

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

NON-RESIDENT PHARMACY LICENSE APPLICATION INSTRUCTIONS AND REQUIREMENTS

IMPORTANT: Please follow these instructions carefully. If you do not submit all required items, the processing of your application may be delayed. If you need more forms than provided, please make copies as needed. Allow about 45 days from the submission date before checking the status of your application. If additional information is required, the contact person listed on the application will be notified.

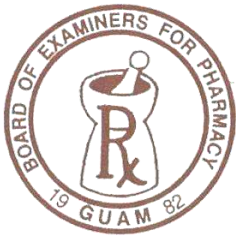
A checklist is included to assist with your submission. Please ensure all required documentation is included with your application and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Remember to keep a copy of all documents submitted for your records.

REQUIREMENTS FOR LICENSURE/ SUMMARY OF CHECKLIST:

- Section A Non-Resident Pharmacy License Application (GBEP-24)**
- Section B Record of Payment and Fee**
- Section C Facility Inspection Report (Most Recent)**
- Section D Copy of Permits/Registrations**
- Section E State License Verification and Copy of License**

Application Submission Address:

**Guam Board of Examiners for Pharmacy
194 Hernan Cortez Avenue
Terlaje Professional Bldg., Suite 213
Hagatna, GU 96910**



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CHECKLIST FOR FILING A PHARMACY LICENSE APPLICATION:

Section A Non-Resident Pharmacy License Application (GBEP-24)

1. Complete the entire application and submit with original signatures. If an item or question is not applicable, indicate N/A.
2. Pharmacist-in-Charge (PIC) must be licensed with the Guam Board of Examiners for Pharmacy.

Section B Record of Payment and Fee (GBEP-7)

1. Complete the entire record of payment form and submit payment of the \$50.00 Pharmacy Permit Fee. This fee is non-refundable.
2. Make all checks or money orders payable to **'Treasurer of Guam'**.
3. Online payments may be made on the Board website at www.guamhpo.org/gbep/pay.

Section C Facility Inspection Report (Most Current)

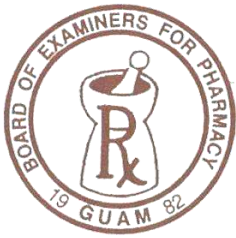
1. When submitting your application, please include a copy of the most current facility inspection report to the Board.

Section D Copy of Permits/Registrations

1. Provide a copy of your Certificate of Authority as a Foreign Entity with Guam.
2. Provide a copy of your most recent Controlled Substance Registration.
3. Provide a copy of your most recent DEA Registration.
4. Provide a copy of your current National Provider Identifier (NPI) record.

Section E State License Verification and Copy of License

1. Submit a license verification from the home state regulatory agency verifying the status of the pharmacy license.
2. Submit a copy of the home state issued license.



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NON-RESIDENT PHARMACY LICENSE APPLICATION

1. Applicant Information (Name of Pharmacy)

Doing Business As (Business, Trade, or Fictitious Name)

Email Address: _____ Telephone #: _____

Fax #: _____ State License #: _____

2. Type of License: (Check one only)

- | | |
|--|--|
| <input type="checkbox"/> Retail Pharmacy | <input type="checkbox"/> Sterile Compounding |
| <input type="checkbox"/> Nuclear Pharmacy | <input type="checkbox"/> Non-Sterile Compounding |
| <input type="checkbox"/> Hospital/Institutional Pharmacy | <input type="checkbox"/> Telepharmacy |

3. Business Physical Address:

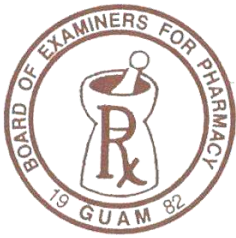
(Street #)	City	State	Zip Code
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Business Mailing Address: (If different from physical address)

(P.O. Box or Street #)	City	State	Zip Code
------------------------	------	-------	----------

4. Type of Firm: (Check one only)

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other (Specify): _____ |



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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 Entity with the Guam Dept of Revenue and Taxation.

B. Person or Agency located in Guam that will act as an agent for service of process.

Name: _____

Address: _____

(Street #)

City

State

Zip Code

Email Address: _____ Telephone #: _____

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

5. Type of Pharmaceutical/Service:

Prescription Only

Non-Controlled

Controlled

Both

Over-The-Counter (OTC) Only

Prescription and OTC

Cognitive Pharmacy Services

6. Government Applicable Permits/Registrations:

a. State Issued Controlled Substance Registration Number _____

b. DEA Registration Number _____

c. NPI Number _____

d. State Issued License Number _____

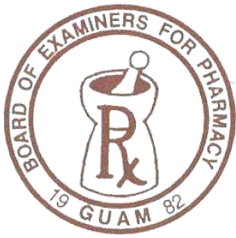
7. Business Intention:

distribute, mail prescription drugs into Guam

distribute, mail prescriptions drugs to Guam prescribers only

pharmacy practice with direct dispensing of medications

pharmacy practice without direct dispensing of medications



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- 8. Pharmacist-in-Charge (PIC)** Please provide the name of the proposed PIC, who will oversee compliance with all relevant state and federal pharmacy laws, regulations, and internal policies. The PIC must be approved by the board.

Name of PIC: _____ **Pharmacist License #:** _____

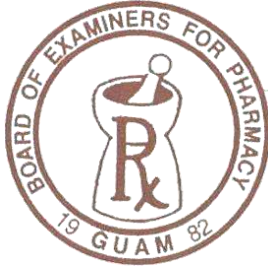
Name of Manager: (if different from PIC) _____

I certify that I have personally read and will abide by the Law, 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 the application is true and correct. I understand that failure to provide complete and truthful information may constitute ground 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 _____

FEE: Fee paid is **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**.

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 |

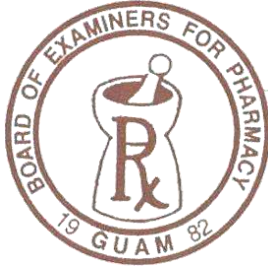
Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.

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 #: 5211338



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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 _____

FEE: Fee paid is **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**.

Please check your request(s):

- | | | |
|------------------------------|--|----------|
| 1. <input type="checkbox"/> | Pharmacist's Licensure Application fee (charged once) | \$100.00 |
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