



GUAM BOARD OF MEDICAL EXAMINERS

Department of Public Health & Social Services
194 Hernan Cortez Avenue, Terlaje Building, Suite 213, Hagatna, GU 96910

APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSURE INSTRUCTIONS AND REQUIREMENTS

IMPORTANT: Please adhere to the following instructions carefully to ensure timely processing of your application. Incomplete submissions may result in delays. If additional forms are required, please make copies as necessary. Allow up to 30 days from the submission date before inquiring about the status of your application. Should further information be needed, you will be contacted using the email or phone number provided in your application.

A checklist is included to assist in ensuring your submission is complete. Kindly verify that all required documentation is included and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Be sure to retain a copy of all documents submitted for your records.

REQUIREMENTS FOR LICENSURE / SUMMARY OF CHECKLIST:

- Section A Reinstatement of Medical Licensure Application (GBME-8a)**
- Section B 2x2 Photo**
- Section C Proof of Eligibility to work in the United States**
- Section D Record of Payment and Fee (GBME-7)**
- Section E Continuing Medical Education Report (GBME-9)**
- Section F Interview Questionnaire (GBME-11)**
- Section G Release of Information (GBME-21)**
- Section H License Verification**
- Section I National Practitioner Data Bank (NPDB)**
- Section J Detailed Practice Plan**



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CHECKLIST FOR FILING AN APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSURE:

Section A Reinstatement of Medical Licensure Application (GBME-8a)

1. Complete the entire application and submit with original signatures. Ensure the application is notarized. If an item or question is not applicable, indicate N/A.
2. Applications must include the following GBME forms: **GBME-8a, GBME-7, GBME-9, GBME-11, and GBME-21**.
3. Please type or print.

Section B 2x2 Photo

1. Attach a NEW 2x2 passport-style photo to page 1 of the application taken within six (6) months of submitting the application.
2. **DO NOT** provide scanned images, Polaroids, or black-and-white photos.

Section C Proof of Eligibility to work in the United States

1. Provide a copy of your U.S. Passport, Permanent Resident Card, or Work Visa (as applicable).

Section D Record of Payment and Fee (GBME-7)

1. Complete the entire record of payment form and submit payment of the \$150 Application Fee & \$250 License Fee. Both fees are non-refundable.
2. Make all checks or money order payable to '**Treasurer of Guam**'.
3. Online payments may be made on the Board website at www.guamhplo.org/gbme/pay.

Section E Continuing Medical Education Report (GBME-9)

1. A minimum of 100 Continuing Medical Education (CME) credit hours must be completed within the past two (2) years. Of these, at least 50 credit hours must be Category I and directly relevant to your area of practice.
2. Complete the entire continuing medical education reporting form and ensure to attach a copy of all certificates or transcripts.
3. Physicians who completed residency within the last (2) years are exempt from this requirement.



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Section F Interview Questionnaire (GBME-11)

1. Complete the entire interview questionnaire form. Be sure to initial after each question in the space provided.
2. All “YES” answers (with the exception of question #15) to any of the questions must be accompanied by a written statement, including dates, explaining the circumstances.

Section G Release of Information (GBME-21)

1. Complete the entire release of information form. Be sure to carefully read the entire form before signing.

Section H License Verification

1. A license verification from the U.S. jurisdiction where you obtained your original license, as well as from any jurisdiction where you currently hold an active medical license, must be submitted directly by the respective licensing Board.
2. Verifications submitted via VeriDoc will also suffice.

Section I National Practitioner Data Bank (NPDB)

1. Submit an NPDB self-query directly to the Board. Submission via mail or email will suffice.

Section J Detailed Practice Plan

1. Provide a letter to the Board outlining your reasons for obtaining a Guam medical license. The letter should include the following information:
 - **Specialty** - Clearly state your medical specialty or area of practice (e.g., family medicine, cardiology, psychiatry, etc.).
 - **Years of Experience** - Provide an overview of your experience, including the number of years you have been practicing in your specialty. If applicable, include details of any advanced certifications or subspecialties.
 - **Location of Practice** – Include the name of the clinic, hospital, or facility you will be employed at.
 - **Additional Information** - Feel free to include any other relevant details that will support your application. This could include:
 - Your motivation for practicing in Guam (e.g., community needs, personal connection, or professional opportunities).
 - Previous experience or visits to Guam, if applicable.



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Application Submission Address:

**Guam Board of Medical Examiners
194 Hernan Cortez Avenue
Terlaje Professional Bldg., Suite 213
Hagatna, GU 96910**



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CHECKLIST FOR REINSTATEMENT OF MEDICAL LICENSURE

Name: _____ Date of Application: _____

Specialty: _____

_____ Guam Board of Medical Examiners (**GBME-8a**) application.

_____ Photo – Signed and Dated, taken within the past six (6) months.

_____ Proof of Eligibility to work in the United States (i.e. U.S. Passport, Permanent Resident Card, or Work Visa).

_____ Guam Board of Medical Examiners Form 7 (**GBME-7**) for record of payment.

_____ Guam Board of Medical Examiners Form 9 (**GBME-9**) for CME Report.

_____ Guam Board of Medical Examiners Form 11 (**GBME-11**) for interview questionnaire.

_____ Guam Board of Medical Examiners Form 21 (**GBME-21**) for release of information.

_____ License Verification (Continental U.S. and/or U.S. Territories)

_____ National Practitioner Data Bank self-query sent directly to GBME.

_____ Detailed Practice Plan. (*Employer on Guam*)

NOTE: If required items are not submitted with the application, the application will be considered incomplete and will not be processed until all items requested are received.



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**ATTACH
2x2
PHOTO
HERE**

APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSURE

A. IDENTIFICATION:

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ PLACE OF BIRTH: _____

EMAIL ADDRESS: _____ CONTACT NO.: _____

NPI: _____ DEA: _____

MAILING ADDRESS: _____

PRIMARY PRACTICE NAME AND ADDRESS: _____

TELEMEDICINE: ___ YES ___ NO
(Please provide the name and address of the clinic or hospital where you are providing telemedicine services.)

B. SPECIALTY:

1. My area of practice is/are: _____

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

a. I am ABMS BOARD CERTIFIED in the following:

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



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(NOTE: ATTACHED COPY OF EACH ABMS BOARD CERTIFICATION)

C. CONTROLLED SUBSTANCE CERTIFICATION:

1. Guam Registration No.: _____ Expiration Date: _____

2. DEA No.: _____ Expiration Date: _____

3. Schedule:

II	Controlled	YES	NO
	Non-Controlled	YES	NO
III	Controlled	YES	NO
	Non-Controlled	YES	NO
IV		YES	NO
V		YES	NO

D. LICENSURE VERIFICATION:

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

2. Professional Experience as a physician over the three (3) consecutive years:

FROM	TO	LOCATION	TYPE OF PRACTICE	REASON FOR DISCONTINUATION

E. AFFIDAVIT: I declare under penalty of perjury that the foregoing is true

Applicant Signature: _____ Date: _____