



GUAM BOARD OF MEDICAL EXAMINERS

APPLICATION CHECKLIST

FOR

LIMITED LICENSE

(Physicians in Graduate Training)

Name: _____ Date of Application: _____

Medical School Attended

State

- _____ Guam Board of Medical Examiners Application (GBME-1)
- _____ Photo (print, sign, & date), taken within the last three (3) months
- _____ Detailed "Practice Plan" (Employer on Guam)
- _____ Release of Information (GMBE-21)
- _____ Sponsorship Letter from a currently licensed Physician/Clinic
- _____ Verification from Institution
- _____ National Practitioner Data Bank
- _____ Interview Questionnaire (GBME-11)
- _____ Record of Payment form (GBME-7)
- _____ *Application Fee (\$150.00)*
- _____ *Limited License Fee (\$125.00)*



GUAM BOARD OF MEDICAL EXAMINERS

APPLICATION FOR LIMITED MEDICAL LICENSURE

**ATTACH
2 X 2
PHOTO
HERE**

GENERAL INFORMATION AND INSTRUCTIONS

1. Please type or print.
2. Unsigned application shall be considered incomplete and will be returned for signature.
3. Application must include the following: **Completed check list: GBME-1, GBME-7, GBME-11, GBME-21** Forms, and **payment**.
4. Make Check or Money Order payable to *"Treasurer of Guam"* and mail to:
194 Hernan Cortez Ave. Suite 213, Hagatna, GU 96910

A. IDENTIFICATION:

1. NAME: _____

(LAST)
(FIRST)
(MIDDLE)
(MAIDEN)
2. SOCIAL SECURITY NO.: _____ SEX: _____ M _____ F
3. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
4. PERMANENT ADDRESS: _____

5. MAILING ADDRESS: _____

(STREET OR P.O. BOX)

(CITY)
(STATE)
(ZIP CODE)
6. EMAIL ADDRESS: _____ CONTACT #: _____
 (MANDATORY — for contact purposes only)

B. EDUCATIONAL INFORMATION:

EDUCATIONAL BACKGROUND	NAME & ADDRESS	DATE GRADUATED	DEGREE
COLLEGE/UNIVERSITY			
MEDICAL SCHOOL			
POST GRADUATE TRAINING <small>(Only list ACGME or AOA approved internship, residency and fellowships(s))</small>			



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C. PROFESSIONAL INFORMATION:

1. List *past and current* medical license for the United States and its Territories and Canada:

2. EXAMINATIONS TAKEN (List only if passed and list all parts and dates taken if applicable):

ECFMG: _____
FLEX: Component 1: _____ Component 2: _____
NBME: Part 1: _____ Part 2: _____ Part 3 _____
USMLE: Part 1: _____ Part 2: _____ Part 3 _____

3. Professional Experience as a physician over the last five (5) consecutive years:

FROM	TO	LOCATION	TYPE OF PRACTICE	REASON FOR DISCONTINUATION

4. ABMS (American Board of Medical Specialties) Specialty Certification:

a. I am ABMS (American Board of Medical Specialties) BOARD CERTIFIED in the following:

<u>Specialty</u>	<u>Date Issued</u>	<u>Date Expired</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

(NOTE: ATTACH COPY OF EACH ABMS BOARD CERTIFICATION)

5. My area of practice is/are: _____

D. AFFIDAVIT: TO BE SWORN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS BY THE APPLICANT WHO HAS COMPLETED THIS FORM, AND IS APPLYING FOR GUAM LICENSURE.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DATE OF _____

NOTARY PUBLIC: _____

COMMISSION EXPIRES: _____

APPLICANT'S SIGNATURE

(NOTARY SEAL)



GUAM BOARD OF MEDICAL EXAMINERS

I, _____, do hereby authorize the Guam Board of Medical Examiners to request information from appropriate individual/agency/organization to verify my qualifications and/or current licensure standing with other Medical Boards.

I understand that request for verifications will be forwarded in accordance to the established administrative rules and regulations.

(Signature)

(Date)



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Applicant is requested to please complete this section of the form and mail to **each State Board** by which you are **now or have been** licensed to practice medicine/osteopathy. If needed, you may copy this form for additional copies.

To Whom It May Concern:

In applying for a license to practice medicine/osteopathy in Guam, the Guam Board of Medical Examiners requires this form completed by each state wherein I hold or have ever held licensure. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Department of Public Health & Social Services
Health Professional Licensing Office
194 Hernan Cortez Ave. Suite 213
Hagatna, GU 96910

Name: _____

Address: _____

License No.: _____

(Signature)

State of: _____

License No.: _____

Effective Date: _____

By Endorsement/Reciprocity with: _____

By Your State Board's Written Examination: _____

Is License Current? _____ If NO, Why Not? _____

Has the Physician ever been disciplined by your Board in any manner (revocation, probation, suspension, etc.)? _____

If YES, please explain and attach a copy of final order _____

Are there currently any formal charges pending against this physician's license? _____ If YES, please explain and attach a copy of complaint? _____

Is the Physician currently under investigation, or has he/she been investigated for any serious matter in the past five (5) years? _____ If YES, Please explain: _____

Has licensee ever been requested to appear before your Board? _____ If YES, please explain: _____

Additional comments, if any: _____

(Board Seal)

Name of Verifier: _____

Title: _____

Signature: _____

Date: _____



GUAM BOARD OF MEDICAL EXAMINERS

INITIAL APPLICATION INTERVIEW QUESTIONNAIRE

PAGE 1 OF 2

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 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 Narcotic Laws, 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?	___	___	_____



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CONTINUATION OF INITIAL APPLICATION INTERVIEW QUESTIONNAIRE PAGE 2 OF 2

		YES	NO	INITIAL
10	Have you ever had a liability judgments(s) or/and legal settlement(s)?	___	___	_____
11	Have you ever changed your practice specialty?	___	___	_____
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: _____	___	___	_____

Under penalty of perjury, any misrepresentation to the Guam Board of Medical Examiners can constitute grounds 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



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**. 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*

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

Field Receipt No.: _____ Date Paid: _____

GMBE-7