GUAM.			
			Name and Title of Certifying Person			
			Signature			
			Name of State			
			 Date			

GBAHE-6 (Rev. 07/2016) Page **2** of **2**



194 Hernan Cortez Avenue Terlaje Professional Building, Suite 213 Hagåtña, Guam 96910-5052

RECORD OF PAYMENT

Name on O License #: III. FEE: Fees 1. Ac 2. Ac 3. Cr 4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M 11. M 12. Oc 13. Oc 14. Pr 15. Pr 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nr 22. Nr 23. Cl	rion of Licensure: If you are requesting verification of License: Signature: Signature: paid are NON-REFUNDABLE. Make check or modulogy. propractic	oney order payable to TREASUR		Biennial Application\$250\$250\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150
License #: 1. Ac 2. Ac 3. Ch 4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M 11. M 12. Oc 13. Oc 14. Ph 15. Ph 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nn 22. Nn 23. Cl	paid are NON-REFUNDABLE. Make check or mo upuncture and Oriental Medicine	oney order payable to TREASUR		Biennial Application\$250\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150
1. Ac 2. Ac 3. Cr 4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M 11. M 12. Oc 13. Oc 14. Pr 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Ne 22. Ne 23. Cl	paid are NON-REFUNDABLE. Make check or modulogy	oney order payable to TREASUR	RER OF GUAM. Initial Application\$350\$250\$350\$350\$200\$200\$200\$200\$300\$200\$300\$200\$200\$300\$200\$200\$200\$300\$200\$200\$200	Biennial Application\$250\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150
1. Ac 2. Au 3. Ch 4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M. 11. M. 12. Oc 13. Oc 14. Ph 15. Ph 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nu 22. Nu 23. Cl	upuncture and Oriental Medicine diology iropractic		Initial Application\$350	Application\$250\$250\$250\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150
2. Au 3. Cr 4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M. 11. M. 12. Oc 13. Oc 14. Pr 15. Pr 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nr 22. Nr 23. Cl	diology		Application\$350 \$250\$350 \$350 \$200	Application\$250\$250\$250\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150
2. Au 3. Cr 4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M 11. M 12. Oc 13. Oc 14. Pr 15. Pr 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nu 22. Nu 23. Cl	diology		\$250\$350\$350\$200\$200\$300\$200\$200\$200\$200\$200\$200\$200\$200\$200\$200\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200	\$200\$250\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$150\$250\$100\$250
3. Ch 4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M. 11. M. 12. Oc 13. Oc 14. Ph 15. Ph 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Ni 22. Ni 23. Cl	iropractic		\$350\$350\$350\$200\$200\$300\$200\$250\$200\$250\$200\$250\$200\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300\$200\$300	\$250\$250\$150\$200\$150\$250\$150\$250\$150\$250\$150\$250\$100\$250\$100\$250
4. Cl 5. Ps 6. Li 7. Li 8. Li 9. Li 10. M. 11. M. 12. Oc 13. Oc 14. Pf 15. Pf 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nt 22. Nt 23. Cl	nical Psychology		\$350\$200\$250\$200\$300\$200\$250\$200\$200\$250\$200\$200\$200\$300\$200\$300\$200\$300\$200\$300\$200\$200	\$250\$150\$200\$150\$250\$150\$250\$150\$250\$100\$250\$100\$250
5. Ps 6. Li 7. Li 8. Li 9. Li 10. M. 11. M. 12. Oc 13. Oc 14. Pf 15. Pf 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nt 22. Nt 23. Cl	ychology Associate		\$200\$250\$250\$200\$300\$200\$250\$250\$250\$250\$200\$300\$200\$300\$200\$200\$200\$200\$200\$200\$200\$200\$200\$200\$200\$200\$300	\$150\$200\$150\$250\$150\$250\$150\$250\$100\$250\$100\$250
6. Li 7. Li 8. Li 9. Li 10. M 11. M 12. Oc 13. Oc 14. P 15. P 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Ni 22. Ni 23. Cl	rensed Professional Counselor		\$250\$200\$300\$200\$200\$250\$250\$200\$300\$200\$300\$200\$300\$200\$200\$200\$200\$200\$200\$200\$200\$200\$300	\$200\$150\$250\$150\$250\$150\$150\$200\$100\$250\$100\$250
7. Li 8. Li 9. Li 10. M 11. M 12. Oc 13. Oc 14. P 15. P 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Ne 22. Ne 23. Cl	rensed Professional Counselor Intern		\$200\$300\$200\$300\$200\$250\$250\$300\$300\$300\$300\$200\$200\$200\$300	\$150\$250\$150\$150\$250\$150\$200\$100\$250\$250
8. Li 9. Li 10. M 11. M 12. Oc 13. Oc 14. P 15. P 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nn 22. Nn 23. Cl	rensed Mental Health Counselor		\$300 \$200 \$200 \$200 \$250 \$200 \$300 \$300 \$200 \$200	\$250\$150\$250\$150\$200\$100\$250\$250
9. Li 10. M. 11. M. 12. Oc 13. Oc 14. Pr 15. Pr 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nr 22. Nr 23. Cl	tensed Mental Health Counselor Intern		\$200\$300\$200\$250\$200\$300\$300\$300\$200\$200\$300\$200	\$150\$250\$150\$200\$100\$250\$250
10. M. 11. M. 12. Oc 13. Oc 14. Pr 15. Pr 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nr 22. Nr 23. Cl	rriage and Family Therapist		\$300\$200\$250\$200\$300\$300\$300\$200\$300	\$250 \$150 \$200 \$100 \$250 \$100
11. M. 12. Oc 13. Oc 14. Pr 15. Pr 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nr 22. Nr 23. Cl	nriage and Family Therapist Intern		\$200 \$250 \$200 \$300 \$200 \$200 \$300	\$150 \$200 \$100 \$250 \$100
12. Oc 13. Oc 14. Pl 15. Pl 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Ni 22. Ni 23. Cl	cupational Therapist		\$250 \$200 \$300 \$200 \$300 \$200	\$200 \$100 \$250 \$100 \$250
13. OG 14. PI 15. PI 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Ni 22. Ni 23. Cl	cupational Therapist Assistant ysical Therapy ysical Therapy Assistant eech-Language Pathologist eech-Language Assistant spiratory Therapist rtified Respiratory Therapist		\$200 \$300 \$200 \$300	\$100 \$250 \$100 \$250
14. Ph 15. Ph 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Ni 22. Ni 23. Cl	ysical Therapy ysical Therapy Assistanteech-Language Pathologisteech-Language Assistantspiratory Therapistspiratory Therapistspiratory Therapist		\$300 \$200 \$300 \$200	\$250 \$100 \$250
15. Ph 16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. Nt 22. Nt 23. Cl	ysical Therapy Assistanteech-Language Pathologisteech-Language Assistanteech-Language Assistantspiratory Therapistspiratory Therapist		\$200 \$300 \$200	\$100 \$250
16. Sp 17. Sp 18. Re 19. Ce 20. Ve 21. No 22. No 23. Cl	eech-Language Pathologisteech-Language Assistantspiratory Therapistspiratory Therapist		\$300 \$200	\$250
17. Sp 18. Re 19. Ce 20. Ve 21. Ni 22. Ni 23. Cl	eech-Language Assistantspiratory Therapistrtified Respiratory Therapist		\$200	
18. Re 19. Ce 20. Ve 21. Nu 22. Nu 23. Cl	spiratory Therapistrtified Respiratory Therapist			
20. Ve 21. Nu 22. Nu 23. Cl			\$250	
21. Nu 22. Nu 23. Cl	terinary Medicine		\$200	\$100
22. Nu 23. Cl				
23. Cl	rsing Home Administrator			
	tritionist			
	nical Dietician			
	thanasia Technician (Annual)			
	aminations When Required by Law or Rule			
	plication for Prescriptive Authority			
	te Renewal Penalty (Up to One Year)			
	te Renewal Penalty (One Year and a Day to Two Y			
	te Renewal Penalty (Two Years and a Day to Thre	,		
	te Renewal Penalty (Three Years and a Day to For			
	me Change Certificate Requestplacement (Lost) Identification Card			
	instatement of Suspended License			
	tition for Reinstatement of Expired License			
	tition for Reinstatement of Revoked License			
	rification of Guam License (Certificate of Good St			
	active License			
	turned Check Fee		(, ,	
	her (Balance)			
E: Please make a c	opy for Treasurer of Guam and return this origin please enclose this form with your application a	nal Form to HPLO/GBAHE with y	your receipt of payı	ment. For off-island