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

Name of Licensee: _____ Date Received: _____

Renewal Requirements:

1. _____ Completed Application
2. _____ Continuing Pharmacy Education Report
   - ☐ *Pharmacist – 1.5 units (15 hours)*
   - ☐ *Pharmacy Technician – 2.0 units (20 hours)*
3. _____ Renewal Application fee
   - ☐ *Pharmacist – $60.00*
   - ☐ *Pharmacy Intern - $40.00*
   - ☐ *Pharmacy Technician - $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 PHARMACIST LICENSE RENEWAL

A. Instruction

1. Type or print in ink.
2. Submit completed forms to Health Professional Licensing Office Terlaje Professional Building, Suite 213 194 Hernan Cortez Avenue, Hagatna, Guam 96910. See **RECORD OF PAYMENT** form (GBEP-7) for applicable fees and instructions.
3. Fee payment should be made payable to **TREASURER OF GUAM**

B. Identification

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

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

_____
(City) (State) (Zip Code)

Date of Birth: _____ Gender: _____

SSN: _____ Email Address: _____

Home Phone #: _____ Work Phone #: _____

Place of Employment: _____

Guam Registration #: _____

C. Continuing Pharmacy Education

Attached/enclosed herewith is the listing or my attendance of Continuing Pharmacy Education for a total of 1.5 credit units (15 hours).

D. Certification

I certify that the information provided and substantiated by the enclosed documents, as indicated, are true under the perjury of the truth.

_____
(Print Name) (Signature) (Date)

For Board Office Use Only

Date application received: _____ Fee: _____ Check: _____
Money Order: _____ Receipt Number:_____

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Mailing address: 123 Chalan Kareta, Mangilao, GU, 96913
www.dphss.guam.gov

CONTINUING PHARMACY EDUCATION REPORTING FORM

Name_____
(Last) (First) (Middle)

Guam Registration No.: _____ Exp. Date _____

Note: DO NOT send CE verification forms with this application but retain the original certificate in your files for presentation upon Board's request.

TITLE OF PROGRAM	ORGANIZATION	DATE COMPLETED	HOURS

Total:_____

I certify that the information provided and substantiated by the enclosed documents, as indicated, are true under the penalty of perjury to the truth.

_____
(Print) (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 _____

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.**

Please check your request(s):

1.	( )	Pharmacist's Licensure Application fee (charged once)	$100.00
2.	( )	Pharmacist's License Renewal fee	$60.00
3.	( )	Temporary License fee	$10.00
4.	( )	Pharmacy Permit fee	$50.00
5.	( )	Pharmacy Permit Renewal fee	$30.00
6.	( )	Pharmacy Intern Application fee	$40.00
7.	( )	Pharmacy Intern Renewal fee	$40.00
8.	( )	Pharmacy Technician License fee	$50.00
9.	( )	Pharmacy Technician License Renewal fee	$30.00
10.	( )	Penalty for late renewal of Pharmacy Intern	$40.00
11.	( )	Miscellaneous permit fee (Wholesalers, Drug Outlets, etc.)	$50.00
12.	( )	Miscellaneous Permit Renewal	$30.00
13.	( )	Penalty for late renewal of Pharmacist's license	$40.00
14.	( )	Penalty for late renewal of Pharmacy license	$40.00
15.	( )	Photocopying of rules and regulations (per set)	$10.00
16.	( )	Photocopying of Public Law (Pharmacy Portion) (per set)	$5.00
17.	( )	Photocopying of other records (first 5 copies)	$3.00
18.	( )	Photocopying (each additional sheet)	$0.50

Present this form with payment to cashier at Treasurer's 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 #:DPH 324156346

GBEP-7 [R 12/2017]

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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.*

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