GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
Government of Guam
194 Hernan Cortez Ave. #213; Hagatña, Guam 96910-5052

CHECKLIST – PHARMACY INTERN

NAME OF APPLICANT: ______________________________ DATE APPLICATION REC'D: ______________

1. _____ Signed Application [GBEP-5].
2. _____ One (1) 2x2 photographs taken within the last 3 months.
3. _____ Application fee [GBEP-7].
4. _____ Notarized affidavit of the applicant of a change of name, if applicable.
5. _____ Certificate of Pharmacy Education [GBEP-3].
6. _____ Official Transcript sent to the Guam Board directly from school of Pharmacy.
7. _____ Application for Certification as a Preceptor [GBEP-12].
8. _____ Pharmacy Intern Experience Affidavit [GBEP-13].

For Foreign Graduates

9. _____ Certificate of Foreign Pharmacy Graduate Equivalency Examination (FPGEE) [GBEP-10].
10. _____ Official Copy of FPGEE Certificate.

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** FOR BOARD USE ONLY **

BOARD MEMBER SIGNATURE	BOARD ACTION	DATE	COMMENTS
	☐ APPROVED ☐ DISAPPROVED		
	☐ APPROVED ☐ DISAPPROVED		
	☐ APPROVED ☐ DISAPPROVED		
	☐ APPROVED ☐ DISAPPROVED		

GUAM BOARD OF EXAMINERS FOR PHARMACY
Department of Public Health & Social Services
194 Hernan Cortez Ave., Terlaje Bldg. Ste 213A Hagatna, GU, 96910

APPLICATION FOR CERTIFICATION AS A PHARMACY INTERN

NAME: ____
(Last) (First) (Middle Initial)

MAILING ADDRESS: ____
(Street or P.O. Box)

____
(City) (State) (Zip Code)

NAME OF PHARMACY SCHOOL ATTENDED:

______________________________ ______________________
(Year or Level)

ADDRESS: ____

____
(City) (State) (Zip Code)

PLACE OF INTERNSHIP: ____

ADDRESS: ____

____
(City) (State) (Zip Code)

NAME OF PRECEPTOR: ______________________ CERTIFICATE #: ______________

I certify that I have personally read the Rules and Regulations governing Pharmacy Interns and Pharmacy practice on Guam, and do hereby make application for certification as a Pharmacy Intern. I understand that I will report to the Board any changes in my status as a Pharmacy Intern during the duration of my certification.

______________________________ ______________________
(Signature of Applicant) (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

GUAM BOARD OF EXAMINERS FOR PHARMACY
Department of Public Health & Social Services
194 Hernan Cortez Ave., Terlaje Bldg. Ste 213A Hagatna, GU, 96910

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 **DIRECLTY** TO THE GUAM BOARD OF EXAMINERS FOR PHARMACY AT THE ABOVE ADDRESS.

PART A – TO BE COMPLETED BY THE APPLICANT:

1. CURRENT NAME ____
   (Last) (First) (Middle)
2. PREVIOUS NAME USED ____
   (Last) (First) (Middle)

I HEREBY AUTHORIZE RELEASE OF A COPY OF MY FOREIGN PHARMACY GRADUATE EQUIVALENCY EXAMINATION (FPGEE) SCORE AND CERTIFICATE NUMBER TO THE GUAM BOARD OF EXAMINERS FOR PHARMACY.

________________________________ ________________________
(Signature) (Date)

PART B – TO BE COMPLETED BY THE PHARMACY SCHOOL ADMINISTRATOR: INDICATE (X) WHERE APPLICABLE:

1. NAME OF APPLICANT ____
   (Last) (First) (Middle)
2. SCHOOL OF PHARMACY:____
   (Name)
   ____
   (City) (State) (Zip Code)
3. Was the school board-approved or State Regulatory Agency-approved during the applicant's enrollment? ( )Yes ( ) No
4. Was the applicant a graduate from high school or its equivalent? ( ) Yes ( ) No
5. The applicant entered the Pharmacy education program on _________ and completed the ______ months program on __________.
6. Number of theory hours __________; Number of clinical hours: __________.
7. Attached is the **OFFICIAL** copy of applicant's transcript.

Signature ________________________________

Name ________________________________

Seal of School

Title ________________________________

Date ________________________________

A "preceptor" means a pharmacist licensed and in good standing, registered by the Board to supervise the internship training of a registered and licensed intern. "Internship" means a professional and practical experience program approved by the Board under the supervision of a licensed pharmacist registered with the Board as a preceptor.

PRECEPTOR RESPONSIBILITIES

Phar 2.03 (9)

a. A registered preceptor shall be actively engaged in the practice of pharmacy during the year prior to supervising a pharmacy intern.

b. The preceptor shall provide the pharmacy intern with internship experience which in his judgment will increase his competency in the practice of pharmacy.

c. The preceptor shall actively supervise the pharmacy intern for the majority of the internship experience time requirements and shall designate on the internship experience report the preceptor who acts as the supervisor during his/her absence.

d. The preceptor shall certify the internship experience report when the intern leaves his supervision permanently, or upon graduation.

e. A preceptor may not supervise more than one intern in a given shift/day.

f. The preceptor shall assure that the intern is currently licensed.

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APPLICATION FOR CERTIFICATION AS A PRECEPTOR

NAME: ______________________________ Lic. #: __________ Expires: _______
(Last) (First) (Middle)

MAILING ADDRESS: ______________________________ PHONE #: ___________
(City) (State) (Zip Code)

NAME OF BUSINESS: ______________________________ PHONE #: ___________

ADDRESS: ______________________________
(# & Street) (Building) (Room #)

____
(City) (State) (Zip Code)

NAME OF INTERN: ______________________________ PHONE #: ___________
(Last) (First) (Middle)

DATES EMPLOYED: ____________________ ____________________
(From) (To)

I certify that I have personally read the Rules and Regulations governing the Pharmacy Interns and Preceptors and all rules and regulations governing pharmacy practice on Guam, and do hereby make application for certification as a preceptor.

______________________________ ____________________
(Signature of Applicant) (Date)

For Board Use Only

Preceptor Certificate No:__________________ **Approved:** ______ **Disapproved:** _________

Remarks: ______________________________

____

____

____
Chairperson, Guam Board of Examiners for Pharmacy
Board Seal

SEE BACK
DEFINITION OF "PRECEPTOR"

GBEP-12 [R 6/2013]

GUAM BOARD OF EXAMINERS FOR PHARMACY
Department of Public Health & Social Services
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PHARMACY INTERN EXPERIENCE AFFIDAVIT

Name of Applicant: ______________________________ SSN: ____________________
Please print *(Last)* *(First)* *(Middle)*

Intern No: ______________ Date Issued: ____________ Completion Date: ______________

INSTRUCTIONS: *It is the intern's responsibility to seek preceptors and internship sites that at a minimum will provide him or her with those experiences outlined below. As each objective is mastered, the preceptor should date and initial the line opposite the objective. The dates and actual number of hours per week must be shown.*

Receiving and Interpreting the Prescription	Date	Preceptor Initials
1. The intern is able to receive a prescription and obtain and clarify all necessary information (e.g., name, date, correct spelling, address, age and weight if appropriate, name of prescriber and third-party information).	________	________
2. The intern, upon receiving a telephone prescription from a prescriber or his or her agent, is able to record the information accurately and completely, noting the identity of the caller.	________	________
3. The intern is able to detect errors and omissions in a prescription or Medication order and can take appropriate action to correct them.	________	________
4. The intern is able to establish and maintain manual or computerized prescription profiles (e.g., patient history, drug information, third-party information).	________	________
5. The intern is able to use the patient medication profile to monitor drug utilization, note drug interactions, allergies and sensitivities and is able to take appropriate action to correct drug-related problems.	________	________
6. The intern is able to determine when it is legal and/or appropriate to refill a prescription. When necessary, the intern is able to obtain the prescriber's authorization and document the transaction.	________	________
7. The intern is able to recognize a situation in which an individual may be passing either a forged prescription or a prescription which is valid on its face but in all probability is not for legitimate medical use. The intern is is able to determine if either of these is the case, and knows the process to notify the appropriate authorities.	________	________

Prescription Preparation, Dispensing and Control

1. The intern is able to select the correct drug product, including drug entity, manufacturer, dose and dosage form and is able to accurately prepare the prescription for dispensing. ______ ______

2. The intern can prepare or supervise the preparation of the prescription label (generated manually or by computer) for a given prescription which conforms to all state and federal regulations. The intern is able to assure that the label conveys directions in a manner understandable to the patient and that appropriate auxiliary labels are attached. ______ ______

3. The intern is able to select an appropriate container for storage or use of medications with special requirements (e.g., child-restraint containers, compliance devices). ______ ______

4. The intern is able to perform necessary calculations and demonstrate the required pharmaceutical skills (weighing, triturating, dilution, etc.), to produce a pharmaceutically elegant product. The intern is able to accurately document all necessary steps and procedures involved in compounding of that product. ______ ______

5. The intern is able to perform a final check of the prescription with regard to correct drug, dose dosage form and accuracy and clarity of labeling. ______ ______

6. The intern is able to appropriately dispose of outdated, discontinued or recalled drugs, controlled substances, needles and syringes, and cytotoxic agents. ______ ______

Consultation with Patients and Health Providers

1. The intern is able to effectively communicate all information necessary to encourage proper use and storage of the medication. This includes the importance of compliance with directions and precautions and relevant warnings. The intern routinely verifies the patient understands this information. ______ ______

2. The intern is able to effectively communicate with other health professionals for such purposes as counseling, discussing the therapeutic plan and providing education. ______ ______

3. The intern is able to assess a patient's self-identified problem to determine if the problem requires the pharmacist's intervention or a medical referral. ______ ______

4. The intern is able to transfer a prescription and relevant information to another pharmacist and document the transaction properly. ______ ______

Record Keeping

1. The intern is able to establish and maintain manual or computerized files of current prescription records in conformance with local and federal laws and regulations. ______ ______

2. The intern is able to maintain suitable records for poisons, DEA-controlled substances and syringes and needles that are received, stored and furnished by the pharmacy. ______ ______

Non-Prescription Products

1. The intern is able to assess a patient's complaints and discuss the options for therapy. Where the use of a non-prescription medication is indicated, the intern is able to make recommendations and counsel the patient about the proper use of the product(s). __________ __________

2. The intern is able to instruct a patient on the proper use of a diagnostic agent or device including directions for obtaining accurate results and interpreting the results. __________ __________

3. The intern is able to instruct a patient on the proper and safe use of commonly used heath products such as condoms, thermometers, metered-dose devices, ear syringes and compliance devices. __________ __________

Drug Information

1. The intern is able to identify an identified drug dosage form using appropriate resources or refer the question to an appropriate source. __________ __________

2. The intern is able to evaluate the urgency of a poisoning or overdose situation, supply general information on the initial treatment and refer the problem to the nearest poison information center, if necessary. __________ __________

3. The intern is able to effectively select and use appropriate references to answer drug information requests and/or refer the questions to another source for response. __________ __________

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 predominantly related to the practice of pharmacy, as required by law.

____

Preceptor's Name (Please print) Signature RPh # Date

(For Board Use Only)

Approved: _____ Disapproved: _____ Length of Internship: ________

Remarks: ____________________________ Total Number of Hours: ______

____

____________________________________ ____________________________________

Chairperson, Guam Board of Examiners for Pharmacy

Board Seal

GUAM BOARD OF EXAMINERS FOR PHARMACY
Department of Public Health & Social Services
194 Hernan Cortez Ave., Terlaje Bldg. Ste 213A Hagatna, GU, 96910

CERTIFICATE OF FOREIGN PHARMACY GRADUATE EQUIVALENCY EXAMINATION

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PART A – TO BE COMPLETED BY THE APPLICANT:

1. CURRENT NAME ______________________________
   (Last) (First) (Middle)
2. PREVIOUS NAME USED ______________________________
   (Last) (First) (Middle)

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______________________________ ______________________________
(Signature) (Date)

PART B – TO BE COMPLETED BY THE FOREIGN PHARMACY GRADUATE EXAMINATION COMMISSION (FPGEC) ADMINISTRATOR.

1. NAME OF APPLICANT ______________________________
   (Last) (First) (Middle)
2. STATE OR COUNTRY WHERE EXAMINATION WAS TAKEN:
   ____

   FPGEE Examination Score: ____________ FPGEE Certificate No.: ____________

   Attached is the OFFICIAL copy of his/her examination results.

Signature ______________________________

Name ______________________________

Seal of School

Title ______________________________

Date ______________________________