

## **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 WHOLESALER/DISTRIBUTOR 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.

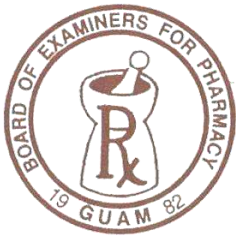
A checklist is included to assist with your submission. Please ensure all required documentation is included with your application and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Remember to keep a copy of all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

#### **REQUIREMENTS FOR LICENSURE/ SUMMARY OF CHECKLIST:**

- Section A      Non-Resident Wholesaler/Distributor License Application (GBEP-25)**
- 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 WHOLSALER/DISTRIBUTOR LICENSE APPLICATION:

#### Section A Non-Resident Wholesaler/Distributor License Application (GBEP-25)

1. Complete the entire application and submit with original signatures. If an item or question is not applicable, indicate N/A.

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

1. Complete the entire record of payment form and submit payment of the \$50.00 Miscellaneous Permit Fee (Wholesaler, Drug Outlets, etc.). 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.guamhpl.org/gbep/pay](http://www.guamhpl.org/gbep/pay).

#### Section C Facility Inspection Report (Most Current)

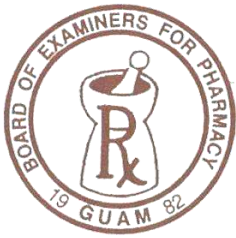
1. When submitting your application, please include a copy of the most current facility inspection report to the Board.

#### 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 WHOLESALER/DISTRIBUTOR LICENSE APPLICATION

### 1. Applicant Information (Name of Company)

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

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Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ State License #: \_\_\_\_\_

### 2. Type of License: (Check one only)

- |  |   |
|--|---|
| <input type="checkbox"/> Wholesaler/Distributor      | <input type="checkbox"/> Virtual Wholesaler/Distributor |
| <input type="checkbox"/> Manufacturer                | <input type="checkbox"/> Virtual Manufacturer           |
| <input type="checkbox"/> Third-Party Logistics (3PL) |   |

### 3. Business Physical Address:

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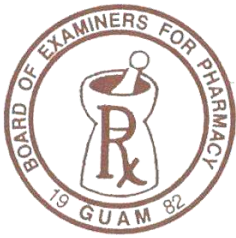
Business Mailing Address: (If different from physical address)

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(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:

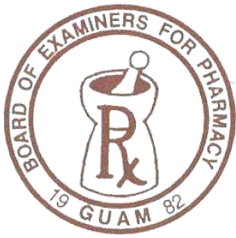
- |  |  |
|--|--|
| <input type="checkbox"/> Prescription Only | <input type="checkbox"/> Over-The-Counter (OTC) Only |
| <input type="checkbox"/> Non-Controlled    | <input type="checkbox"/> Prescription and OTC        |
| <input type="checkbox"/> Controlled        | <input type="checkbox"/> Cognitive Pharmacy Services |
| <input type="checkbox"/> Both              |  |

## 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. Designated Representative** Please provide the name of the proposed designated representative, who will oversee compliance with all relevant state and federal pharmacy laws, regulations, and internal policies.

**Name of Designated Representative:** \_\_\_\_\_

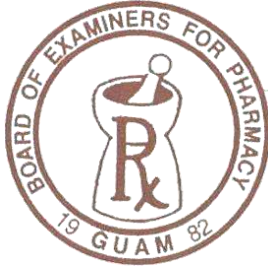
**Name of Manager:** (if different from above) \_\_\_\_\_

**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   |

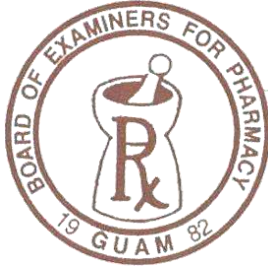
**Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.**

*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):

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