Hagatna, Guam 96910 Contact No. (671) 735-7404-12

First Name

M.I.

License Renewal Application

A. Instructions:

B. Identification:

Last Name

NAME: __

- 1. Complete the renewal application form (GBEO-8)
- 2. Complete continuing Optometry reporting form (GBEO-9)
- 3. Complete Record of Payment form (GBEO-7)
 Make checks payable to **TREASURER OF GUAM**

Social Security No		
LIST ALL PRA	CTICES NAMES, LOCATIONS, AND	ADDRESSES
Name	Location	Address
Mailing Address:		
tesidence Address:		
Email Address:		
Home Phone:		



Department of Public Health & Social Services

The Guam Board of Examiners for Optometry

Mailing/Physical Address: 194 Hernan Cortez Terlaje Professional Bldg. Hagatna, Guam 96910 Contact No. (671) 735-7404-12

Continuing Optometry Education Reporting Form

List of Credit Hours

In compliance with P.L. 16-123, as set by its rules and regulations, the Board requires at least one (1) day of continuing education in the year preceding renewal. One (1) day is defined as attending or requiring continuing education for eighteen (18) hours. Please submit only eighteen (18) hours of continuing education to be applied to this year's renewal. **Attach copies only of the COE training certificates**.

Title Course	Organizer's Name and Address	Attendance Dates	Hours	Therapeutic Hours
		Total No. of credit	hours:	
I certify that the information provided is true under penalty of perjury to the truth and accuracy of statements, answers and representation made in support of my application for license renewal to practice optometry on Guam.				
	Signature	Date		



Department of Public Health & Social Services

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I.

IDENTIFICATION

NAMI			
	LAST NAME	FIRST NAME	MIDDLE INITIAL
II.	VERIFICATION OF LIC	ENSURE : Please print the comp	lete name used on the
	Original License and your S	locial Security Number.	
III.	FEES: Please make all checks or Money Orders payable to "TREASURER OF GUAM" ALL fees are NON-REFUNDABLE. Treasurer of Guam Cashiers are located at the International Trade Center (ITC Building 1st floor in Tamuning)		

Please check mark your request(s):

1.	Application by Examination	\$250.00
2.	Application by Endorsement	\$250.00
3.	Duplicate License	\$100.00
4.	License Fee (Initial)	\$150.00
5.	License Renewal Fee	\$150.00
6.	License Verification	\$15.00
7.	Reinstatement	\$100.00
8.	Temporary Work Permit	\$10.00
9.	Inactive License (50% of 111.4)	\$75.00
10.	Practice Act	\$5.00
11.	Rules and Regulations	\$10.00
12.	Photocopy (5 pages or less)	\$3.00
13.	Photocopy (each additional page)	\$0.50

FOR OFFICE USE ONLY:		
PAYMENT TYPE: () CASH	() CHECK () MONEY ORDER	
DATE RECEIVED:	PAYMENT RECEIPT NO	
PAYMENT DATE:		