



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: _____ SSN: _____

Fee: Please make all check or money orders payable to *Treasurer of Guam*. Online payments can be made at www.guamhplo.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 #: 5211334

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

Field Receipt No.: _____ Date Paid: _____

GMBE-7