

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

LICENSE APPLICATION FOR PHARMACIST BY ENDORSEMENT 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, you will be contacted at the email or phone number listed on your application.

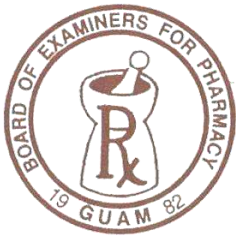
A checklist is included to assist with your submission. Please ensure all required documentation is included with your application and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Remember to keep a copy of all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

REQUIREMENTS FOR LICENSURE/ SUMMARY OF CHECKLIST:

- Section A Pharmacist by Endorsement Application (GBEP-1)**
- Section B 2x2 Photo**
- Section C Record of Payment and Fee (GBEP-7)**
- Section D Pharmacist Endorsement Verification (GBEP-5)**
- Section E Three (3) Letters of Recommendation**
- Section F Examination Information**

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 PHARMACIST LICENSE APPLICATION:

Section A Pharmacist by Endorsement Application (GBEP-1)

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

Section B 2x2 Photo

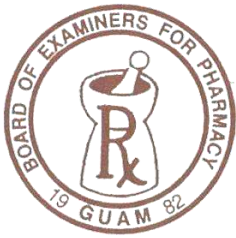
1. Attach a **NEW** 2x2 passport-style photo to page 1 of the application taken within three (3) months of submitting the application.
2. **DO NOT** provide scanned images, Polaroids, or black-and-white photos.

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

1. Complete the entire record of payment form and submit payment of the \$100.00 Pharmacist's Licensure Application 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 D Pharmacist Endorsement Verification (GBEP-5)

1. Complete "Part A" of the Pharmacist Endorsement Verification form.
2. Submit the original form to the State Licensing Board wherein you are currently licensed for the completion of "Part B."
3. Ensure the completed form is submitted directly from the State Licensing Board to the Guam Board of Examiners for Pharmacy.
4. The Board will also accept an online verification printout from the State Licensing Board, provided that the document indicates whether or not any disciplinary action has been taken against the license.



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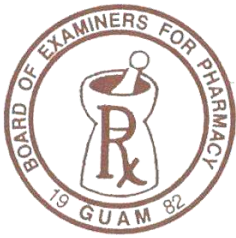
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Section E Three (3) Letters of Recommendation

1. Must not be older than two (2) years preceding the date of the application.
2. Must come from professional acquaintances such as a Pharmacist, Pharmacy Technician, Professor, Instructor, etc.

Section F Examination Information

1. To obtain licensure as a pharmacist in Guam by Endorsement, you must successfully pass the Guam Multistate Jurisprudence Examination (MPJE). Eligibility to sit for this examination requires confirmation from the Guam Board of Examiners for Pharmacy that you have fulfilled all necessary prerequisites.
2. **Guam MPJE:** The Guam MPJE tests a candidate's knowledge of federal and Guam specific pharmacy laws and regulations. It covers various topics, including prescription requirements, controlled substance regulations, and pharmacy practice standards specific to Guam. GBEP Statutes and Rules & Regulations may be found on the Board website at www.guamhplo.org/gbep.
3. For details on how to register for the MPJE, please visit the National Association of Board of Pharmacy (NABP) website at www.nabp.pharmacy.



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LICENSE APPLICATION FOR PHARMACIST BY ENDORSEMENT

1. GENERAL INFORMATION:

- Please read the application instructions before you complete the application.
- Failure to provide the required information may result in the application being considered incomplete.
- Type or print in black or blue ink only.

2. IDENTIFICATION:

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

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

Social Security No.: _____ Gender: Male Female

Date of Birth: _____ Place of Birth: _____

Email Address: _____ Contact No.: _____

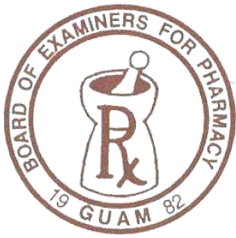
Permanent Address: _____

Mailing Address: _____

NPI Number: _____

3. EDUCATIONAL BACKGROUND:

EDUCATION	NAME & ADDRESS OF SCHOOL	DATE GRADUATED	DEGREE/CERTIFICATE
High School			
College/University			
Post Graduate Training (Internship, Residency, etc.)			



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4. PROFESSIONAL INFORMATION:

***License Information:** Please list below if you have ever held a Pharmacist or Pharmacist Intern license in any country, state, or territory of the United States.

STATE/COUNTRY LICENSE	DATE ACTIVE	DATE EXPIRED

Disciplinary Action: Have any of the licenses listed above ever been revoked, suspended, or investigated? ___ No ___ Yes (if yes, please attached explanation)

***Professional Experience:** Please list below current and former professional experiences.

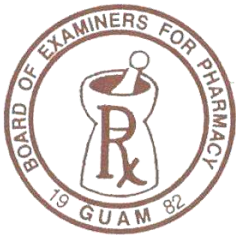
FROM	TO	NAME/LOCATION	TYPE OF PRACTICE	REASON FOR DISCONTINUATION

***Professional Certification:** Please list below any current certifications.

CERTIFICATION	DATE ACTIVE	DATE EXPIRED

***Professional Associations:** Please list below current professional memberships.

a.	
b.	
c.	
d.	



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5. GRADUATES FOR 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.

Date Taken: _____ Score: _____

6. 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.

Being duly sworn, says he/she is the person referred to in this application to become licensed to practice pharmacy in Guam, that the statement are true in every respect and that he/she has read and understood the affidavit.

Signature of Applicant

Date

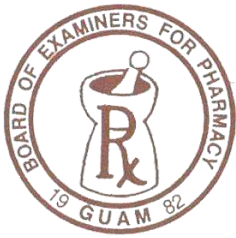
Subscribe and sworn before me this ____ day of _____, 20__.

Notary Public: _____

My Commission Expires: _____

Notary Public Signature: _____

(Notary Public Seal)



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PHARMACIST ENDORSEMENT VERIFICATION FORM

The applicant below is applying for licensure through endorsement to practice pharmacy in Guam. Please supply the following information and return directly to the Guam Board of Examiners for Pharmacy at the above address.

PART A – To be completed by the Applicant:

Applicant's Name: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

I hereby authorize the release of information regarding my pharmacist license to the Guam Board of Examiners for Pharmacy.

PART B – To be completed by the Licensing Authority:

Applicant's Full Name: _____

Name of State Board: _____

License Type: _____ License Number: _____

Issued Date: _____ Expiration Date: _____

License Status: Active Inactive Other

If other, please explain: _____

Has this license ever been encumbered in anyway (revoked, suspended, surrendered, restricted, limited or placed on probation? No Yes
(If disciplinary action has been taken against this license, please explain on a separate sheet of paper).

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

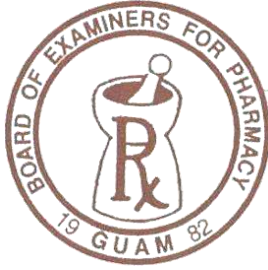
Name: _____

Title: _____

(Seal of School)

Signature: _____

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 |

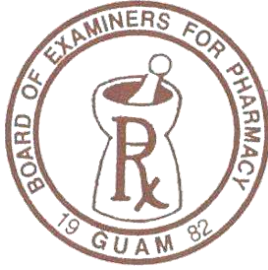
Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.

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 |
| 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 |
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