



# GUAM BOARD OF MEDICAL EXAMINERS

## INITIAL APPLICATION INTERVIEW QUESTIONNAIRE

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Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE INDICATE YES or NO and INITIAL each entry.**

*(All "YES" answers to the following questions must be accompanied by a written statement with dates explaining the circumstances that must be acceptable to the GBME.)*

		YES	NO	INITIAL
1.	Has your license to practice medicine ever been revoked, suspended, or restricted or has there been any disciplinary action taken against you in any state or territory?			
2.	Have you ever been convicted of any felony or misdemeanor, except for minor traffic violations under the laws of any state or territory?			
3.	Has any disciplinary action ever been taken against you by a government agency, law enforcement agency, any peer review body, healthcare institution, or professional medical society regarding your clinical or ethical performance as a physician?			
4.	Have you ever voluntarily surrendered your medical license while under investigation in any state or territory?			
5.	Have you ever been licensed or privileged to practice medicine by a government jurisdiction including the military, public health, or foreign government?			
6.	Have you ever been denied a narcotic license, charged or convicted of a violation of a Federal, State, or Territorial Narcotics Law, or asked to surrender your narcotic license?			
7.	Has your staff privileges at any hospital/healthcare institution ever been denied, reduced or removed, or have you ever been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician?			
8.	Have you ever voluntarily resigned or limited your staff privileges at any hospital/Health care institution while under formal or informal investigation by the institution or a committee thereof?			
9.	Have you ever voluntarily resigned or withdrawn from a nation state or county medical society, association or organization while under a formal or informal investigation by the institution or a committee thereof?			
10.	Have you ever had a liability judgments(s) or/and legal settlement(s)?			
11.	Have you ever changed your practice specialty?			



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12.	Have you ever been addicted to the use of narcotics, barbiturates, alcohol or other drugs?			
13.	Do you presently have a physical or mental health condition that can affect or is reasonably likely to affect your ability to perform your medical duties or affect your clinical judgment?			
14.	Have you ever been licensed or applied for licensure on Guam? If "YES" Please indicate date:			
15.	Are you a citizen of the United States? If "NO" you must provide proof that you will lawfully be in the United States or a jurisdiction thereof for the purpose of practicing medicine.			

**Under penalty of perjury, any misrepresentation to the Guam Board of Medical Examiners can constitute ground for denial, suspension, or revocation of your medical license and prosecution to the full extent of the laws of Guam.**

**This form, when completed must be submitted with your application for medical licensure.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of Reviewing Board Representative  
 Guam Board of Medical Examiners

\_\_\_\_\_  
 Date