

## **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 EXAMINATION 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.

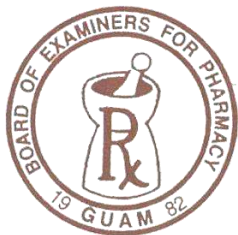
A checklist is included to assist with your submission. Please ensure all required documentation is included with your application and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Remember to keep a copy of all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

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

- Section A      Pharmacist by Examination Application (GBEP-2)**
- Section B      2x2 Photo**
- Section C      Record of Payment and Fee (GBEP-7)**
- Section D      Certificate of Pharmacy Education (GBEP-3)**
- Section E      Certification of 1500 Hours of Practical Experience (GBEP-4)**
- Section F      Three (3) Letters of Recommendation**
- Section G      Examination Information**
- Section H      Foreign Graduates**

#### **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 Examination Application (GBEP-2)

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)

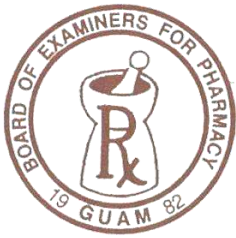
1. Complete the entire record of payment form and submit payment of the \$100.00 Pharmacist's Licensure Application fee. This fee is non-refundable.
2. Make all checks or money orders payable to 'Treasurer of Guam'.
3. Online payments may be made on the Board website at [www.guamhpl.org/gbep/pay](http://www.guamhpl.org/gbep/pay).

#### Section D Certificate of Pharmacy Education (GBEP-3)

1. Complete "Part A" of the Certificate of Pharmacy Education form.
2. Submit the original form to the Pharmacy School Administrator or designated representative for the completion of "Part B."
3. Ensure the completed form is submitted directly to the Board by the school.

#### Section E Certification of 1500 Hours of Practical Experience (GBEP-4)

1. Complete "Part A" of the Certification of 1500 Hours of Practical Experience form.
2. Submit the original form to your Pharmacist Preceptor for the completion of "Part B."



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### Section F Three (3) Letters of Recommendation

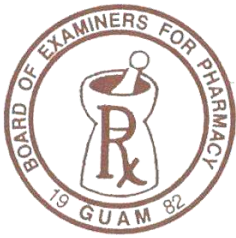
1. Must not be older than two (2) years preceding the date of the application.
2. Must come from professional acquaintances such as a Pharmacist, Pharmacy Technician, Professor, Instructor, etc.

### Section G Examination Information

1. To obtain licensure as a pharmacist in Guam, you must successfully pass both the North American Pharmacist Licensure Examination (NAPLEX) and the Guam Multistate Jurisprudence Examination (MPJE). Eligibility to sit for these examinations requires confirmation from the Guam Board of Examiners for Pharmacy that you have fulfilled all necessary prerequisites.
2. **NAPLEX:** The NAPLEX is the national pharmacist examination, and you may take this examination with Guam as your primary state or with another state as your primary state. You may take the NAPLEX after you apply to your primary state and have been made eligible by that state.
3. **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](http://www.guamhplo.org/gbep).
4. For details on how to register for the NPALLEX and MPJE, please visit the National Association of Board of Pharmacy (NABP) website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

### Section H Foreign Graduates

1. Submit a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate issued by the NABP.



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## LICENSE APPLICATION FOR PHARMACIST BY EXAMINATION

### 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.: \_\_\_\_\_

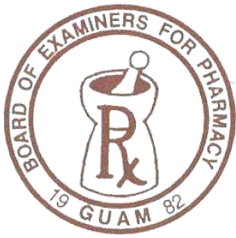
Permanent Address: \_\_\_\_\_

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.

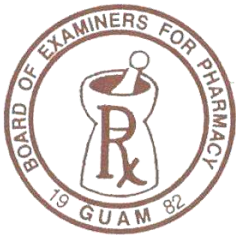
FROM	TO	NAME/LOCATION	TYPE OF PRACTICE	REASON FOR DISCONTINUATION

**\*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 statements are true in every respect and that he/she has read and understood the affidavit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

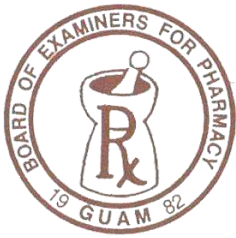
Subscribe and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

(Notary Public Seal)



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## CERTIFICATE OF PHARMACY EDUCATION

The applicant below is applying for licensure through examination 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: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### PART B – To be completed by the Pharmacy School Administrator:

Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

School of Pharmacy: \_\_\_\_\_

Address of School: \_\_\_\_\_  
(City) (State) (Zip Code)

1. Was the school board-approved or State Regulatory Agency-approved during the applicant's enrollment? Yes No
2. Was the applicant a graduate from high school or its equivalent? Yes No
3. The applicant entered the Pharmacy education program on \_\_\_\_\_ and completed the program on \_\_\_\_\_.
4. Number of theory hours: \_\_\_\_\_; Number of clinical hours: \_\_\_\_\_.
5. Attached is the OFFICIAL copy of the applicant's transcript.

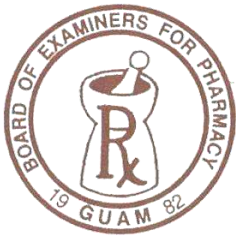
Name: \_\_\_\_\_

(Seal of School)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### CERTIFICATION OF 1500 HOURS OF PRACTICAL EXPERIENCE

The applicant below is applying for licensure through examination 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: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby authorize the release of information to the Guam Board of Examiners for Pharmacy relative to my compliance of the 1500 Hours of Practical Experience in Pharmacy under the supervision of a Registered Pharmacist.**

#### PART B – To be completed by the Registered Pharmacist Preceptor:

Applicant's Name:

\_\_\_\_\_ (Last)

\_\_\_\_\_ (First)

\_\_\_\_\_ (M.I.)

Name of Pharmacy:

Pharmacy Address:

\_\_\_\_\_ (City)

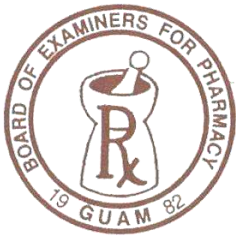
\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip Code)

The above named applicant worked under my supervision from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours. During the period of supervision, he/she carried out the following checked items:

- \_\_\_\_\_ selling of drugs
- \_\_\_\_\_ compounding prescriptions
- \_\_\_\_\_ Preparing pharmaceutical preparations
- \_\_\_\_\_ keeping records
- \_\_\_\_\_ making reports as required by local and federal statutes





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Said applicant carried out job responsibilities as follows:

\_\_\_\_\_ competently with minimal supervision

\_\_\_\_\_ with moderate supervision

\_\_\_\_\_ with maximum supervision

**I certify that the information provided are true under the penalty of perjury to the truth and accuracy of statements, answers and representation made in support of the above-named applicant seeking licensure to practice Pharmacy on Guam.**

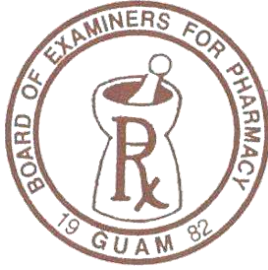
Preceptor's Full Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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   |

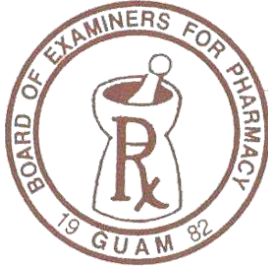
**Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.**

*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  |
| 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