

**Department of Public Health & Social Services**  
**GUAM BOARD OF EXAMINERS FOR DENTISTRY**

194 Hernan Cortez Ave., Ste. 213  
Terlaje Professional Bldg., Hagatna, Gu. 96910



**REQUIREMENTS FOR DENTAL OFFICE PERSONNEL**

All persons wishing to be Licensed as Dental Hygienists, or Certified as Dental Auxiliaries, Dental Assistants or Dental Lab Technicians must file an application with the Guam Board of Examiners for Dentistry (GBED), secure employment and be issued a Temporary Permit prior to employment start date. A Temporary Permit is valid for sixty (60) calendar days.

Applications must be accomplished by the payment of a non-refundable fee of fifty (\$50.00) Dollars.

**DENTAL HYGIENISTS**

1. Successfully complete the GBED application form for Dental Hygienists (GBED-DA-2).
2. Must document successful completion of a dental Hygiene training program accredited by the American Dental Association (ADA) by attaching a notarized copy of the diploma.
3. Must document that they are currently licensed as a Dental Hygienist in one of the States. Submit a notarized copy of your state license.
4. The GBED may require a clinical examination for licensure of any applicant at the discretion of the Board.
5. Must successfully pass the GBED jurisprudence examination.
6. Copy of U.S. Passport or Driver's License and Police Clearance.

**DENTAL AUXILIARIES**

1. Successfully complete the GBED application form for Dental Auxiliaries (GBED-DA-2)
2. Applicants must submit documentation, satisfactory to the Board, that they have completed a Dental Auxiliary Training Program equivalent to or greater in scope than that offered by the University of Guam in its most recent Dental Auxiliary Program.
3. A copy of the transcript, bearing the seal of the institution, must be forwarded directly to the Board by the school of university.
4. Copy of U.S. Passport or Driver's License and Police Clearance.

**DENTAL ASSISTANTS**

1. Successfully complete GBED application form for Dental Assistants (GBED-DA-2)
2. Copy of U.S. Passport or Driver's License and Police Clearance.

**DENTAL LAB TECHNICIANS**

1. Successfully complete GBED application form for Dental Lab Technicians (GBED-DA-2)
2. Copy of U.S. Passport or Driver's License and Police Clearance

**GUAM BOARD OF EXAMINERS FOR DENTISTRY  
APPLICATION FOR DENTAL ANCILLARY PERSONNEL**

Date of Application \_\_\_\_\_

ATTACH 2"x 2"  
PHOTO HERE  
  
PHOTO MUST BE  
SIGNED AND DATED  
ON BACK

Name (Print) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence Address \_\_\_\_\_

Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone/Cell Phone \_\_\_\_\_

**APPLYING FOR:**

\_\_\_\_\_ Dental Hygienist

\_\_\_\_\_ Dental Assistant

\_\_\_\_\_ Dental Auxiliary

\_\_\_\_\_ Dental Laboratory Technician

**EDUCATION:**

	DATE	DEGREE
HIGH SCHOOL		
COLLEGE OR UNIV.		
DENTAL TRAINING		

Licensed to practice in which states, territories or foreign countries. Give date and place license issued. Give statement regarding any disciplinary actions or investigations on a separate sheet.

**PROFESSIONAL EXPERIENCE:**

FROM	TO	LOCATION	TYPE OF PRACTICE	REASON FOR LEAVING

**EMPLOYMENT INFORMATION:**

Have you secured employment? ( ) Yes ( ) No  
Expected date of employment: \_\_\_\_\_

Signature of dentist employer: \_\_\_\_\_  
Printed name of dentist: \_\_\_\_\_

**TEMPORARY PERMIT:**

Date of issue: \_\_\_\_\_ Temporary Permit #: \_\_\_\_\_ Category: \_\_\_\_\_

Date of payment: \_\_\_\_\_ Amount & type of pymt: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

# Guam Board of Examiners for Dentistry

## QUESTIONNAIRE FOR DENTAL EMPLOYMENT

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

Please indicate YES or NO

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 Board.

	YES	NO	INITIAL
1. Has your license or permit to work in a dental office ever been revoked, suspended, or restricted, or has there been any disciplinary action taken against you in any state or territory?	_____	_____	_____
2. Have you been charged, convicted, found guilty of any 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?	_____	_____	_____
3. To the best of your knowledge do you have any communicable (infections)diseases?	_____	_____	_____
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?	_____	_____	_____
5. 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?	_____	_____	_____
6. Are you addicted to the use of controlled substances, narcotics, barbiturates, or any other drugs?	_____	_____	_____
7. Are you an alcoholic or do you use alcohol in any habitual manner that could affect your performance in the delivery of dentistry?	_____	_____	_____
8. Do you presently have any physical or mental health condition that could affect your ability to practice the profession of dentistry?	_____	_____	_____

Under penalty of perjury, any misrepresentation to the Guam Board of Examiners for Dentistry can constitute grounds for denial, suspension or revocation of your license or permit. This form, when completed, must be submitted with your application for dental licensure.

\_\_\_\_\_  
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 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.

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**Signature**

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**Date**

Printed Name



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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 below.

**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 or 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 training 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.

PLACE FOR  
OFFICIAL SEAL

Name of Verifier Title

Date Signature

