



Guam Board of Allied Health Examiners

Department of Public Health & Social Services
194 Hernan Cortez Avenue, Terlaje Building, Suite 213, Hagatna, GU 96910

CHANGE OF SUPERVISOR FORM

Licensees must use this form to notify the Board of any addition and/or termination regarding supervisors or practice sites. Completed forms may be submitted via email to hplo@dphss.guam.gov or by mail to Health Professional Licensing Office (HPLO) at the address above.

TYPE OF CHANGE. Check all applicable boxes.

Add a new supervisor Termination of a previous supervisor

Section 1. Application Information

Applicant's Full Legal Name: _____

Specialty: _____ License No: _____ Issuance Date: _____

Email Address: _____ Contact No: _____

Section 2. Supervisor Update

PART A: TERMINATION OF SUPERVISOR. Complete this section if you are removing a supervisor.

Current Supervisor: _____

Specialty: _____ License No: _____ Issuance Date: _____

Email Address: _____ Contact No: _____

I am requesting to remove the above-named supervisor.

Applicant's Signature: _____ Date: _____

PART B. ADDITION OF NEW SUPERVISOR. Complete this section if you are adding a supervisor.

New Supervisor: _____

Specialty: _____ License No: _____ Issuance Date: _____

Email Address: _____ Contact No.: _____

Practice Name and address: _____

I am requesting to add the above-named supervisor. I understand no supervision may begin until this new supervisor is approved by the Board.



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Section 3. Supervisor Attestation

I, _____, certify that I hold an active license in the Territory of Guam to practice as a _____ . I have read the laws and regulations governing the supervision of the applicant named above. I agree to provide the required level of supervision as mandated by GBAHE regulations and will notify the Board immediately upon the termination of this supervisory relationship.

Supervisor's Signature: _____ **Date:** _____

Section 4. Applicant Attestation

I certify that the information provided is true and correct. I understand that I may not practice my profession without the required supervision as defined by P.L. 37-142 §10407(d)(1).

Applicant's Signature: _____ **Date:** _____

FOR GUAM BOARD OF ALLIED HEALTH EXAMINERS OFFICIAL USE ONLY

___ APPROVED ___ DISAPPROVED

GBAHE Board Member Signature: _____ Date: _____