



# Guam Board of Allied Health Examiners

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

## RECORD OF PAYMENT

**I. IDENTIFICATION:**

Name: \_\_\_\_\_  
(Last Name)
(First Name)
(M.I.)

**II. VERIFICATION OF LICENSURE:** If you are requesting verification, please print your complete name used on your original Guam License.

Name on Original License: \_\_\_\_\_  
 License #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. FEE:** Fees paid are **NON-REFUNDABLE**. Make check or money order payable to **TREASURER OF GUAM**.

		<b>Initial Application</b>	<b>Biennial Application</b>
1.	Acupuncture and Oriental Medicine .....	\$350	\$250
2.	Audiology .....	\$250	\$200
3.	Chiropractic .....	\$350	\$250
4.	Clinical Psychology .....	\$350	\$250
5.	Psychology Associate .....	\$200	\$150
6.	Licensed Professional Counselor .....	\$250	\$200
7.	Licensed Professional Counselor Intern .....	\$200	\$150
8.	Licensed Mental Health Counselor .....	\$300	\$250
9.	Licensed Mental Health Counselor Intern .....	\$200	\$150
10.	Marriage and Family Therapist .....	\$300	\$250
11.	Marriage and Family Therapist Intern .....	\$200	\$150
12.	Occupational Therapist .....	\$250	\$200
13.	Occupational Therapist Assistant .....	\$200	\$100
14.	Physical Therapy .....	\$300	\$250
15.	Physical Therapy Assistant .....	\$200	\$100
16.	Speech-Language Pathologist .....	\$300	\$250
17.	Speech-Language Assistant .....	\$200	\$150
18.	Respiratory Therapist .....	\$250	\$200
19.	Certified Respiratory Therapist .....	\$200	\$100
20.	Veterinary Medicine .....	\$350	\$250
21.	Nursing Home Administrator .....	\$250	\$200
22.	Nutritionist .....	\$300	\$250
23.	Clinical Dietician .....	\$200	\$100
24.	Euthanasia Technician (Annual) .....	\$150	\$100
25.	Examinations When Required by Law or Rule .....	\$250	\$250
26.	Application for Prescriptive Authority .....	\$250	\$250
27.	Late Renewal Penalty (Up to One Year) .....		\$100
28.	Late Renewal Penalty (One Year and a Day to Two Years) .....		\$200
29.	Late Renewal Penalty (Two Years and a Day to Three Years) .....		\$300
30.	Late Renewal Penalty (Three Years and a Day to Four Years) .....		\$400
31.	Name Change Certificate Request .....		\$100
32.	Replacement (Lost) Identification Card .....		\$100
33.	Reinstatement of Suspended License .....		\$300
34.	Petition for Reinstatement of Expired License .....		\$500
35.	Petition for Reinstatement of Revoked License .....		\$500
36.	Verification of Guam License (Certificate of Good Standing) .....		\$50
37.	Inactive License .....	one-half (1/2) the renewal fee	
38.	Returned Check Fee .....		\$40
39.	Other (Balance) .....		\$ _____

**NOTE:** Please make a copy for Treasurer of Guam and return this original Form to HPLO/GBAHE with your receipt of payment. For off-island Applicants or Licensees, please enclose this form with your application and make check or money order payable to "Treasurer of Guam".

**FOR GUAM BOARD OF ALLIED HEALTH EXAMINERS OFFICE USE ONLY:**

PAYMENT TYPE:     Check                       Money Order                       Cash                       Credit Card

FIELD RECEIPT #: \_\_\_\_\_ DATE PAID: \_\_\_\_\_