



## **GUAM BOARD OF EXAMINERS FOR PHARMACY**

Department of Public Health & Social Services

Tel: (671) 735-7404~12 | Fax: (671) 735-7413

194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910

### **REQUIREMENTS FOR LICENSURE OF PHARMACY/FACILITY**

The following information is provided and guides you in the application procedures to practice pharmacy on Guam. If there are questions, you may contact the Board Secretary for assistance.

#### **Requirements for Licensure (Local Facilities):**

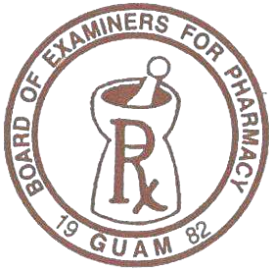
1. Completed application (GBEP-22).
2. Application fee (GBEP-7).
3. Completed Inspection by the Board
4. Copy of Floor Plan for Pharmacy/Facility
5. Copy of Company Policy and Procedures
6. Copy of Security Surveillance Contract

#### **Requirements for Licensure (Non-Resident Facilities):**

1. Completed application (GBEP-22)
2. Application fee (GBEP-7)
3. Copy of State License
4. Copy of Certificate of Registration as a Foreign Corporation with Guam
5. Most recent Facility Inspection Report (within the last 2 years from date of application)
6. Copy of State issued Controlled Substance Registration (if applicable)
7. Copy of DEA Registration (if applicable)
8. Copy of NPI Verification (if applicable)
9. If applying for a Non-Resident Pharmacy, the Pharmacist-in-Charge (PIC) must also apply for licensure with the Guam Board of Examiners for Pharmacy and pass the Guam MPJE. An Application by Endorsement may be obtained from the Board Secretary.

### **INSTRUCTIONS FOR FILING THE APPLICATION WITH THE BOARD**

Applicants are responsible for ensuring that all required documents are received. An application is considered incomplete until all necessary materials are submitted to the GBEP.



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Department of Public Health & Social Services  
 Government of Guam  
 194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatña, GU 96910

## CHECKLIST – PHARMACY/FACILITY

NAME OF FACILITY:

DATE APPLICATION REC'D:

\_\_\_\_\_

\_\_\_\_\_

**TYPE OF LICENSE APPLYING FOR (Check one only):**

- |                              |   |                              |
|------------------------------|---|------------------------------|
| / / Wholesaler / Distributor | / / Non-resident Wholesaler/Distributor | / / Virtual Wholesaler       |
| / / Pharmacy                 | / / Non-resident Pharmacy               | / / Retail Pharmacy          |
| / / Telepharmacy             | / / Nuclear Pharmacy                    | / / Hospital / Institutional |
| / / Non-sterile Compounding  | / / Sterile Compounding                 | / / Manufacturer             |
| / / Virtual Manufacturer     | / / Third-party logistics (3PL)         |                              |

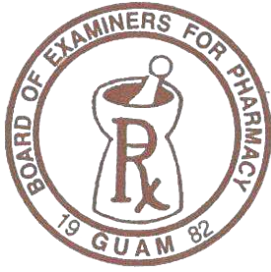
1. \_\_\_\_\_ Completed Application [GBEP-22]
2. \_\_\_\_\_ Application Fee [GBEP-7]
3. \_\_\_\_\_ Facility Inspection Report (Most Current)
4. Permits/Registrations:
  - \_\_\_\_\_ State Issued Controlled Substance Registration (if applicable)
  - \_\_\_\_\_ DEA Registration (if applicable)
  - \_\_\_\_\_ NPI Registration (if applicable)
  - \_\_\_\_\_ State License
5. FOR PHARMACY: Pharmacist-in-Charge (PIC) must be licensed
  - \_\_\_\_\_ PIC Pending Passing of Guam MPJE
  - \_\_\_\_\_ PIC Licensed on Guam

Name of PIC: \_\_\_\_\_ Guam License #: \_\_\_\_\_

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**\*\* FOR BOARD USE ONLY \*\***

BOARD MEMBER SIGNATURE	BOARD ACTION	DATE	COMMENTS
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		



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<b>FOR OFFICIAL USE ONLY:</b>
<input type="checkbox"/> Fees
<input type="checkbox"/> Inspection
<input type="checkbox"/> Approved
<input type="checkbox"/> License # (upon approval) _____

## APPLICATION FOR PHARMACY/FACILITY

\_\_\_\_\_ **New**      \_\_\_\_\_ **Renewal**

APPLICANTS PLEASE NOTE: EVERY PERMIT UNDER THIS AUTHORITY SHALL BE DEEMED TO BE PERSONAL AND MAY NOT IN ANY CIRCUMSTANCES BE TRANSFERRED TO ANY OTHER PERSON. A SEPARATE APPLICATION MUST BE FILED FOR EACH PERMIT. THERE MUST BE A PERMIT FOR EACH SEPARATE BUSINESS LOCATION.

1. FULL NAME OF APPLICANT			DOING BUSINESS AS (Business, Trade or Fictitious Name)
_____	_____	_____	_____
(Last)	(First)	(Middle)	(Completed Name of Business)

### TYPE OF LICENSE (Check one only)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> / Wholesaler / Distributor | <input type="checkbox"/> / Non-resident Wholesaler/Distributor | <input type="checkbox"/> / Virtual Wholesaler       |
| <input type="checkbox"/> / Pharmacy                 | <input type="checkbox"/> / Non-resident Pharmacy               | <input type="checkbox"/> / Retail Pharmacy          |
| <input type="checkbox"/> / Telepharmacy             | <input type="checkbox"/> / Nuclear Pharmacy                    | <input type="checkbox"/> / Hospital / Institutional |
| <input type="checkbox"/> / Non-sterile Compounding  | <input type="checkbox"/> / Sterile Compounding                 | <input type="checkbox"/> / Manufacturer             |
| <input type="checkbox"/> / Virtual Manufacturer     | <input type="checkbox"/> / Third-party logistics (3PL)         |   |

2. BUSINESS MAILING ADDRESS		BUSINESS LOCATION (Block, Lot No., Municipality)	
_____		_____	
(P.O. Box or Street #)		(Physical Location)	
Telephone #: _____	Email address: _____		
Fax #: _____	Guam Business License #: _____		

### 3. TYPE OF FIRM (Check and Complete one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> / Resident Corporation | <input type="checkbox"/> / Foreign (Non-Resident) Corporation | <input type="checkbox"/> / Partnership |
| <input type="checkbox"/> / Sole Proprietorship  | <input type="checkbox"/> / Other: Specify: _____              |  |

A. Is it registered under the law of Guam? \_\_\_ Yes    \_\_\_ No

\*If no, please complete and submit an application for a Certificate of Registration as A Foreign Corporation with the Guam Department of Revenue and Taxation.

(Agent is authorized to accept services of process in legal proceedings against the Corporation)

B. List name, title, and address of each partner or agent/local agent.

- a. \_\_\_\_\_  
(Last, First, MI) (Address)
- b. \_\_\_\_\_  
(Last, First, MI) (Address)
- c. \_\_\_\_\_  
(Last, First, MI) (Address)

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4. TYPE OF PHARMACEUTICAL/SERVICE

- a. Prescription only: \_\_\_\_\_
1. Non-Controlled \_\_\_\_\_
2. Controlled \_\_\_\_\_
3. Both \_\_\_\_\_
- b. Over-the-counter (OTC) Only: \_\_\_\_\_
- c. Prescription and OTC \_\_\_\_\_
- d. Cognitive pharmacy services \_\_\_\_\_

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5. GOVERNMENT APPLICABLE LICENSE/PERMIT (PLEASE ATTACH COPIES)

- a. State Issued Controlled Substance Registration Number \_\_\_\_\_
- b. DEA Registration Number \_\_\_\_\_
- c. NPI Number \_\_\_\_\_
- d. State License Number \_\_\_\_\_

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6. BUSINESS INTENTION:

- \_\_\_\_ distribute, mail prescription drugs into Guam
- \_\_\_\_ distribute, mail prescription drugs to Guam prescribers only
- \_\_\_\_ pharmacy practice with direct dispensing of medications
- \_\_\_\_ pharmacy practice without direct dispensing of medications

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7. IF APPLICABLE:

- a. Name of Manager \_\_\_\_\_
- b. Name of Pharmacist-in-Charge (if a pharmacy) \_\_\_\_\_ Guam License # \_\_\_\_\_
- c. Out-of-state Applicants:
- Home State: \_\_\_\_\_ Home State License # \_\_\_\_\_

I certify that I have personally read and will abide by the Laws, Rules and Regulations governing the Practice of Pharmacy on Guam. I understand that I am required to report any changes in the information contained in this application to the Board.

I hereby swear or declare under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against the pharmacy license.

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Signature of Applicant, Title of Capacity

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Date



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194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910-5052

## RECORD OF PAYMENT

### IDENTIFICATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street or P.O. Box #) (City) (State) (Zip Code)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF LICENSURE:** Please print the complete name used on original license and your Social Security number.

Name \_\_\_\_\_ SS# \_\_\_\_\_

**FEE:** Fee paid is **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**.  
Online payments can be made at <https://guamhplo.org/gbep/pay> (additional 5% convenience fee).

Please check your request(s):

- |                              |  |          |
|------------------------------|--|----------|
| 1. <input type="checkbox"/>  | Pharmacist's Licensure Application fee (charged once)      | \$100.00 |
| 2. <input type="checkbox"/>  | Pharmacist's License Renewal fee                           | \$60.00  |
| 3. <input type="checkbox"/>  | Temporary License fee                                      | \$10.00  |
| 4. <input type="checkbox"/>  | Pharmacy Permit fee  | \$50.00  |
| 5. <input type="checkbox"/>  | Pharmacy Permit Renewal fee                                | \$30.00  |
| 6. <input type="checkbox"/>  | Pharmacy Intern Application fee                            | \$40.00  |
| 7. <input type="checkbox"/>  | Pharmacy Intern Renewal fee                                | \$40.00  |
| 8. <input type="checkbox"/>  | Pharmacy Technician License fee                            | \$50.00  |
| 9. <input type="checkbox"/>  | Pharmacy Technician License Renewal fee                    | \$30.00  |
| 10. <input type="checkbox"/> | Penalty for late renewal of Pharmacy Intern                | \$40.00  |
| 11. <input type="checkbox"/> | Miscellaneous permit fee (Wholesalers, Drug Outlets, etc.) | \$50.00  |
| 12. <input type="checkbox"/> | Miscellaneous Permit Renewal                               | \$30.00  |
| 13. <input type="checkbox"/> | Penalty for late renewal of Pharmacist's license           | \$40.00  |
| 14. <input type="checkbox"/> | Penalty for late renewal of Pharmacy license               | \$40.00  |
| 15. <input type="checkbox"/> | Photocopying of rules and regulations (per set)            | \$10.00  |
| 16. <input type="checkbox"/> | Photocopying of Public Law (Pharmacy Portion) (per set)    | \$5.00   |
| 17. <input type="checkbox"/> | Photocopying of other records (first 5 copies)             | \$3.00   |
| 18. <input type="checkbox"/> | Photocopying (each additional sheet)                       | \$0.50   |

**Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.**

Off-island applicants, return this form with payment to GBEP at the above address.

**OFFICE USE ONLY:** Payment  Check  Money Order  Cash  Credit Card

Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Account #: DPH 324156346



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## CASHIERS COPY

### RECORD OF PAYMENT

#### IDENTIFICATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street or P.O. Box #) (City) (State) (Zip Code)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF LICENSURE:** Please print the complete name used on original license and your Social Security number.

Name \_\_\_\_\_ SS# \_\_\_\_\_

**FEE:** Fee paid is **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**.  
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Please check your request(s):

- |                              |  |          |
|------------------------------|--|----------|
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| 2. <input type="checkbox"/>  | Pharmacist's License Renewal fee                           | \$60.00  |
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| 4. <input type="checkbox"/>  | Pharmacy Permit fee  | \$50.00  |
| 5. <input type="checkbox"/>  | Pharmacy Permit Renewal fee                                | \$30.00  |
| 6. <input type="checkbox"/>  | Pharmacy Intern Application fee                            | \$40.00  |
| 7. <input type="checkbox"/>  | Pharmacy Intern Renewal fee                                | \$40.00  |
| 8. <input type="checkbox"/>  | Pharmacy Technician License fee                            | \$50.00  |
| 9. <input type="checkbox"/>  | Pharmacy Technician License Renewal fee                    | \$30.00  |
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| 14. <input type="checkbox"/> | Penalty for late renewal of Pharmacy license               | \$40.00  |
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