

GUAM BOARD OF EXAMINERS FOR PHARMACY
 194 Hernan Cortez Ave. Terlaje 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) 735-7404~12 | Fax: (671) 735-7413
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213 Hagatna, GU, 96910

APPLICATION FOR PHARMACY INTERN REGISTRATION 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. Certification

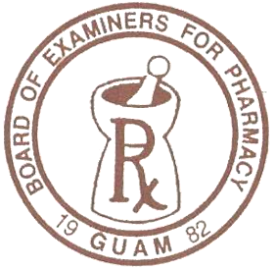
I certify that the information provided and substantiated by the enclosed documents, as indicated, are true under the perjury of the truth.

(Print Name) (Signature) (Date)

For Board Office Use Only

Date application received: _____ Fee: _____ Check: _____

Money Order: _____ Receipt Number: _____



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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. <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 |

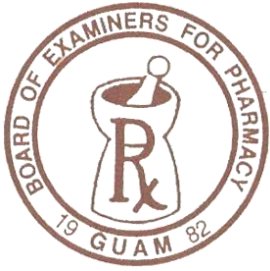
Present this form with payment to cashier at Treasurer's office, then return the processed form to GBEP Office.

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



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Physical Address: 194 Hernan Cortez Ave, Terlaje Bldg. Suite 213, Hagatna, GU 96910
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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):

- | | | |
|------------------------------|--|----------|
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| 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 |
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