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.
- 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.

ANTONIO RAPADAS, DDS Chairperson

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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: (sele	cct one) liaryDental AssistantDental Lab Technician
I am currently employed providing dental a	ncillary services at the following:
Clinic/Business Name	Working with Drs.
	5
But at a second	
	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 location
Clinic /Business Name	Address
Onne/pasitess traine	Audi 622
the questions and of any statements conta	nted by this board, it will be based in part on the truth to ained herein, which, if false, may constitute grounds for am 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	Initia
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?			
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 (infectious) disease?			
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		П	
society regarding your clinical or ethical performance?	וייין		
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?			
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 as a dentist?			
8. Do you presently have any physical or mental health condition that could affect your ability			
to practice the profession of dentistry?	السا		
Under penalty of perjury, if a license is granted by this board, it will be based in part on	the tru	ith to	the
questions and of any statements contained herein, which, if false, may constitute grou	inds to	or de	nial,
suspension or revocation of your license to practice dentistry in Guam. INITIAL:			
Printed Name Signature			Date







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

Name:(Last) Age: Gender: M / F Date of Birth:	Place of	(First) f Birth:		(Middle)	State:
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Name of Dental Practice/Business:					
Street Address:			Δ	pt./Ste.:	
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Bus. Fax: Bus. Email:		Supe	rvising Dentist:		/0
Applicant's Signature:			D-1-		
Appricant s signature.			Date:		
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FEES: Please make all checks or money orde	ers payable to the Treas	surer of Guam. Al	l fees are NON-REFUN	DABLE.	
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