

**GUAM BOARD OF EXAMINERS FOR PHARMACY**  
 123 CHALAN KARETA MANGILAO, GUAM 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

Physical address: 194 Hernan Cortez Ave., Terlaje Bldg. Ste 213A Hagatna, GU, 96910

Mailing address: 123 Chalan Kareta, Mangilao, GU, 96913

www.dphss.guam.gov

## APPLICATION FOR PHARMACY TECHNICIAN 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. Continuing Pharmacy Education

Attached/enclosed herewith is the listing or my attendance of Continuing Pharmacy Education for a total of 2.0 credit units (20 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.

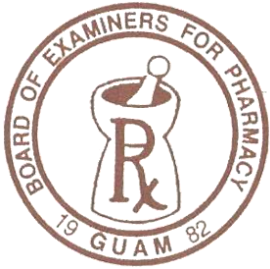
\_\_\_\_\_  
(Print Name) (Signature) (Date)

*For Board Office Use Only*

Date application received: \_\_\_\_\_ Fee: \_\_\_\_\_ Check: \_\_\_\_\_

Money Order: \_\_\_\_\_ Receipt Number: \_\_\_\_\_





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## 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   |

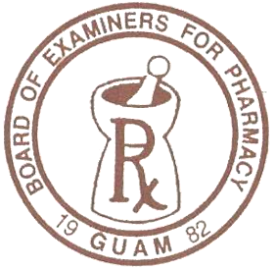
**Present this form with payment to cashier at Treasurer's office, then return the processed form to GBEP Office.**

*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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| 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  |
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