



# GUAM BOARD OF MEDICAL EXAMINERS

## APPLICATION CHECKLIST

### FOR

### LIMITED LICENSE

(Physicians in Graduate Training)

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

\_\_\_\_\_

**Medical School Attended**

\_\_\_\_\_

**State**

- \_\_\_\_\_ Guam Board of Medical Examiners Application (GBME-1)
- \_\_\_\_\_ Photo (print, sign, & date), taken within the last three (3) months
- \_\_\_\_\_ Detailed "Practice Plan" (Employer on Guam)
- \_\_\_\_\_ Release of Information (GMBE-21)
- \_\_\_\_\_ Sponsorship Letter from a currently licensed Physician/Clinic
- \_\_\_\_\_ Verification from Institution
- \_\_\_\_\_ National Practitioner Data Bank
- \_\_\_\_\_ Interview Questionnaire (GBME-11)
- \_\_\_\_\_ Record of Payment form (GBME-7)
- \_\_\_\_\_ *Application Fee (\$150.00)*
- \_\_\_\_\_ *Limited License Fee (\$125.00)*