Guam Board of Allied Health Examiners

194 Hernan Cortez Ave. Ste. 213
Terlaje Professional Bldg., Hagåtña, GU 96910-5052

RECORD OF PAYMENT

I. IDENTIFICATION:

LICENSEE NAME: _____
(Last Name) *(First Name)* *(Middle)*

MAILING ADDRESS: _____
(Street or PO Box #)

_____
(City) *(State)* *(Zip Code)*

LICENSEE SIGNATURE: _____ DATE: _____

AREA OF PRACTICE *(CHECK ONE)*:

- ☐ Acupuncture
- ☐ Audiology
- ☐ Chiropractic
- ☐ Clinical Psychology
- ☐ Euthanasia Technician (Certified)
- ☐ Licensed Mental Health Counselor
- ☐ Licensed Professional Counselor
- ☐ Marriage & Family Therapist
- ☐ Nursing Home Administrator
- ☐ Nutritionist/Clinical Dietitian
- ☐ Occupational Therapy
- ☐ Occupational Therapy Assistant
- ☐ Physical Therapy
- ☐ Physical Therapy Assistant
- ☐ Physician Assistant
- ☐ Podiatric Medicine
- ☐ Respiratory Therapy (Certified)
- ☐ Respiratory Therapy (Registered)
- ☐ Speech Language Pathology
- ☐ Speech Language Pathology Assistant (Bachelor's)
- ☐ Speech Language Pathology Assistant (Master's)
- ☐ Veterinary Medicine

II. VERIFICATION OF LICENSURE: If you are requesting verification, please print the complete name used on original Guam License and your Social Security Number.

_____ _____
Name on Original License Social Security Number

FEE: Fees paid are **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**.

1.	☐	Application by Endorsement	$ 125.00
2.	☐	Application by Examination	$ 125.00
3.	☐	Nursing Home Administrator Application	$ 125.00
4.	☐	Certificate of Exemption	$ 50.00
5.	☐	License Fee (Initial)	$ 125.00
6.	☐	Renewal Fee	$ 80.00
7.	☐	Late Renewal Penalty	$ 100.00
8.	☐	Collaborative Practice Agreement for Prescriptive Authority (Initial or Renewal)	$ 50.00
9.	☐	License Verification	$ 25.00
10.	☐	Re-issuance of Certificate	$ 75.00
11.	☐	Re-issuance of License Card	$ 10.00
12.	☐	Copy of Practice Act	$ 5.00
13.	☐	Copy of Rules and Regulations	$ 10.00
14.	☐	Photocopy of Records (up to five (5) pages)	$ 4.00
15.	☐	Photocopy of Records (each additional sheet)	$ 0.50

NOTE: Present this form with payment to the Cashier at GITC Bldg., Cashier's box, then return the processed form to GBAHE. Off-island applicants, return this form with your payment (checks or money orders payable to "Treasurer of Guam") to the Guam Board of Allied Health Examiners at the address above.

FOR GUAM BOARD OF ALLIED HEALTH EXAMINERS OFFICE USE ONLY:

PAYMENT TYPE: ( ) Check ( ) Money Order ( ) Cash ( ) Credit Card

FIELD RECEIPT #: _____ DATE PAID: _____