194 Hernan Cortez Ave. Terlaje Bldg. Suite 213, Hagatna, GU 96910

CHECKLIST RENEWAL APPLICATION

	☐ Pharmacist	☐ Pharmacy Intern	☐ Pharmacy Technician	
Name of Lice	ensee:		Date Received:	
Renewal Re	quirements:			
1	Completed Application			
2	Continuing Pharmacy	Education Report		
	☐ Pharmacist – 1.5 u	ınits (15 hours)		
	☐ Pharmacy Technic	ian – 2.0 units (20 hours)		
3	Renewal Application fe	ee		
	☐ Pharmacist – \$60.	00		
	☐ Pharmacy Intern -	\$40.00		
	☐ Pharmacy Technic	ian - \$30.00		
4	\$40 00 Late Fee (if an	plicable)		

BOARD ACTION

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



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

B. Identification

- 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

	Name:		
	(Last)	(First)	(Middle Initial)
	Mailing Address:		
	Mailing Address.	(Street or P.O. Box #)	
	(City)	(State)	(Zip Code)
	Date of Birth:	Gender:	
	SSN:	Email Address:	
	Home Phone #:	Work Ph	one #:
	Place of Employment:		
	Guam Registration #:		
C. Certi	fication		
	I certify that the information are true under the perjury or	provided and substantiated by the ϵ f the truth.	enclosed documents, as indicated,
	(Print Name)	(Signature)	(Date)
		For Board Office Use Only	
Date	application received:	•	Check:
Mone	ey Order:	Receipt Number:	



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CONTINUING PHARMACY EDUCATION REPORTING FORM

Name			
Name(Last)	(First		(Middle)
Guam Registration No.:		Exp. Date	
Note: DO NOT send CE ve for presentation upon Board		oplication but retain the orig	inal certificate in your files
TITLE OF PROGRAM	ORGANIZATION	DATE COMPLETED	HOURS
			Total:
I certify that the information under the penalty of perjury		ed by the enclosed docume	nts, as indicated, are true
(Print)		(Signature)	(Date)



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

RECORD OF PAYMENT

IDENTIFICATION

Name					
	(Last)		(First)		(Middle)
Mailing Address	S(Street or F				
	(Street or P	.O. Box #)	(City)	(State)	(Zip Code)
Signature			Date _		
/ERIFICATION	OF LICENSURE: Plea	se print the complete	name used on original	license and your	Social Security number
Name			SS#		
EE: Fee paid	is NON-REFUNDABLE	. Make all checks	or money orders paya	able to TREASI	JRER OF GUAM.
Please check yo	our request(s):				
1. () 2. () 3. () 4. () 5. () 6. () 7. () 8. () 10. () 11. () 12. () 13. () 14. () 15. () 16. () 17. () 18. ()	Pharmacist's Licensum Pharmacist's Licensum Pharmacy License for Pharmacy Permit feet Pharmacy Permit Resum Pharmacy Intern Appuration Pharmacy Intern Resum Pharmacy Technician Pharmacy Technician Penalty for late renew Miscellaneous Permit Miscellaneous Permit Penalty for late renew Photocopying of rules Photocopying of Pub Photocopying of other Photocopying (each at the part of the penalty is a penalty for late renew Penalty for late renew Penalty for late renew Photocopying of Pub Photocopying of other Photocopying (each at the part of the penalty for late renew Photocopying of the Photocopying (each at the part of the penalty for late renew Photocopying of other Photocopying (each at the part of the penalty for late renew Photocopying (each at the part of the part	Renewal fee ee newal fee lication fee ewal fee n License fee n License Renewal val of Pharmacy Int fee (Wholesalers, t Renewal val of Pharmacist's val of Pharmacy lice s and regulations (p lic Law (Pharmacy r records (first 5 co	fee ern Drug Outlets, etc.) license ense eer set) Portion) (per set)		\$100.00 \$60.00 \$10.00 \$50.00 \$30.00 \$40.00 \$50.00 \$30.00 \$40.00 \$50.00 \$10.00 \$10.00 \$5.00 \$3.00 \$40.00
	n with payment to cashi cants, return this form w		•		o GBEP Office.
OFFICE USE ON		() Check	() Money Order	() Cash	() Credit Card
Receipt #:		Da	te Paid:	Staf	f Initials:
		Account #:DP	H 324156346		

GBEP-7 [R 12/2017]



Department of Public Health & Social Services

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

Tel: (671) 735-7404~12 | Fax: (671) 735-7413

RECORD OF PAYMENT

IDENTIFICATION

	(Last)		(First)		(Middle)
					, ,
failing Address	Street or P.	O. Box #)	(City)	(State)	(Zip Code)
ignature			_ Date _		
ERIFICATION	OF LICENSURE: Pleas	e print the comple	te name used on original	license and your	Social Security numb
lame			_ SS#		
EE: Fee paid	is NON-REFUNDABLE	. Make all check	s or money orders paya	able to TREAS l	JRER OF GUAM.
lease check yo	our request(s):				
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Account #:DPH 324156346