GUAM BOARD OF EXAMINERS FOR PHARMACY 194 Hernan Cortez Ave., Terlaje Professional Bldg., Suite 213, Hagatna, GU 96910

CHECKLIST RENEWAL APPLICATION

	☐ Pharmacist	☐ Pharmacy Intern	☐ Pharmacy Technician
			Date Received:
Renewa	al Requirements:		
1.	Completed Applicat	on	
2.	Continuing Pharmac	cy Education Report	
	☐ Pharmacist – 1.	5 units (15 hours)	
	☐ Pharmacy Tech	nician – 2.0 units (20 hours)	
3.	Renewal Application	ı fee	
	☐ Pharmacist – \$6	0.00	
	☐ Pharmacy Interr	- \$40.00	
	☐ Pharmacy Tech	nician - \$30.00	
4.	\$40.00 Late Fee (if	applicable)	

BOARD ACTION

BOARD MEMBER	APPROVED	DISAPPROVED	DATE	COMMENTS
1.				
2.				
3.				
4.				
5.				



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
Tel: (671) 735-7405~12 | Fax: (671) 735-7413
194 Hernan Cortez Ave., Terlaje Professional Bldg. Ste 213A Hagatna, GU, 96910

APPLICATION FOR LICENSE RENEWAL

	Check o	ne only:	Pharmacist	Pharmacy Tec	hnician	Pharmacy Intern
Α.	2.	Suite 213 1 form (GBEF	pleted forms to Hea	Avenue, Hagatna ees and instruction	i, Guam 9691 ons.	fice Terlaje Professional Building, 0. See RECORD OF PAYMENT
В.	Identificatio					
	Nar	me:	(Last)	(First)		(Middle Initial)
	Mai	Sin a. A alabasas		, ,		, ,
	IVIai	lling Address	:	(Street o	P.O. Box #)	
		(City)		(State)		(Zip Code)
	Dat	e of Birth:			Gender: _	
	SSI	N:		Email	Address:	
	Hor	me Phone #:			Work Phor	ne #:
	Pla	ce of Employ	ment:			
	Gua	am License #	t:			
C.	Continuing	Pharmacy E	Education (not appl	icable to Pharma	acy Interns)	
			ompleted the hours continuing education			red for renewal. I completed od.
D.	Certification	1				
		•	ency or any violation	n of the law in G	•	against any license issued by a ed States, or other country?
				d and substantia		nclosed documents, as indicated,
		(Print Na	me)	(Signatı	ıre)	(Date)



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RECORD OF PAYMENT

IDENTIFICATION

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Date name used on original l SS# r money orders paya ay (additional 5% cor	icense and your	\$100.00 \$60.00 \$10.00 \$50.00 \$30.00 \$40.00
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•		GBEF Office.
() Money Order	() Cash	() Credit Card
e Paid:	Staff	f Initials:
i i	icense inse er set) Portion) (per set) ies) ce, then return the pro P at the above addre () Money Order	icense inse er set) Portion) (per set) pies) ce, then return the processed form to P at the above address. () Money Order () Cash

Account #:DPH 324156346



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services 194 Hernan Cortez Ave, Terlaje Professional Bldg Ste 213, Hagatna, GU 96910 Tel: (671) 735-7404~12 | Fax: (671) 735-7413 www.dphss.guam.gov

Cashier's Copy RECORD OF PAYMENT

IDENTIFICATION

	(Last)		(First)		(Middle)
ailing Addres	(Street or P.				
Ü	(Street or P.	O. Box #)	(City)	(State)	(Zip Code)
gnature			Date		
RIFICATIO	N OF LICENSURE: Pleas	e print the complete	name used on original	license and your	Social Security num
ame			SS#		
	d is NON-REFUNDABLE .				
ıline paymer	nts can made at https://gu	amhplo.org/gbep/	pay (additional 5% co	nvenience fee)	
ease check y	our request(s):				
1. ()	Pharmacist's Licensur	e Application fee	(charged once)		\$100.00
2. ()	Pharmacist's License		(crising car crisis)		\$60.00
3. ()	Temporary License fe				\$10.00
4. ()	Pharmacy Permit fee	-			\$50.00
5. ()	Pharmacy Permit Ren	ewal fee			\$30.00
6. ()	Pharmacy Intern Appli				\$40.00
7. ()	Pharmacy Intern Rene				\$40.00
8. ()	Pharmacy Technician				\$50.00
9. ()	Pharmacy Technician		fee		\$30.00
10. ()	Penalty for late renew				\$40.00
11. ()	Miscellaneous permit				\$50.00
12. ()	Miscellaneous Permit		2.49 24.50, 5.5.7		\$30.00
13. ()	Penalty for late renew		license		\$40.00
14. ()	Penalty for late renew				\$40.00
15. ()	Photocopying of rules				\$10.00
16. ()	Photocopying of Publi	• "	,		\$5.00
17. ()	Photocopying of other				\$3.00
18. ()	Photocopying (each a		pico)		\$0.50
10. ()	r notocopying (cacir a	dulional shoot			ψ0.00
esent this for	rm with payment to cashie	r at Treasurer's of	fice, then return the pr	ocessed form to	o GBEP Office.
	icants, return this form wi	th payment to GBI	EP at the above addre	ess.	
ff-island appl					
ff-island appl	NLY: Payment	() Check	() Money Order	() Cash	() Credit Card

Account #:DPH 324156346