



Guam Board of Medical Examiners

Dear Doctor:

As a courtesy, the Guam Board of Medical Examiners would like to remind you that your current Guam Medical License is set to **expire** on **December 31, 2025**. To ensure a smooth renewal process, we have enclosed the necessary forms for your perusal:

1. **Renewal of Medical License Application (GBME-8)**
2. **Continuing Medical Education Report (GBME-9)**
3. **Record of Payment (GBME-7)**

Payment Details:

- Renewal Fee \$250
- Make all checks or money orders payable to **“TREASURER OF GUAM”**.
- Online payments can be made at <https://guamhplo.org/gbme/pay> (additional 5% convenience fee will be assessed).
- All fees are **NON-REFUNDABLE**.

Submission Deadline:

- Renewal applications will be accepted starting September 01, 2025.
- Due to the high volume of submissions and to ensure the timely processing of your application, we recommend submitting by October 31, 2025.
- Late submissions (after December 31, 2025) will incur a penalty fee of \$150 in addition to the renewal fee of \$250.
- Submissions received after March 31, 2026 will not be considered for renewal. The physician will be instructed to submit an Application for Reinstatement instead.

Continuing Medical Education (CME) Requirement:

- You are required to complete a minimum of 50 Category I credit hours relevant to your practice.
- All CME credits must be from September 2023 to present.

Application Submission Address: 194 Hernan Cortez Avenue
Terlaje Professional Building, Suite 213
Hagatna, GU 96910

Business Hours: Monday through Friday, 8:00 a.m. – 4:00 p.m. (except holidays)

Important Note: Failure to receive renewal notices does not relieve anyone of the responsibility for renewal their medical license.

For additional information, please contact the Health Professional Licensing Office at (671) 735-7407/12

Department of Public Health & Social Services
Guam Board of Medical Examiners
194 Hernan Cortez Ave., Terlaje Professional Bldg., Suite 213
Hagatna, GU 96910



GUAM BOARD OF MEDICAL EXAMINERS

RENEWAL OF FULL MEDICAL LICENSE

CHECKLIST

Name of Physician: _____ Date: _____

License No.: _____

1. _____ Application (GBME-8)
2. _____ CME (Continuing Medical Education) (GBME-9)
50 Credit Hours Category I (September 2023 to Present)
3. _____ Record of Payment (GBME-7)



GUAM BOARD OF MEDICAL EXAMINERS

APPLICATION FOR RENEWAL OF FULL MEDICAL LICENSURE

ATTACH
2x2
PHOTO
HERE

A. GENERAL INFORMATION AND INSTRUCTIONS

1. Please type or print. Unsigned applications shall be considered incomplete and will be returned for signature.
 - a. Applications must be received no later than October 31, of each renewal year. A penalty fee of \$150.00 in addition to the renewal fee of \$250.00 shall be imposed for late application received after October 31, of each renewal year. After March 1st of the following year with receipt of renewal application a new application for regular full licensure must be submitted.
2. Applications must include the following: **Completed checklist: GBME-7, GMBE-8, GBME-9 Form, Photo**
3. 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).

B. IDENTIFICATION:

1. NAME: _____ DATE OF BIRTH: _____
2. SOCIAL SECURITY NO.: _____ SEX: _____ M _____ F
3. GUAM LICENSE NO.: _____ CONTACT NO.: _____
4. EMAIL ADDRESS: _____ NPI: _____
5. PRIMARY PRACTICE ADDRESS: _____

6. MAILING ADDRESS: _____

C. SPECIALTY:

1. My area of practice is/are: _____
2. I am ABMS (American Board of Medical Specialties) BOARD CERTIFIED in the following:

SPECIALTY:	Date Issued:	Date Expired:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(NOTE: ATTACH A COPY OF EACH UPDATED CERTIFICATE OF ABMS BOARD CERTIFICATION) If ABMS Board Certification is lifetime, please verify with the Board office if a copy is on file.



GUAM BOARD OF MEDICAL EXAMINERS

D. QUESTIONNAIRE:

For questions 1-8, in the last two (2) years since your previous medical license renewal: Please select: (Y) Yes, (N) No

- Y N 1. Have you had any liability judgment(s) or out of court settlement(s) for Malpractice or Medical Battery?
- Y N 2. Have you had any disciplinary action by any local or State professional society, licensing agency or other regulatory agency?
- Y N 3. Have you voluntarily surrendered or limited your license to practice medicine in any State, U.S. Territory or foreign government?
- Y N 4. Have you ever been denied a license or authorization to practice medicine by any jurisdiction, including the military, public health or foreign government?
- Y N 5. Have you ever voluntarily resigned or limited your staff privileges at any hospital/healthcare institution?
- Y N 6. Have you ever voluntarily resigned or withdraw from a national, state or country medical society, association or Organization while under formal or informal investigation or review by that body for any reason related to possible medical incompetence, unprofessional conduct, or mental or physical impairment?
- Y N 7. Have you ever been denied a narcotic license, charged or convicted of a violation of Federal, State or Territorial Narcotic Laws or asked to surrender your narcotic license?
- Y N 8. Has your license to practice medicine ever been revoked, suspended, or restricted or has there ever been any disciplinary action taken against you in any state or territory?
- Y N 9. Are you currently suffering from any condition that impairs your judgment or may would otherwise adversely affect your ability to practice safely and in a competent, ethical, or professional manner?

***YES response(s) must be explained in a separate sheet.**

I declare under penalty of perjury that the foregoing is true and correct.

Signature

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: _____ 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:** _____

GMBE-7