



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR DENTISTRY
194 Hernan Cortez Avenue Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910
Website: <https://guamhplo.org>
Contact No. (671) 735-7404-12

July 25, 2024

Dear Doctor:

The enclosed forms and instructions are for your review and application for licensure to practice dentistry on Guam.

The Guam Board of Examiners for Dentistry (GBED) meets on the third Wednesday of each month. Completed applications must be filed with the Health Professional Licensing Office (HPLO) a minimum of sixty (60) days prior to the date of examination, to include the report from the B&B Reporting Inc. You may click on the link below to submit application to run a background check.

https://bandbreporting.bgsecured.com/c/p/unsolicited_portal?guid=9wGSWFfby5WNIN0sM9jBgvZ2UNNmKpoo

The clinical examination is scheduled twice a year in the months of August and February. Dates of the examination are available from the Board Office Secretary. The Board's written Jurisprudence Examination must be successfully completed to qualify for an oral examination and interview. Arrangements for the Jurisprudence Examination, Oral Examination and Interview are also made through the Board Office Secretary at the following address:

Guam Board of Examiners for Dentistry
194 Hernan Cortez Avenue,
Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910
Phone: (671) 735-7404-12
Email: jennifer.bruan@dphss.guam.gov

It is the responsibility of each applicant to ensure that the GBED Office Secretary receives all necessary documents. The application is considered incomplete until all necessary documents are received by the GBED Office Secretary and all applicable fees have been paid.

In making application for licensure as a Dentist, the applicant authorizes the GBED to verify any or all information contained in the application and/or seek whatever additional information pertinent to the applicant's qualifications or character that it may deem proper.


ANTONIO RAPADAS, DDS
Chairperson



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APPLICATION REQUIREMENTS FOR DENTAL LICENSURE

1. The applicant must be of good moral character.
2. The applicant must present to the Guam Board of Examiners for Dentistry (GBED) a notarized copy of the applicant's diploma, or evidence satisfactory to the Board, of a graduation from a U.S. dental school or college which has been approved by the GBED and accredited by the American Dental Association (ADA); OR if a foreign dental graduate, applicant must present evidence of satisfactory completion of either a two (2) year dental residency through a U.S. accredited hospital or university or certified completion of an American Dental Association (ADA) accredited dental specialty training program.
3. All applicants, including foreign dental graduates, must demonstrate to the Board that they have successfully passed a clinical dental examination in one of the fifty (50) states.
4. If an applicant has practiced in any U.S. jurisdiction(s), the applicant shall furnish:
 - a. A notarized copy of the applicant's license(s) to practice Dentistry in that jurisdiction, and
 - b. An affidavit from the Board(s) Dental Examiners verifying that applicant has been engaged in the legal and reputable practice of dentistry in that jurisdiction and for how many years.
5. A detailed "Practice Plan" stating the type of practice applicant will establish, where this practice will be conducted, and in what way the practice will benefit the community and meet a need in the dental care delivery system.
6. If the applicant is applying for dental license on Guam for the first time, he must have passed Part I and Part II of the National Board of Dental Examiners examination as evidence by a notarized copy of the results of the examination.
7. Successful completion of a Jurisprudence written examination will be required of all applicants for dental licensure in the territory of Guam. The purpose of such examination is to ensure that practicing dentists in the territory are familiar with the regulations and laws governing their practice. The GBED or its representative, will administer the necessary examination, and score of seventy-five (75%) will be required to pass the examination. The examination shall be successfully completed prior to the date of the Oral Examination and Interview.
8. Payment of required non-refundable fee:
 - a. Application Fee \$500.00
 - b. Clinical Examination Fee \$2,000.00
9. Successful completion of a Clinical Examination of the applicant's diagnostic and clinical skills, at the discretion of the GBED. The Clinical is given twice a year in the months of February and August. Dates may be obtained by the Board Office Secretary.
10. The applicant must successfully pass an Oral Examination and Interview with the Board.



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DOCUMENTS REQUIRED FOR DENTAL APPLICATION

1. Notarized copy of diploma.
2. Notarized copy(s) of Dental license(s) to practice in a state, U.S. territory or foreign country.
3. Notarized copy of Part I and Part II of National Board of Dental Examiners examination.
4. If a foreign graduate, a notarized certificate proving that you have satisfactorily completed a two (2) year dental residency through a U.S. accredited hospital or university of certified completion of an American Dental Association (ADA) accredited dental specialty training program.
5. A detailed “Practice Plan” which bears the applicant’s signature.
6. A certified copy of the transcript from the applicant’s Dental School.
7. The applicant must submit proof that he has attended a total of sixty-five (65) credit unit hours of Continuing Education. If the applicant has graduated from dental school within the past twenty-four (24) months this requirement will be prorated by the Board.
8. Sworn affidavit(s) from the applicant’s Secretary of Board of Dental Examiners that he has been in the legal and reputable practice of Dentistry and for what period of time. The Board requests this of all jurisdictions in which the applicant practiced dentistry.
9. A completed questionnaire on moral character and fitness of the applicants.
10. A notarized copy of the photograph and information page of your valid passport.
11. Signed copy of Release of Liability.

Notarization of Documents:

1. Add to or type on the copy of each document the following statement.

“I certify this documents to be true and unaltered copy of the original.”

2. Have a Notary witness your signature under this statement with the appropriate seal and/or documentation.



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APPLICATION FOR DENTAL LICENSURE

2" X 2" Photo

Photo must be signed
and dated on the back

Name (Print)	Age	Gender
Date of Birth	Place of Birth	
Mailing Address		
Residence Address		
Email Address		Social Security No.
Cell Phone No.	Home Phone No.	Work Phone No.

EDUCATION:

	DATE	DEGREE
HIGH SCHOOL		
COLLEGE/UNI		
DENTAL		
POST GRADUATE		

PROFESSIONAL EXPERIENCE:

FROM	TO	LOCATION	TYPE OF PRACTICE	REASON FOR LEAVING

List all jurisdictions in which you are licensed to practice dentistry. Give statement regarding any disciplinary actions or investigations on a separate sheet.

MEMBERSHIPS AND PROFESSIONAL ACTIVITY

Membership in ADA _____ Specialty Organization Membership _____
 Local Dental Societies _____ Other Professional Organizations _____

In making application for licensure as a Dentist, I authorize the GBED to verify any or all information pertinent to my qualifications or character that it may deem proper. I certify under penalty of perjury, to the truth and accuracy of all statements, answers and representation made.

 Signature _____
 Date



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CERTIFICATION OF DENTAL EDUCATION

The applicant below is applying for licensure to practice dentistry in the territory of Guam. Please supply the following information and an official copy of the applicant's transcript and return directly to the Guam Board of Examiners for Dentistry at the address: 194 Hernan Cortez Avenue, Terlaje Professional Building, Suite 213, Hagatna, Guam 96910.

TO BE COMPLETED BY THE APPLICANT

Legal Name: _____
Last First Middle

Previous Name Used: _____
Last First Middle

Social Security Number Date of Birth

TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR

Applicant's Name: _____
Last First Middle

Maiden Name/ Other Name: _____
Last First Middle

School of Dentistry

Address

1. Was the Dental School of Graduate training program approved by the ADA at the time of the applicant's enrollment? _____
2. If a foreign Dental school, by what agency was the dental raining program approved?

3. The applicant was enrolled in the training program from _____ to _____.
4. Number of Theory Hours: _____ Number of Clinical Hours: _____
5. Grade Point Average: _____ Class Rank: _____
6. Attached is an Official copy of the applicant's Transcript.

Name of Verifier Title

PLACE FOR OFFICIAL SEAL _____
Signature Date



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VERIFICATION OF DENTAL LICENSURE

INSTRUCTIONS

1. Applicant completes top part of this form in block letters or type.
2. Send a copy of this form to all jurisdictions in which you have been licensed to practice dentistry.
3. The licensure Boards will return this form directly to the Guam Board of Examiners for Dentistry.

TO BE COMPLETED BY THE APPLICANT

Legal Name: _____
Last First Middle

Address: _____

License Information

State	License Number	Date Issued

I hereby authorize the licensing authority to furnish the Guam Board of Examiners for Dentistry the requested information.

 Signature of Applicant _____
Date

TO BE COMPLETED BY THE BOARD ADMINISTRATOR

1. License Number: _____ Date Issued: _____
2. License Status: _____ Active _____ Inactive _____ Lapsed
3. Date of Expiration: _____
4. Was this license ever encumbered in any way? (revoked, suspended, surrendered, restricted, limited or placed on probation)
 _____ No _____ Yes. If yes, please provide information on a separate sheet.
5. Are any investigations or disciplinary actions in progress for this licensee? ___ Yes ___ No

 Name of Verifier _____
Title

**PLACE FOR
OFFICIAL SEAL**

 Signature _____
Date



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CONTINUING DENTAL EDUCATION (CDE) REQUIREMENTS

In compliance with Public Law 16-123, its revisions, and the Rules and Regulations of the Guam Board of Examiners for Dentistry, all persons applying for initial dental licensure or renewal of dental license issued by the Board must verify their Continuing Dental Education credits to the Board. The minimum number of credits required for each **twenty-four (24) months period is sixty-five (65) hours.**

Category I Continuing Education Credits are credits earned through attendance at State, National, and International dental meetings, Continuing Education courses accredited by the American Dental Association, and other CDE activities approved in advance by the GBED. The GBED will determine the CDE credits earned for these other CDE activities.

Category II Continuing Education Credits are credits earned by attendance at regularly scheduled monthly meetings of the Guam Dental Society only. Two (2) CDE credits will be awarded for each Guam Dental Society meeting attended.

NEW APPLICANTS

A new applicant must provide proof that they have attended a total of sixty-five (65) credit hours of **Category I** Continuing Education credits within the previous twenty-four (24) months. In the case of an applicant who graduated from a dental training program with the previous twenty-four (24) months, the GBED will prorate the above Continuing Dental Education requirement.



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QUESTIONNAIRE ON MORAL FITNESS AND CHARACTER

Please indicate **YES** or **NO** and **Initial**

All **Yes** answers to the following questions must be accompanied by a written statement with dates explaining the circumstances and must be acceptable to the Guam Board of Examiners for Dentistry (GBED).

		YES	NO	INITIAL
1.	Has any jurisdiction of the United States, Territory or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a professional license you held?			
2.	Are there any charges or an investigation currently pending relative to your dental license in any state or territory?			
3.	Have you been charged, convicted, found guilty of a felony or misdemeanor or been found guilty of a crime, except for minor traffic violations, under the laws of any state, territory or foreign country?			
4.	Has any disciplinary action been taken against you by a government agency, law enforcement agency, any peer review body, health-care institution, or professional dental society regarding your clinical or ethical performance as a dentist in any state, territory or other nation?			
5.	Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished or subject to other disciplinary or probationary conditions?			
6.	Have you ever voluntarily surrendered a license issued to you by any professional licensing agency or limited your license to practice dentistry in any state or territory?			
7.	Have you ever entered into any stipulated agreement with any licensing or regulatory agency?			
8.	Have you been denied a narcotic license, charged or convicted of any violation of Federal, state, or territorial narcotic laws, or had a narcotic license restricted or asked to surrender it?			
9.	Have your staff privileges at any hospital or health-care institution been denied, reduced or removed, or have been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a dentist?			
10.	Have you voluntarily resigned or limited your staff privileges at any hospital or health-care institution while under formal or informal investigation by the institution or a committee thereof?			
11.	Have you voluntarily resigned or withdrawn from a national state, or country dental society, association or organization while under formal or informal investigation by the body?			



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Questionnaire Continued.

		YES	NO	INITIAL
12.	Are there any malpractice claims/complaints and/or any professional liability suits in process/pending against you?			
13.	Have any judgments been entered against you resulting from your practice of dentistry?			
14.	Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?			
15.	Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?			
16.	Have you had or do you have any pending liability judgments, or out-of-court settlements relating to your practice of dentistry?			
17.	Are you addicted to the use of controlled substances, narcotics, barbiturates, or any other drugs?			
18.	Are you an alcoholic or do you use alcohol in any habitual manner that could affect your performance as a dentist?			
19.	Do you presently have any physical or mental health condition that could affect your ability to practice the profession of dentistry?			
20.	Since your last dental license renewal, have you been hospitalized or received any type of institutional care?			
21.	Have you failed to perform any statutory or legal obligation imposed upon you?			

Under penalty of perjury, if a license is granted by this Board, it will be based in part on the truth to the questions and of any statements contained herein, which, if false, may constitute grounds for denial, suspension or revocation of your license to practice dentistry on Guam.

Print Name

Signature

Date



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RELEASE OF LIABILITY

In consideration for the evaluation, or re-evaluation of my application, credentials and qualifications for the purpose of licensure or certification in the territory of Guam, I hereby consent to the release of the following information to the Guam Board of Examiners for Dentistry (GBED).

1. Any and all information received from or held by administrators and members of the staff of institutions or dental licensing agencies.
2. Any and all documents held at other institutions that may be pertinent to the evaluation or re-evaluation of my ability or qualifications to provide dental services.
3. Any and all information received from or held by my past and present malpractice insurance carriers with respect to my malpractice claims.
4. Any and all information held by attorneys who have represented me or my insurance carrier in my malpractice claims.

In consideration for the evaluation, or re-evaluation, of my application, credentials and qualifications for the purpose of licensure or certification, I hereby release from liability the Guam Board of Examiners for Dentistry (GBED) who have received information and release from liability all individuals and organizations who may provide information to the GBED, in connection with the evaluation or re-evaluation of my application.

In making application for licensure or certification, I authorize the GBED to verify or request any or all information pertinent to my qualifications or character that it may deem proper.

I agree that a photocopy of this release shall have the same force and effect as the original and may be sent to each individual and institution from whom information is requested.

Print Name

Signature

Date



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RECORD OF PAYMENT

I. IDENTIFICATION:

Name: _____
Last First Middle
 Gender: M / F Date of Birth: _____ Place of Birth: _____
 Mailing Address: _____
 Email Address: _____ Contact No.: _____
 Name of Dental Practice/Business: _____
 Address: _____
 Work Phone: _____ Work Email: _____
 Supervising Dentist: _____ Applicant's Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Please print the complete name used in original license and your SS number.

Name: _____ Social Security No.: _____

III. FEES: Please make all checks or money orders payable to **TREASURER OF GUAM**. *Online payments* can be made at <https://guamhplo.org/gbed/pay> (additional 5% convenience fee). All fees are **NON-REFUNDABLE**.

Please check your request (s):

DENTIST:

<input type="checkbox"/>	Clinical Examination Fee	\$2,000.00
<input type="checkbox"/>	Dental License NEW Applicant Fee	\$500.00
<input type="checkbox"/>	Dental License RENEWAL Application Fee	\$200.00
<input type="checkbox"/>	Late FEE filing for Dental License renewal application (PER MONTH) after August 31 st	\$200.00
<input type="checkbox"/>	License Verification	\$25.00
<input type="checkbox"/>	Re-Issuance of License Certificate	\$50.00
<input type="checkbox"/>	Copy of Guam Dental Practice Act (https://www.guamcourts.org/CompilerofLaws/GCA/10gca/10gc012.PDF) p.143-163	\$20.00
<input type="checkbox"/>	Copy of GBED Rules and Regulations (https://www.guamcourts.org/CompilerofLaws/GAR/25GAR/25GAR001-8.pdf)	\$20.00
<input type="checkbox"/>	Photocopy (per page)	\$0.50
<input type="checkbox"/>	Specialty License New Application Fee	\$200.00
<input type="checkbox"/>	Specialty License Renewal Application Fee	\$100.00
<input type="checkbox"/>	New Application for Use of Permit for Analgesia, Sedation & General Anesthesia	\$100.00
<input type="checkbox"/>	Renewal for Use of Permit for Analgesia, Sedation & General Anesthesia	\$20.00

HYGIENISTS:

<input type="checkbox"/>	Dental Hygiene License NEW Applicant Fee	\$100.00
<input type="checkbox"/>	Dental Hygiene License RENEWAL Applicant Fee	\$50.00
<input type="checkbox"/>	Late Fee for Dental Hygiene License Renewal after September 30 th	\$50.00
<input type="checkbox"/>	NEW Application for Permit to Administer Local Anesthesia	\$50.00
<input type="checkbox"/>	RENEWAL of Permit to Administer Local Anesthesia	\$50.00

ANCILLARY DENTAL PERSONNEL: Dental Auxiliary Dental Assistant Dental Lab Tech

<input type="checkbox"/>	Dental Ancillary Personnel NEW Registration Fee	\$50.00
<input type="checkbox"/>	Dental Ancillary Personnel RENEWAL Registration Fee	\$30.00
<input type="checkbox"/>	Late FEE for Dental Ancillary Personnel Renewal of Registration after September 30 th	\$50.00

FOR OFFICE USE ONLY: Payment Check Money Order Cash Credit Card

Field Receipt No.: _____ **Date Paid:** _____ **Account No.:** 324156342