

GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
 194 Hernan Cortez Ave., Terlaje Bldg. Ste 213A Hagatña, Guam, 96910-5052

CHECKLIST – PHARMACIST BY ENDORSEMENT

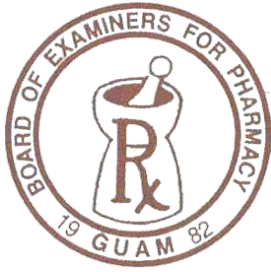
NAME OF APPLICANT:

DATE APPLICATION REC'D:

1. ___ Signed and notarized application [GBEP-1].
2. ___ One (1) 2x2 photographs taken within the last 3 months.
3. ___ Application fee [GBEP-7].
4. ___ Notarized affidavit of the applicant of a change of name, if applicable.
5. Verification of License (check verification received):
 - ___ Home State [GBEP-6]
 - ___ National Association of Boards of Pharmacy (NABP)
6. ___ Three (3) letters of recommendation from professional acquaintances (not older than 2 years preceding date of application).
7. ___ Passing score on the Guam Jurisprudence Examination (MPJE).

**** 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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REQUIREMENTS FOR PHARMACIST BY ENDORSEMENT

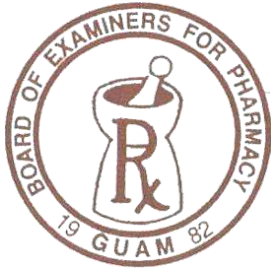
The following information is provided and guides you in the application procedures to practice pharmacy on Guam. If there are questions, you may contact the Board Secretary for assistance.

Requirements for Licensure:

1. Completed application – signed and notarized (GBEP-1).
2. One (1) 2" x 2" photograph taken within the last (3) three months.
3. Application fee (GBEP-7).
4. At least 18 years of age.
5. Verification of license from original State of Board of Licensure (GBEP-6).
6. Three (3) letters of recommendation from professional acquaintances not older than two (2) years preceding date of application.
7. Notarized affidavit of the applicant of a change of name, if applicable.
8. Once approved by the Board, applicant must successfully pass the Guam Jurisprudence Examination.

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 as a pharmacist, 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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LICENSE APPLICATION FOR PHARMACIST BY ENDORSEMENT

A. GENERAL INFORMATION:

1. Type or print in ink.
2. All forms must be filled completely by the applicant. Application fee should be made payable to **TREASURER OF GUAM** and is NON-REFUNDABLE.
3. Return complete application form to the Guam Board of Examiners for Pharmacy at the above address. See **RECORD OF PAYMENT** form (GBEP-7) for applicable fees and instructions.

B. IDENTIFICATION:

Name: _____
(Last) (First) (Middle Initial)

Social Security No.: _____ Gender: () M () F

Date of Birth: _____ Place of Birth: _____
(City) (State)

Permanent Address: _____

Mailing Address: _____
(Street or P.O. Box #)

(City) (State) (Zip Code)

Date applied: _____ Work Phone: _____ Home Phone: _____

NPI Number: _____ Email: _____

C. EDUCATIONAL INFORMATION:

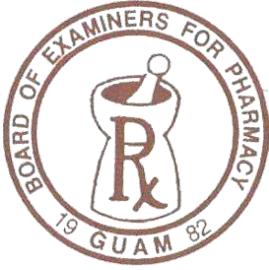
| EDUCATIONAL BACKGROUND | NAME & ADDRESS OF SCHOOL | DATE GRADUATED | DEGREE/CERTIFICATE |
|---|--------------------------|----------------|--------------------|
| 1. High School | | | |
| 2. College/University | | | |
| 3. Post Graduate Training (Internship, Residency, etc.) | | | |

D. PROFESSIONAL INFORMATION:

1. License Information

a. State/Country Date of Expiration
 Licensed: _____ Issue: _____ Date: _____

b. Has license ever been revoked, suspended or investigated? ___Yes ___No
 (If yes, please explain on a separate sheet).



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2. Professional Experience:

| FROM | TO | LOCATION | TYPE OF PRACTICE | REASON FOR DISCONTINUATION |
|------|----|----------|------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

3. Member of the following professional associates: _____

E. GRADUATES OF FOREIGN PHARMACY SCHOOLS:

All graduates of foreign pharmacy schools shall first write and successfully pass the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), an examination administered by the Foreign Pharmacy Graduate Examination Commission (FPGEC). The Board will verify this information. Please sign permission (GBEP-10).

Date Taken: _____ Score: _____

F. AFFIDAVIT:

TO BE SWORN TO BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS BY THE APPLICANT WHO HAS COMPLETED THIS FORM, AND IS APPLYING FOR GUAM LICENSURE.

SUBSCRIBE AND SWORN BEFORE ME

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

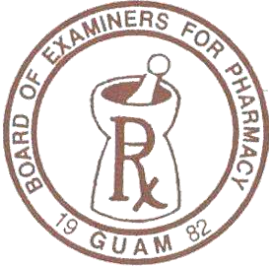
MY COMMISSION EXPIRES: _____

APPLICANT SIGNATURE

_____/_____/_____
DATE

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC SEAL



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PHARMACIST ENDORSEMENT VERIFICATION FORM

A. INSTRUCTIONS

1. Please complete Part B of this form.
2. Send one of these forms to your state of original licensure and to the State Board wherein you are currently licensed (*include whatever processing fee the state may require*).
3. That State Board will return this form **directly** to the Guam Board of Examiners for Pharmacy at the above address.

B. PERSONAL IDENTIFICATION: TO BE COMPLETED BY APPLICANT

1. NAME _____
(Last) (First) (Middle)
2. ADDRESS _____
(Mailing Address)
3. Social Security No.: _____ Date of Birth: _____

I hereby authorize the recipient of this request to provide the Guam Board of Examiners for Pharmacy information requested as per the checked box.

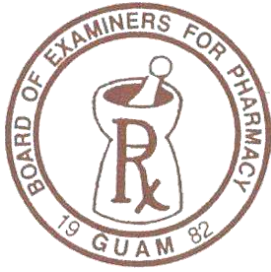
C. TO BE COMPLETED BY THE LICENSING AUTHORITY

1. _____ Original Licensing State Board
 - a. Name of State Board _____
 - b. Original License Number _____ Issued on _____
 - c. License Status _____ Active Expires on _____
_____ Inactive _____ Lapsed
 - d. Name of Examination _____
 - e. Result of Examination _____
 - f. Was school approved/accredited when applicant graduates? () Yes () No
- _____ Current Licensing State Board
 - a. Name of State Board _____
 - b. License Number _____ Issued on _____ Expires on _____
2. Has this license ever been encumbered in anyway (*revoked, suspended, surrendered, restricted, limited or placed on probation*)? () No () Yes (*Please explain on reverse side*)

3. Certification: *I hereby certify that the above information represents accurately on file with this agency, for the above named individual.*

Seal

Signature _____
Title _____
State _____
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#: _____

FEES: 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 |

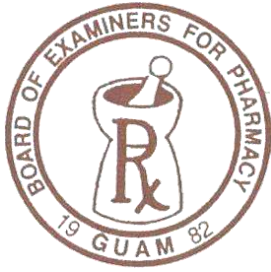
Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.

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's Initials: _____

Account #: DPH 324156346



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CASHIER'S 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**. Online payments can be made at <https://guamhplo.org/gbep/pay> (additional 5% convenience fee).

Please check your request(s):

- | | | |
|------------------------------|--|----------|
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| 5. <input type="checkbox"/> | Pharmacy Permit Renewal fee | \$30.00 |
| 6. <input type="checkbox"/> | Pharmacy Intern Application fee | \$40.00 |
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