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 will **expire** on **December 31, 2023.** Enclosed are the applications for Renewal of Medical License for **(GBME-8)**, Continuing Medical Education Report **(GBME-9)** and a Record of Payment **(GBME-7)** for your perusal. To avoid any delay in receiving your license card, **please submit your completed renewal application no later than October 31, 2023.**

Renewal applications must be submitted to the Board Office by October 31, 2023 enclosed with the renewal fee of $250.00. CHECKS ARE TO BE MADE PAYABLE TO THE "TREASURER OF GUAM."

Completed application forms and the record of payment must be filed with the Board Office by close of business of said due date. **Please be advised, those who are submitting a renewal application after December 31, 2023, will be required to pay the late penalty fee of $150.00 in addition to the renewal fee of $250.00.**

Please note: The new CME requirement is a minimum of 50 Category I credit hours relevant in the field of your practice. All CME's must be current year, 2022 and 2021.

Henceforth, the Health Professional Licensing Office-Guam Board of Medical Examiners is located at the Terlaje Professional Building, 194 Hernan Cortez Avenue, Suite 213, Hagatna, Guam. Business Counter hours of operations are 8:00 a.m. - 4:00 p.m., Monday through Friday, except holidays.

PLEASE NOTE: FAILURE TO RECEIVE RENEWAL NOTICES DOES NOT RELIEVE ANYONE OF THE RESPONSIBILITY FOR RENEWING HIS/HER MEDICAL LICENSE.

For additional information, you may contact the Health Professional Licensing Office **(671) 735-7408/10.**

Enclosures

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RENEWAL OF FULL MEDICAL LICENSE

CHECKLIST

1. ☐ **Application/Notarized (GBME-8)**

2. ☐ **CME (Continuing Medical Education) (GBME-9)**
   50 Credit Hours Category I (Current Year, 2022 and 2021)

3. ☐ **Record of Payment (GBME-7)**

Department of Public Health & Social Services,
The Guam Board of Medical Examiners, 194 Hernan Cortez Ave., Ste 213, Hagatna, GU 96910

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APPLICATION FOR RENEWAL OF FULL MEDICAL LICENSE

A. GENERAL INFORMATION AND INSTRUCTIONS

1. Please type or print.
2. Application 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.
3. Unsigned application shall be considered incomplete and will be returned for signature prior to processing.
4. Submission of completed application include: a. **GBME-7** b. **GBME-8** c. **GBME-9**

Make Check or Money Order payable to *"**Treasurer of Guam**" and mail to:* **Department of Public Health & Social Services, The Guam Board of Medical Examiners, 194 Hernan Cortez Ave., Ste 213, Hagatna, GU 96910.**

B. IDENTIFICATION

1. Name: _____
(Last) (First) (Middle) (Maiden)

2. Date of Birth: _____ SSN: _____ Guam Lic. No.: _____

4. Mailing Address: _____
(Street Address)

_____
(City) (State) (Zip) (Phone No.)

5. WORK Address: _____
(Street Address)

_____
(City) (State) (Zip) (Phone No.)

6. EMAIL Address: _____ (MANDATORY — for communication purposes)

Y ☐ N ☐ Did you work on Guam this past six months?

C. SPECIALTY

1. My area of practices is/are: _____

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

SPECIALTY:	**Date Issued:**	**Date Expire:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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D. PLEASE INDICATE YES or NO. (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)

☐ 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. Have you had any physical injury or disease or mental illness that affect or interrupt you practice of Medicine?

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

E. AFFIDAVIT: TO BE SWORN BEFORE AN OFFICER, AUTHORIZED TO ADMINSTER OATHS BY LICENSEE WHO HAS COMPLETED THIS FORM AND IS RENEWING FOR GUAM LICENSURE

_____ _____

Signature Date

SUBSCRIBED AND SWORN TO, BEFORE ME THIS
_____ DAY OF _____
NOTARY PUBLIC: _____
COMMISSION EXPIRES: _____
(DATE)

N O T A R Y P U B L I C

S E A L

GUAM BOARD OF MEDICAL EXAMINERS

CONTINUING MEDICAL EDUCATION REPORT

A. IDENTIFICATION

1. Name: _____
   (LAST) (FIRST) (MIDDLE) (MAIDEN)

2. SSN.: _____ Date of birth: _____

3. Guam License No.: _____ Expiration Date: _____

B. **CME CATEGORIES AND REQUIREMENTS: A minimum of 50 credit hours of CME over the past two (2) years. Of this, at least a minimum of 50 Category I credit hours relevant in the field of your practice. (SEE REVERSE PAGE)**

C. **LISTING OF CONTINUING EDUCATION PARTICIPATION: (PLEASE PRINT OR TYPE)**

Course Title	Sponsored By	Dates Attended	Accredited/Approved by (AMA, AAFP, ACOG, etc.)	Category	Credit Hours

Total No. of Credit hours Reported: _____

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing.

_____ _____

(Signature of Physician) (Date)

ATTACH COPIES OF ALL CATEGORY I CERTIFICATES

GBME-9(6/2021)

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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 #: 324156343
FOR OFFICE USE ONLY: Payment ( ) Check ( ) Money Order
Field Receipt No.: _____ Date Paid:

GMBE-7