



GUAM BOARD OF MEDICAL EXAMINERS

RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing: _____
(CITY) (STATE) (ZIP)

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your Social Security Number

Name: _____ License #: _____

Fee: Please make all check or money orders payable to *Treasurer of Guam*. Online payments can be made at www.guamhpl.org/gbme (additional 5% convenience fee).

All fees are **NON-REFUNDABLE**.

Please check your request(s):

1. ()	Application Fee	\$	150.00
2. ()	License Fee	\$	250.00
3. ()	USMLE Step 3 Examination	\$	530.00
4. ()	Temporary License	\$	125.00
5. ()	License Renewal	\$	250.00
6. ()	Late Renewal Penalty Fee	\$	150.00
7. ()	Inactive Status	\$	300.00
8. ()	Reinstatement of License	\$	400.00
9. ()	License Verification	\$	25.00
10. ()	Re-Issuance (duplicate) License Certificate	\$	100.00
11. ()	Re-Issuance (duplicate) License Card	\$	20.00
12. ()	Physicians Practice Act	\$	10.00
13. ()	Physicians Practice Act Admin. Rules & Regulations	\$	10.00
14. ()	Photocopy (up to five (5) pages)	\$	4.00
15. ()	Photocopy (each additional page)	\$.50

Interstate Medical Licensing Compact

1. ()	Application Fee	\$	150.00
2. ()	License Fee	\$	250.00
3. ()	Letter of Qualification	\$	300.00

NOTE: Mail this form to the: *Guam Board of Medical Examiners, 194 Hernan Cortez Ave. Suite 213, Hagatna, GU 96913*

ACCOUNT #: 5211335

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

Field Receipt No.: _____ Date Paid: _____

GBME-7