

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", written in a cursive style.

ANTONIO RAPADAS, DDS
Chairperson

Enclosure:



Guam Board of Examiners for Dentistry

Dental License Application and Renewal

Check the following as they may apply. (Please note a Guam Dental Specialty License requires possession of a Guam General Dental License)

- Applicant for a NEW Guam General Dentistry License I wish to renew my Guam General Dental License
- Applicant for a NEW Guam Dental Specialty License I wish to renew my Guam Dental Specialty License

ADA recognized Dental Specialty: _____

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

Clinic Name	Address

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

Clinic Name	Address

In making the application for licensure as a Dentist, I authorize the GBED to verify any or all information pertinent to my application that it may deem proper. I certify under penalty of perjury, to the truth and accuracy of all statements, answers and representations made.

Printed Name _____

Signature _____

Guam Dental License No. _____

Continuing Dental Education (CDE) Requirements

As provided by 10 GCA, Chapter 12, Article 4 and the Rules and Regulations of the Guam Board of Examiners in Dentistry (GBED), all persons applying for initial dental licensure and renewal of a dental license issued by the GBED must verify their Continuing Dental Education credits to the GBED. The minimum number of credits required each 24-month period is 65 hours

Continuing Dental Education means the dental learning experiences attended by dentists or dental auxiliaries during the course of their professional life, such as formal lectures in classrooms, dental scientific seminars, table clinics presented by dental schools and dental conventions and meetings, scientific lectures presented through dental societies and subscription to dental journals or audiovisual materials, or both.

Category I Courses means those courses, seminars, or table clinics which are endorsed or certified by the Dental Examination and Review Board of Guam, the American Dental Association or Federation Dentaire International. These are usually offered by Continuing Education Departments of accredited dental schools.

Category II Courses means those courses attended through various dental society programs and seminars, lectures presented at dental study clubs, scientific papers delivered before dental society meetings and conventions and subscription and reading, watching/listening to journals and audiovisual materials.

NEW APPLICANTS

A new applicant for a Guam Dental License must provide proof that they have attended a total of 65 credit hours of Category I Continuing Education credits within the previous 24 months; the GBED will prorate the Continuing Dental Education requirement above for recent dental school graduates and those licensed in the Territory of Guam for less than 24 months.

APPLICANTS FOR RENEWAL

An applicant for Guam Dental License renewal must document by September 30 of each odd numbered year to the GBED that they have attended a minimum of 65 credit hours of Continuing Dental Education; of these, a total minimum of 20 CDE credits must be Category II Continuing Dental Education credits. If a dentist has been licensed in the Territory less than 24 months, the GBED will prorate the Continuing Dental Education requirement above.



Guam Board of Examiners for Dentistry



Questionnaire on Moral Fitness and Character

Please indicate YES or No and INITIAL each question as it pertains to the period since your last Guam Dental License Registration. For NEW Guam Dental License Applicants these questions pertain to all activity prior to applying for a Guam Dental License. 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 you held?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are there any charges or an investigation currently pending relative to your dental license in any state or territory?	<input type="checkbox"/>	<input type="checkbox"/>	
3. 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"/>	
4. Has an action by a government agency, law enforcement agency, peer review body, health-care institution, or professional dental society regarding your clinical or ethical performance as a dentist in any state, territory, or other nation resulted in a disciplinary decision against you?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency or limited your license to practice dentistry in any state or territory?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever entered into any stipulated agreement with any licensing or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you been denied a narcotic license, charged or convicted of a violation of federal, state or territorial narcotic laws, or had a narcotic license restricted or asked to surrender it?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have your staff privileges at any hospital or health-care institution been denied, reduced, or removed, or have you been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a dentist?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you voluntarily resigned or limited your staff privileges at any hospital or health-care institution while under formal or informal investigation by the institution or a committee thereof?	<input type="checkbox"/>	<input type="checkbox"/>	
11. 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"/>	
12. Are there any malpractice claims/complaints and/or professional liability suits in process or pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have any judgments been entered against you resulting from your practice of dentistry?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have you ever been notified of charges filed against you by a licensing or disciplinary agency of any jurisdiction of the United States or other nation?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you had or do you have any pending liability judgments, or out-of-court settlements relating to your practice of dentistry?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are you addicted to the use of controlled substances, narcotics, barbiturates, or any other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
18. 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"/>	
19. 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"/>	
20. Since your last dental license renewal, have you been hospitalized or received any type of institutional care, including treatment for drug and/or alcohol addiction?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Have you failed to perform any statutory or legal obligation imposed on you?	<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
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
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Permit to use Dental Analgesia

DEA #	Exp. Date
Guam#	Exp. Date
Exp. Date of CPR Certification	

APPLYING FOR: New Renewal

Analgesia (Nitrous Oxide/Oxygen)

Conscious Sedation

Oral IM IV Inhalation Rectal

General Anesthesia

Oral IM IV Inhalation Rectal

GENERAL INFORMATION:

YES NO

I maintain a proper facility as described in the GBED Rules and Regulations		YES	NO
I have present on my office staff persons currently trained in CPR		YES	NO
I have actively used these skills during the past two years		YES	NO

STAFF CERTIFIED IN CPR:

Name	Date Certification Expires



Guam Board of Examiners for Dentistry



Permit to use Dental Analgesia (cont.)

NITROUS OXIDE ANALGESIA: <i>(Complete this section when renewing/applying to use Nitrous Oxide Analgesia)</i>	YES	NO
Has a facility containing the following properly operating equipment: emergency drug kit, positive pressure oxygen, stethoscope, high-volume evacuation (suction), artificial oropharyngeal airways, and blood pressure monitoring device.	<input type="checkbox"/>	<input type="checkbox"/>
Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. The dentist and at least one (1) staff member, present during the procedure, must be certified in basic cardiac life support (CPR) every two years.	<input type="checkbox"/>	<input type="checkbox"/>
Holds a valid license to practice dentistry in Guam	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes an analgesia machine capable of delivering one hundred percent (100%) oxygen and capable of providing not less than twenty percent (20%) oxygen concentration. It is recommended that such equipment be provided with an alarm indicating oxygen flow of less than a twenty percent (20%) minimum or a fail safe mechanism to maintain oxygen flow at twenty percent (20%) or greater.	<input type="checkbox"/>	<input type="checkbox"/>
Has successfully completed a minimum of fourteen (14) hours instruction in the use of analgesia (relative analgesia, nitrous oxide-oxygen conscious sedation, inhalation analgesia, etc.) or proof satisfactory to the Board of documented safe use of analgesia within the past year.	<input type="checkbox"/>	<input type="checkbox"/>

CONSCIOUS SEDATION: *(Complete this section when renewing/applying to use of Conscious Sedation)*

I have met one or more of the following Board requirements for certifications.

- 60 clock hour of education (attach certification of completion)
- Three cases per month for three (3) years (attach documentation with patient names and dates on a separate sheet)
- Alternate qualifications for Board review and evaluation (as documented on next page)

Summary of Alternate Qualifications:

GENERAL ANESTHESIA: *(Complete this section when renewing/applying to use of General Sedation)*

1. Do you employ a Nurse Anesthetist? Yes or No
2. Do you work with an MD or DO on a Guam Hospital anesthesiology staff while treating patients under General Anesthesia? Yes or No
3. If there have been changes made since your original application, attach a copy of the documents used to monitor general anesthesia patients.
4. Describe the general anesthesia techniques:

I understand that I must report any adverse occurrences as defined in the GBED Rules and Regulations to the Board within ten (10) days (25 G.A.R.R. § 8108(e)). *Reports of Adverse Occurrences. If a mortality or other incident in a dental outpatient facility occurs as a direct result of the administration of general anesthesia, deep sedation or conscious sedation and causes a temporary or permanent physical or mental injury of the patient, or results in the calling of a paramedic unit or the transport of the patient to any hospital or emergency medical facility the dentist involved must submit a complete report of the incident to the BED within Ten (10) days of its occurrence. Under penalty of perjury, I attest to the truth and accuracy of all statements, answers and representations made.*

Printed Name

Signature

Date



Guam Board of Examiners for Dentistry



Record of Payment

I. IDENTIFICATION:

Name: _____
(Last) (First) (Middle)
 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 NEW Applicant Fee	500.00
Dental License Renewal Applicant Fee	200.00
Late Filing Fee for Dental License Renewal Application (per month) after 31 August	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 (per page)	0.50
Specialty License NEW Applicant Fee	200.00
Specialty License Renewal Applicant Fee	100.00
New 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 NEW Applicant Fee	100.00
Dental Hygiene License Renewal Applicant Fee	50.00
Late Fee for Dental Hygiene License Renewal after 30 September	50.00
NEW 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 Auxillary)

Dental Ancillary Personnel NEW Registration Fee	50.00
Dental Ancillary Personnel Renewal of Registration Fee	30.00
Late Fee for Dental Ancillary Personnel Renewal of Registration after 30 September	50.00

NOTE: Present this Form with Payment

Total Amount Due: _____

FOR OFFICE USE ONLY: Payment () Cash () Check () Money Order

Field Receipt _____ Date Paid: _____



Guam Board of Examiners for Dentistry



Record of Payment

I. IDENTIFICATION:

Name: _____
(Last) (First) (Middle)

Treasurer of Guam CASHIER'S COPY

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

Name: _____ SS#: _____

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Copy of GBED Rules and Regulations (http://www.guamcourts.org/compileroflaws/GAR/25GAR/25GAR001-B.pdf)	20.00
Photocopy (per page)	0.50
Specialty License NEW Applicant Fee	200.00
Specialty License Renewal Applicant Fee	100.00
New 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 NEW Applicant Fee	100.00
Dental Hygiene License Renewal Applicant Fee	50.00
Late Fee for Dental Hygiene License Renewal after 30 September	50.00
NEW 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 Auxillary)

Dental Ancillary Personnel NEW Registration Fee	50.00
Dental Ancillary Personnel Renewal of Registration Fee	30.00
Late Fee for Dental Ancillary Personnel Renewal of Registration after 30 September	50.00

NOTE: Present this Form with Payment

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FOR OFFICE USE ONLY: Payment () Cash () Check () Money Order

Field Receipt _____ Date Paid: _____