



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

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