

## **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 INTERN 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.

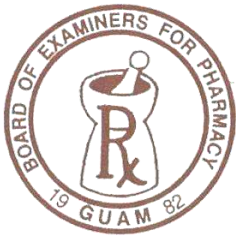
A checklist is included to assist with your submission. Please ensure all required documentation is included with your application and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Remember to keep a copy of all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

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

- Section A      Pharmacist Intern Application (GBEP-6)**
- Section B      2x2 Photo**
- Section C      Record of Payment and Fee (GBEP-7)**
- Section D      Certificate of Pharmacy Education (GBEP-3)**
- Section E      Certification as a Preceptor (GBEP-12)**
- Section F      Pharmacist Intern Experience Affidavit (GBEP-13)**
- Section G      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 INTERN LICENSE APPLICATION:

#### Section A Pharmacist Intern Application (GBEP-6)

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)

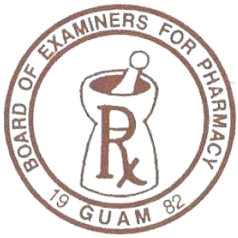
1. Complete the entire record of payment form and submit payment of the \$40.00 Pharmacist Intern Application fee. This fee is non-refundable.
2. Make all checks or money orders payable to **'Treasurer of Guam'**.
3. Online payments may be made on the Board website at [www.guamhpl.org/gbep/pay](http://www.guamhpl.org/gbep/pay).

#### 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.
4. Ensure official transcripts are submitted with form GBEP-3.

#### Section E Certification as a Preceptor (GBEP-12)

1. A "Preceptor" is a licensed pharmacist in good standing, registered with the Board to supervise the internship of a registered intern.
2. The Preceptor is required to complete form GBEP-12 and return it to the Pharmacist Intern applicant for submission to the Board.



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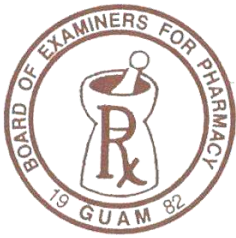
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### **Section F Pharmacist Intern Experience Affidavit (GBEP-13)**

1. The intern is responsible for identifying preceptors and internship sites that will facilitate the experiences outlined on form GBEP-13.
2. As each objective is achieved, the preceptor should date and initial the corresponding line.
3. Specific dates and the actual number of hours worked per week must be documented.

### **Section G 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 INTERN

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

Place of Internship: \_\_\_\_\_

Address of Internship: \_\_\_\_\_

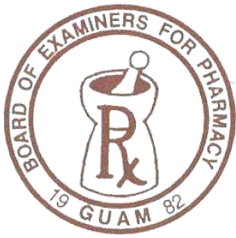
Name of Preceptor: \_\_\_\_\_ License No.: \_\_\_\_\_

Name of Pharmacy School Attended: \_\_\_\_\_

***I certify that I have personally read the Rules and Regulations governing Pharmacy Interns and pharmacy practice in Guam. I hereby apply for certification as a Pharmacy Intern. I understand that I must report any changes in my status as a Pharmacy Intern to the Board during the duration of my certification.***

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

\_\_\_\_\_  
Date



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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.

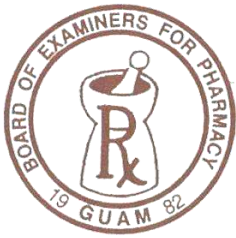
Name: \_\_\_\_\_

(Seal of School)

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

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

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



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### CERTIFICATION AS A PRECEPTOR

A "Preceptor" is a licensed pharmacist in good standing, registered with the Board to supervise the internship of a registered intern.

#### Preceptor Responsibilities:

1. A registered preceptor must be actively engaged in the practice of pharmacy during the year preceding their supervision of a pharmacist intern.
2. The preceptor shall provide the pharmacist intern with practical experiences that, in their professional judgment, will enhance the intern's competency in the field of pharmacy.
3. The preceptor is responsible for actively supervising the pharmacist intern for the majority of the required internship hours. In the event of the preceptor's absence, they must designate an alternative supervisor on the internship experience report.
4. The preceptor shall certify the internship experience report upon the intern's departure from supervision or upon their graduation.
5. A preceptor may supervise no more than one intern during a given shift or day.
6. The preceptor must ensure that the intern holds a current and valid intern license.

Full Name: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

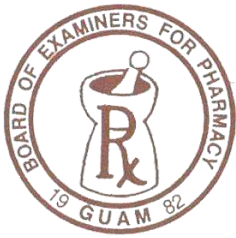
Name of Pharmacy: \_\_\_\_\_ License #: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Intern: \_\_\_\_\_ Phone #: \_\_\_\_\_

***I certify that I have personally read the Rules and Regulation governing the Pharmacy Interns and Preceptors and all Rules and Regulations governing Pharmacy practice on Guam, and do hereby submit my application for certification as a preceptor.***

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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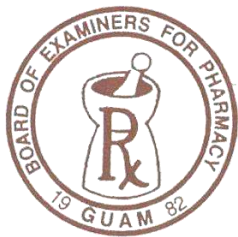
## PHARMACIST INTERN EXPERIENCE AFFIDAVIT

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Intern No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Completion Date: \_\_\_\_\_

INSTRUCTIONS: It is the intern's responsibility to identify and secure preceptors and internship sites that will provide the required experiences outlined below. As each objective is mastered, the preceptor should date and initial the corresponding line. Additionally, the dates and actual number of hours worked per week must be documented.

Receiving and Interpreting the Prescription		Date	Preceptor Initials
1.	The intern is proficient in receiving prescriptions and is capable of obtaining and clarifying all necessary information, including the patient's name, date, correct spelling, address, age, weight (if applicable), as well as the name of the prescriber and any relevant third-party information.		
2.	The intern, upon receiving a telephone prescription from a prescriber or their authorized agent, is skilled in accurately and comprehensively recording the information, including identifying the caller.		
3.	The intern is skilled in identifying errors and omissions in prescriptions or medication orders and can take appropriate corrective actions.		
4.	The intern is capable of establishing and maintaining both manual and computerized prescription profiles, which include patient history, drug information, and third-party details.		
5.	The intern utilizes the patient medication profile to monitor drug utilization, assess potential drug interactions, and identify allergies and sensitivities, taking appropriate measures to address any drug-related issues.		
6.	The intern is able to determine when it is legal and appropriate to refill a prescription. When necessary, the intern can obtain the prescriber's authorization and accurately document the transaction.		
7.	The intern is adept at recognizing situations where an individual may present a forged prescription or a seemingly valid prescription that may not be for legitimate medical use. The intern can assess the circumstances and understands the proper protocol for notifying the appropriate authorities.		



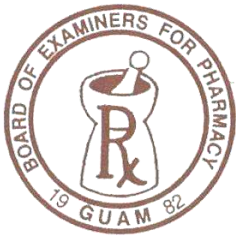
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Prescription Preparation, Dispensing, and Control		Date	Preceptor Initials
1.	The intern demonstrates the ability to accurately select the appropriate drug product, encompassing the drug entity, manufacturer, dosage, and dosage form, and is proficient in preparing prescriptions for dispensing.		
2.	The intern is capable of preparing or supervising the preparation of prescription labels—whether generated manually or via computer—ensuring compliance with all relevant state and federal regulations. Additionally, the intern ensures that the label presents directions clearly to the patient and includes appropriate auxiliary labels.		
3.	The intern selects suitable containers for the storage or use of medications with special requirements, such as child-resistant containers and compliance devices.		
4.	The intern performs essential calculations and exhibits the necessary pharmaceutical skills, including weighing, triturating, and diluting, to produce a pharmaceutically elegant product. Furthermore, the intern meticulously documents all steps and procedures involved in the compounding of that product.		
5.	The intern conducts a thorough final check of prescriptions, verifying the correct dosage, dosage form, and the accuracy and clarity of labeling.		
6.	The intern appropriately disposes of outdated, discontinued, or recalled drugs, controlled substances, needles and syringes, and cytotoxic agents in accordance with established protocols.		

Consultation with Patients and Health Providers		Date	Preceptor Initials
1.	The intern demonstrates proficiency in communicating essential information regarding the proper use and storage of medications. This includes emphasizing the importance of adhering to directions, understanding precautions, and recognizing relevant warnings. The intern consistently verifies that patients comprehend this information.		
2.	The intern effectively collaborates with other healthcare professionals for purposes such as counseling, discussing therapeutic plans, and providing patient education.		
3.	The intern is skilled in assessing a patient’s self-identified concerns to determine whether pharmacist intervention or a medical referral is necessary.		
4.	The intern is capable of accurately transferring prescriptions and pertinent information to another pharmacist while properly documenting the transaction.		





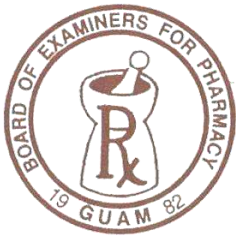
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Record Keeping		Date	Preceptor Initials
1.	The intern demonstrates proficiency in establishing and maintaining both manual and computerized files for current prescription records in compliance with local and federal laws and regulations.		
2.	The intern effectively manages appropriate records for poisons, DEA-controlled substances, and syringes and needles received, stored, and dispensed by the pharmacy.		

Non-Prescription Products		Date	Preceptor Initials
1.	The intern demonstrates the ability to evaluate a patient's concerns and engage in discussions regarding therapeutic options. When appropriate, the intern can recommend non-prescription medications and provide counsel on their proper usage.		
2.	The intern is equipped to instruct patients on the correct use of diagnostic agents or devices, ensuring they understand the procedures for obtaining accurate results and interpreting those results effectively.		
3.	The intern is skilled in educating patients on the safe and proper use of commonly utilized health products, including condoms, thermometers, metered-dose inhalers, ear syringes, and compliance devices.		

Drug Information		Date	Preceptor Initials
1.	The intern demonstrates the ability to identify a specified drug dosage form by utilizing appropriate resources or directing inquiries to a relevant authority.		
2.	The intern is proficient in assessing the urgency of poisoning or overdose situations, providing general information on initial treatment, and referring cases to the nearest poison information center as needed.		
3.	The intern effectively selects and employs the appropriate references to address drug information requests, or appropriately refers questions to alternative sources for further assistance.		



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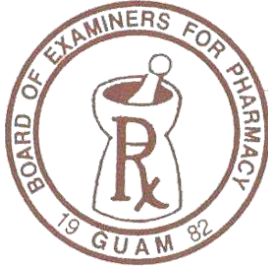
Please list the dates and actual number of hours per week the intern was supervised.

DATE	TIME	DATE	TIME	DATE	TIME

***I certify, under penalty of perjury, that all objectives I have initialed have been met. To the best of my knowledge, the experience thus gained by this applicant has been predominately related to the practice of pharmacy, as required by law.***

Preceptor Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Department of Public Health & Social Services  
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910-5052

## 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   |

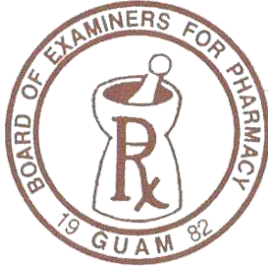
**Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.**

*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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Department of Public Health & Social Services  
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910-5052

## 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  |
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| 5. <input type="checkbox"/>  | Pharmacy Permit Renewal fee                                | \$30.00  |
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| 12. <input type="checkbox"/> | Miscellaneous Permit Renewal                               | \$30.00  |
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| 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   |

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**OFFICE USE ONLY:** Payment  Check  Money Order  Cash  Credit Card

Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Account #: 5211338