



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):

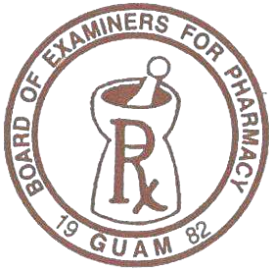
1. Completed application (GBEP-22).
2. Application fee (GBEP-7).
3. Completed Inspection by the Board
4. Copy of Floor Plan for Pharmacy/Facility
5. Copy of Company Policy and Procedures
6. Copy of Security Surveillance Contract

Requirements for Licensure (Non-Resident Facilities):

1. Completed application (GBEP-22)
2. Application fee (GBEP-7)
3. Copy of State License
4. Most recent Facility Inspection Report (within the last 2 years from date of application)
5. Copy of State issued Controlled Substance Registration (if applicable)
6. Copy of DEA Registration (if applicable)
7. Copy of NPI Verification (if applicable)
8. 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

It is the responsibility of each applicant to ensure that the GBEP Secretary receives all necessary documents. The application is considered incomplete until all necessary documents, including recent photographs are presented to the GBEP and all the applicable fees have been paid. In making application for licensure, the applicant authorizes the GBEP to verify any or all information contained in the application and/or seeks whatever additional information pertinent to the applicant's qualifications or character that it may deem proper.



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 Government of Guam
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CHECKLIST – PHARMACY/FACILITY

NAME OF FACILITY:

DATE APPLICATION REC'D:

TYPE OF LICENSE APPLYING FOR (Check one only):

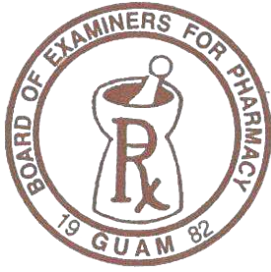
- | | | |
|------------------------------|---|------------------------------|
| / / Wholesaler / Distributor | / / Non-resident Wholesaler/Distributor | / / Virtual Wholesaler |
| / / Pharmacy | / / Non-resident Pharmacy | / / Retail Pharmacy |
| / / Telepharmacy | / / Nuclear Pharmacy | / / Hospital / 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 #: _____

**** 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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FOR OFFICIAL USE ONLY:
<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

(Agent is authorized to accept services of process in legal proceeding 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)

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 _____

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 _____

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

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.

Signature of Applicant, Title of Capacity

Date



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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# _____

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