

GUAM BOARD OF NURSE EXAMINERS

Dept. of Public Health and Social Services
194 Hernan Cortez Ave, Ste 213, Hagatna, Guam 96910-5052
Tel: 671 735-7409

Please mark ✓

Type of application:

EXAM RE-EXAM ENDORSEMENT REINSTATEMENT

Type of license:

NA LPN RN APRN

IMPORTANT NOTICE: Completion of this application form is necessary for consideration for licensure under the Guam Nurse Practice Act (10 Guam Code Annotated § 12300 et seq. Failure to disclose all requested information will result in application rejected as incomplete. All information provided must be accurate and true. All applicants have an obligation to keep the information on this application current. Failure to report or maintain information on this application may result in denial or cancellation of application.

INSTRUCTIONS AND REQUIREMENTS CHECKLIST

Please mark ✓ SELECTIONS. Complete requirements for ALL APPLICANTS (Section I AND any other ADDITIONAL SECTION (S) pertaining to your application

SECTION I : **REQUIREMENTS FOR ALL APPLICANTS** must submit proof of legal name change. (e.g., notarized or certified copy of marriage certificate, divorce decree or other court order)

- 1. Please print legibly with black or blue ink only.
- 2. Applicant must have a U.S. Social Security Number APPLICATIONS WITHOUT A SOCIAL SECURITY NUMBER WILL AUTOMATICALLY BE REJECTED AS INCOMPLETE AND/OR DISAPPROVED.

Note: The disclosure is mandated by the Social Security Act. Your social security number will be provided to the Attorney General’s Office to assist in the identification of persons who are delinquent in complying with the Child support, spousal support/ alimony order or in the repayment of educational loans.

- 3. Application must be notarized (must show expiration date).
- 4. Provide two 2x2 passport size photos print, sign and date on the back. Photo must be taken within three (3) months of the date of application.
- 5. Criminal background checks: Police AND Court Clearances dated within **two (2) months** of the date the application was received. Clearances must be from the jurisdiction of current/recent (within two (2) months) residence/nursing practice.

Police clearance, state of issue _____ Court clearance, state of issue _____

- 6. Completed Record of Payment and appropriate fees for local payments can be made by cash, card, check or money order to one of three locations by presenting the Record of Payment included in this application.
Receipt received: Yes No

TREASURER OF GUAM LOCATIONS, **Please mark ✓** location.

- 1. Cashier Window located at Public Health, Mangilao
- 2. Treasurer of Guam in the ITC Building, First Floor, Tamuning
- 3. Treasurer of Guam service window at Dept. of Revenue & Tax, Barrigada

Mark if this is an application by mail

APPLICATIONS BY MAIL: Only check or money order issued is U.S. dollars by a U.S. bank or institution and made payable to TREASURER OF GUAM.

Note 2: Fees are non-refundable, DO NOT MAKE A PAYMENT if you do not have a social security number

- 7. All documents used to support this application must be official (no copies).
- 8. Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). This form must be completed with signature.

SECTION II: IN ADDITION TO SECTION I, **REQUIREMENTS FOR LICENSURE BY EXAM** (RN, LPN AND NURSE ASSISTANT)

- 1. Official Transcripts: Must be sent directly from school of Nursing to Board office address
- 2. Certification of Education (Attachment Form A). Must be completed by school of nursing
 - Name of School: _____ State/ Country _____

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Please mark ✓ completed selections

SECTION III: IN ADDITION TO SECTION I, REQUIREMENTS FOR RE-EXAMINATION

1. RE-EXAM APPLICANTS: Number of exam, second third other , Date of last exam _____

SECTION IV: IN ADDITION TO SECTION I, REQUIREMENTS FOR LICENSURE BY ENDORSEMENT

1. Verification of licensure via NURSYS, Please go to www.nursys.com for electronic verifications or use verification form (Attachment form B).

Note 3: Verifications by form must be sent directly to the Guam board of nursing **from the board of nursing of the issuing state of original license and current license (if not the same).**

State of Original license _____ State of current license _____

Type of verification: NURSYS Verification by form date of request/ sent _____

SECTION V: IN ADDITION TO SECTION I REQUIREMENTS FOR APRN LICENSURE

Type of APRN (✓ one): CRNP CRNM CRNA

- 1. Meet all requirements for Guam RN licensure.
- 2. Official Transcripts: Must be sent directly from school of Nursing to GBNE.
- 3. National board certification to practice as a nurse practitioner sent directly from the state board certifying to GBNE.
- 4. Proof of fee (Record of Payment & receipt from Treasurer of Guam)
- 5. Application for prescriptive authority (if applicable).

P.L. 34-78, Article 5, § 5.7. Prescriptive Authority (a) Requirements for prescribing, ordering, dispensing and furnishing authority.

SECTION VI: ADDITIONAL TO SECTION I, REQUIREMENTS FOR REINSTATEMENT OF LICENSE

- 1. Verification or copy of current license. State of current licensure _____
- 2. Written explanation of lapsed license, signed, dated and addressed to the Guam Board of Nurse Examiners.
- 3. 30 CE hours for up to 3 year lapse in license (RN, LPN) or 15 CE hours for up to 3 year lapse (Nursing Assistant)
- Mark ✓ here if lapse in license if over 3 years. Please provide proof of updated education approved by the board.

SECTION VII: GRADUATES OF FOREIGN SCHOOLS (For NCLEX Applicants only)

1. CGFNS (CES) credentials education report/ verification. Please visit www.CGFNS.org

Note 4: This report must be sent electronically from CGFNS to the GBNE office.

SECTION VIII: OTHER SUPPORTING DOCUMENTATION

- 1. Document description : _____
- 2. Document description : _____
- 3. Document description : _____

Date of Submission: _____