

Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR DENTISTRY
123 Chalan Kareta, Mangilao, GU 96913



June 28, 2021

Dear Licensee:

The Guam Board of Examiners for Dentistry (GBED) thanks you for providing quality dental care to the People of Guam.

Please find attached license renewal forms (one for dentist and the other for technicians and ancillary personnel). We are sending the renewal to all dentist, dental technicians and dental ancillaries via email address of the dentist and those we have on file. Please make copies of the form for all of the dental personnel working in your office.

The following are notices and reminders for your renewal application:

1. As per the GBED Rules and Regulations, you must complete the license renewal form and submit it to the Health Professional Licensing Office (HPLO) in Hagatna no later than August 31, 2021.
2. Late fees will apply to all late or incomplete license renewal applications.
3. Any change in your work status must be reported to HPLO within 30 days.
4. As per the board meeting held on Jan. 2021, CE hours have been reduced from 65 hours to 30 hours with no distinction between category 1 and category and all online courses and zoom meeting accepted.
5. GBED Rules and Regulations can be found at the following website:
<http://www.guamcourts.org/compileroflaws/GAR/25GAR001-8.pdf>
6. Title 10 Guam Code Annotated, Chapter 12, Article 4 (Dental Practice Act) can be found at:
<http://www/guamcourts.org/complieroflaws/GCA/10gca/10gc012.pdf>.

Please note that for ease of communication, the Board has made it a requirement that all renewal forms include the email address of the licensee.

If you have any questions, please email Ms. Nicole Romero at nicole.romero@dphss.guam.gov.

A handwritten signature in black ink, appearing to read 'Antonio Rapadas'.

ANTONIO RAPADAS, DDS
Chairperson

Enclosure:



Guam Board of Examiners for Dentistry



Dental Ancillary Renewal Application

Dental Ancillary License Renewal

Name of Applicant: _____ Date: _____

I wish to renew my License as a: *(select one)*

Dental Hygienist Dental Auxiliary Dental Assistant Dental Lab Technician

I am currently employed providing dental ancillary services at the following:

Clinic/Business Name	Working with Drs.

During the past two years, I have provided dental ancillary services at the following locations:

Clinic/Business Name	Address

In the forthcoming licensure term, I intend to provide dental ancillary services at the following locations:

Clinic/Business Name	Address

Under penalty of perjury, if a license is granted by this board, it will be based in part on the truth to the questions and of any statements contained herein, which, if false, may constitute grounds for denial, suspension or revocation of your Guam dental ancillary license or permit. INITIAL: _____

Signature

Guam Dental Ancillary Lic. No.



Guam Board of Examiners for Dentistry



Questionnaire for Dental Employment

Please indicate **YES** or **No** and **INITIAL** each question as it pertains to the period since your last Guam Dental License Registration. 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 GBED.

	YES	NO	Initial
1. Has any jurisdiction of the United States, territory or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a professional license or permit you held to work in a dental office?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
3. To the best of your knowledge, do you have any communicable (infectious) disease?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you voluntarily resigned or withdrawn from a national, state, or county dental society, association, or organization while under formal or informal investigation by the body?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are you addicted to the use of controlled substances, narcotics, barbiturates, or any other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you an alcoholic or do you use alcohol in any habitual manner that could affect your performance as a dentist?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you presently have any physical or mental health condition that could affect your ability to practice the profession of dentistry?	<input type="checkbox"/>	<input type="checkbox"/>	

Under penalty of perjury, if a license is granted by this board, it will be based in part on the truth to the questions and of any statements contained herein, which, if false, may constitute grounds for denial, suspension or revocation of your license to practice dentistry in Guam. INITIAL: _____

Printed Name

Signature

Date



Guam Board of Examiners for Dentistry



Authorization and Release

In consideration for the evaluation, or reevaluation 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 Examiners for 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 reevaluation 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 reevaluation, of my application, credentials, and qualifications for the purpose of licensure or certification, I hereby release from liability the Guam Board of Examiners in Dentistry (GBED) who have received information and release all liability from all individuals and organizations who may provide information to the GBED, in connection with the evaluation or reevaluation 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 which information is requested.

Printed Name

Signature

Date



Guam Board of Examiners for Dentistry

Record of Payment

I. IDENTIFICATION:

Name: _____

Age: _____ Gender: M / F Date of Birth: _____ Place of Birth: _____ State: _____

Mailing Address: _____

City: _____ Apt./Ste.: _____ State/Terr.: _____ Zip: _____

Primary Email: _____ Secondary Email: _____

Residence Address: _____

City: _____ Apt./Ste.: _____ State/Terr.: _____ Zip: _____

Primary Tel: _____ Secondary Tel: _____ Other: _____

Name of Dental Practice/Business: _____

Street Address: _____ Apt./Ste.: _____

City: _____ Zip: _____ Bus. Phone: _____ Ext. _____

Bus. Fax: _____ Bus. Email: _____ Supervising Dentist: _____

Applicant's Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: *Please print the complete name used on original license AND your Social Security Number.*

Name: _____ SS#: _____

III. FEES: *Please make all checks or money orders payable to the Treasurer of Guam. All fees are NON-REFUNDABLE.*

Please indicate your requests below:

A. DENTISTS

	Clinical Examination Fee	2000.00
	Dental License Initial Application Fee	500.00
	Dental License Renewal Application Fee	200.00
	Late Filing Fee for Dental License Renewal Application (per month) <i>after 31 August</i>	200.00
	License Verification Fee	25.00
	Re-issuance of License Certificate	50.00
	Copy of Guam Dental Practice Act (http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc012.PDF) pp. 68-84	20.00
	Copy of GBED Rules and Regulations (http://www.guamcourts.org/compileroflaws/GAR/25GAR/25GAR001-8.pdf)	20.00
	Photocopy (<i>per page</i>)	0.50
	Specialty License Initial Application Fee	200.00
	Specialty License Renewal Fee	100.00
	Initial Application for Use of Permit for Analgesia, Sedation & General Anesthesia	100.00
	Renewal for Use of Permit for Analgesia, Sedation & General Anesthesia	20.00

B. HYGIENISTS

	Dental Hygiene License Initial Application Fee	100.00
	Dental Hygiene License Renewal Application Fee	50.00
	Late Fee for Dental Hygiene License Renewal <i>after 30 September</i>	50.00
	Initial Application for Permit to Administer Local Anesthesia	50.00
	Renewal of Permit to Administer Local Anesthesia	50.00

C. ANCILLARY DENTAL PERSONNEL (Check One: Dental Assistant Dental Lab Technician Dental Auxiliary)

	Dental Ancillary Personnel Initial Registration Fee	50.00
	Dental Ancillary Personnel Renewal of Registration Fee	30.00
	Late Fee for Dental Ancillary Personnel Renewal of Registration <i>after 30 September</i>	50.00

NOTE: Present this Form with Payment

Total Amount Due: _____

FOR OFFICE USE ONLY: Payment Cash Check Money Order

Field Receipt _____

Date Paid: _____

