



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR OPTOMETRY
194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910
Website: <https://guamhplo.org/gbeo>
Contact No.: 671-735-7408

Checklist for Optometry License by Examination and Endorsement

- 1. 2" x 2" signed photo taken within the last three (3) months.
- 2. Notarized copy of optometry school diploma.
- 3. Police Clearance.
- 4. Two (2) letters of reference from persons not related to applicant attesting that applicant is of good moral character and temperate habits.
- 5. Notarized copy of high school diploma or equivalent.
- 6. Notarized copy of optometry school transcript showing courses studied, course grades, and number of class hours.
- 7. Completed Certificate of Optometry Education by optometry school administrator or registrar.
Note: You must be a graduate of an approved and accredited School of Optometry having a minimum of 4,000 clock hours of instruction. (For list of accredited schools, see the AOA website at <https://www.acoe.org>. Click on Accredited Programs, then click on O.D. programs at school/colleges of optometry).
- 8. Notarized copy of birth certificate or notarized statement that applicant is 18 years of age or older.
- 9. Notarized affidavit indicating that applicant is a citizen of the United States or is a permanent resident of the United States who is residing in the U.S. or the territory of Guam.
- 10. Payment of fee.
- 11. Passed practical examination on Guam.

Checklist for License by Examination Only

- 12. Official copy of National Board scores.
- 13. Application for License by Examination complete and notarized.

Checklist for License by Endorsement Only

- 14. Completed Endorsement Verification.
- 15. Affidavit signed by the applicant that he/she has been in active optometric practice in the state (one of the fifty states of the United States) licensed or in the federal service for the seven (7) consecutive years immediately prior to the year in which application is made.
- 16. Notarized copy of current valid license from any of the fifty states of the United States.
- 17. Application for License by Endorsement complete and notarized.



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR OPTOMETRY
194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910
Website: <https://guamhplo.org/gbeo>
Contact No.: 671-735-7408

APPLICATION FOR LICENSE BY EXAMINATION – U.S. GRADUATES

Date of Application: _____

A. IDENTIFICATION

1. Name: _____
(Last) (First) (Middle) (Maiden)

2. Current Mailing Address: _____
(Street or P.O. #) (City) (State) (Zip Code)

3. Telephone: _____ Social Security #: _____

4. Date of Birth: _____ Place of Birth: _____
(MM/DD/YYYY) (City) (State) (Country)

5. Email Address: _____

B. EDUCATION

1. Name of High School: _____

2. School's Address: _____
(Street or P.O. #) (City) (State) (Zip Code)

3. Name of Optometry School: _____

4. School's Address: _____
(Street or P.O. #) (City) (State) (Zip Code)

5. Date of Graduation: _____

6. List Degrees Obtained: _____

C. LICENSE INFORMATION

1. State of Country Current Licensed: _____

Date of Issue: _____ Expiration Date: _____

2. Has your license ever been revoked/suspended or investigated? [] Yes [] No

If Yes, please explain on separate sheet.

Practice Plan on Guam:



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR OPTOMETRY
 194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910
 Website: <https://guamhplo.org/gbeo>
 Contact No.: 671-735-7408

D. REQUIREMENTS

1. 2 X 2 signed photo taken within the last 3 months.
2. Notarized copy of optometry school diploma.
3. Police Clearance.
4. Two (2) letters of reference from persons not related to applicant attesting that applicant is of good moral character and temperate habits.
5. Notarized copy of high school diploma or equivalent.
6. Notarized copy of optometry school transcript showing courses studied, course grades, and number of class hours.
7. Completed Certificate of Optometry Education by optometry school administrator or registrar.
Note: You must be a graduate of an approved and accredited School of Optometry having a minimum of 4,000 clock hours of instruction. (For list of accredited schools, see the AOA website at <https://www.acoe.org>. Click on Accredited Programs, then click on O.D. programs at school/colleges of optometry).
8. Notarized copy of birth certificate or notarized statement that applicant is 18 years of age or older.
9. Notarized affidavit indicating that applicant is a citizen of the United States or is a permanent resident of the United States who is residing in the U.S. or the territory of Guam.
10. Official copy of National Board scores.
11. This application for license by examination must be complete and notarized.
12. Payment of fee.

Before obtaining license, the applicant must pass a practical examination administered on Guam.

E. AFFIDAVIT: To be sworn to before a person authorized to administer oaths that the applicant is the one named in the application and that the information furnished and documents submitted are true and correct in every aspect.

NOTE: False information will be considered prima-facie evidence for denial or acceptance of application or the revocation of your license at a later date even through previously granted.

 (Signature of Applicant)

Subscribed and sworn to before me this _____

Day of _____, _____

Notary Public _____
 (Print Name)

My Commission Expires _____
 (Date)

2"x2"
 Signed
 Photo

Notary Public Seal _____
 (Signature)



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR OPTOMETRY
 194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910
 Website: <https://guamhplo.org/gbeo>
 Contact No.: 671-735-7408

CERTIFICATE OF OPTOMETRY EDUCATION

THE APPLICANT BELOW IS APPLYING FOR LICENSURE TO PRACTICE OPTOMETRY ON GUAM. PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN **DIRECTLY** TO THE GUAM BOARD OF EXAMINERS FOR OPTOMETRY.

PART A TO BE COMPLETED BY APPLICANT:

- Current Name: _____
 (Last) (First) (Middle)
- Previous Name Used: _____
 (Last) (First) (Middle)
- Social Security No.: _____ Birthdate: _____

I hereby authorize release of a copy of my academic record to the Guam Board of Examiners for Optometry.

 (Signature) (Date)

PART B TO BE COMPLETED BY THE OPTOMETRY SCHOOL ADMINISTRATOR OR REGISTRAR:

- Name of Applicant: _____
 (Last) (First) (Middle)
- Name of College: _____
 Address: _____
 (City) (State) (Zip Code)
- School of Optometry: _____
 Address: _____
 (City) (State) (Zip Code)
- Was the School Board-Approved or State Regulatory Agency-Approved during the applicant's enrollment? Yes No
 If yes, by whom? _____
- The applicant entered the Optometry Education program on _____ and completed the _____ months program on _____.
 (Length)
- Number of Theory Hours _____; Number of Clinical Hours _____
- Attached is the **OFFICIAL COPY** of Applicant's Transcripts.

SEAL Signature: _____
OF Name: _____
SCHOOL Title: _____



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR OPTOMETRY
194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910
Website: <https://guamhplo.org/gbeo>
Contact No.: 671-735-7408

RECORD OF PAYMENT

I. IDENTIFICATION

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

Mailing Address: _____
(Street or PO #) (City) (State) (Zip Code)

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 **TREASURER OF GUAM**. Online payments can be made at <https://guamhplo.org/gbeo/pay> (additional 5% convenience fee). All fees are **NON-REFUNDABLE**.

Please check your request(s):

- | | |
|--|-----------|
| 1. ___ Application by examination | \$ 250.00 |
| 2. ___ Application by endorsement | \$ 250.00 |
| 3. ___ Duplicate License | \$ 100.00 |
| 4. ___ License Fee (Initial) | \$ 150.00 |
| 5. ___ License Renewal | \$ 150.00 |
| 6. ___ License Verification | \$ 15.00 |
| 7. ___ Reinstatement | \$ 100.00 |
| 8. ___ Temporary Work Permit | \$ 10.00 |
| 9. ___ Inactive license (50% of 111.4) | \$ 75.00 |
| 10. ___ Practice Act | \$ 5.00 |
| 11. ___ Rules & Regulations | \$ 10.00 |
| 12. ___ Photocopy (5 pages or less) | \$ 3.00 |
| 13. ___ Photocopy (each addition page) | \$ 0.50 |

FOR OFFICE USE ONLY: Payment [] Check [] Money Order [] Cash [] Credit Card

Field Receipt #: _____ **Date Paid:** _____

Account #: 324156345
