

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

LICENSE APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN INSTRUCTIONS AND REQUIREMENTS

IMPORTANT: Please follow these instructions carefully. If you do not submit all required items, the processing of your application may be delayed. If you need more forms than provided, please make copies as needed. Allow about 45 days from the submission date before checking the status of your application. If additional information is required, you will be contacted at the email or phone number listed on your application.

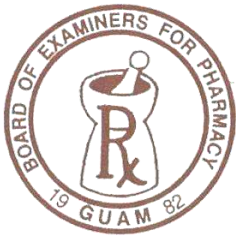
A checklist is included to assist with your submission. Please ensure all required documentation is included with your application and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Remember to keep a copy of all documents submitted for your records.

REQUIREMENTS FOR LICENSURE/ SUMMARY OF CHECKLIST:

- Section A Registration as A Pharmacy Technician Application (GBEP-14)**
- Section B 2x2 Photo**
- Section C Record of Payment and Fee (GBEP-7)**
- Section D Background Check**
- Section E Proof of Education & Certification**
- Section F Affidavit of Completed Coursework (GBEP-15)**
- Section G Three (3) Letters of Recommendation**
- Section H Foreign Graduates**

Application Submission Address:

**Guam Board of Examiners for Pharmacy
194 Hernan Cortez Avenue
Terlaje Professional Bldg., Suite 213
Hagatna, GU 96910**



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CHECKLIST FOR FILING A PHARMACY TECHNICIAN APPLICATION:

Section A Registration as A Pharmacy Technician Application (GBEP-14)

1. Complete the entire application and submit with original signatures. If an item or question is not applicable, indicate N/A.

Section B 2x2 Photo

1. Attach a **NEW** 2x2 passport-style photo to page 1 of the application taken within three (3) months of submitting the application.
2. **DO NOT** provide scanned images, Polaroids, or black-and-white photos.

Section C Record of Payment and Fee (GBEP-7)

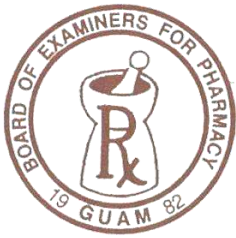
1. Complete the entire record of payment form and submit payment of the \$50.00 Pharmacy Technician License fee. This fee is non-refundable.
2. Make all checks or money orders payable to 'Treasurer of Guam'.
3. Online payments may be made on the Board website at www.guamhpl.org/gbep/pay.

Section D Background Check

1. Submit a current police clearance not older than sixty (60) days from the date of the application.
2. Submit a current court clearance not older than sixty (60) days from the date of the application.

Section E Proof of Education & Certification

1. High School Graduate: Provide a copy of your diploma.
2. College Graduate: Request that your official transcripts to be sent directly from your institution to the Board at the address specified in the application.
3. Pharmacy Technician Certification Board (PTCB) certified: Submit a copy of your PTCB certificate.



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4. National Healthcare Association Pharmacy Technician Certification Program (NHA ExCPT): Submit a copy of your NHA ExCPT certificate.

Section F Affidavit of Completed Coursework / Practical Experience (GBEP-15)

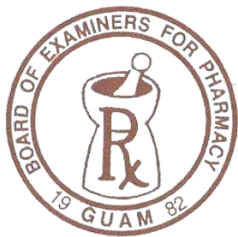
1. Certified Pharmacy Technicians will need to provide proof of a minimum of 500 hours of practical experience.
2. Non-Certified Pharmacy Technicians will need to provide proof of a minimum of 1500 hours of practical experience.
3. Complete "Part A" of the Affidavit of Completed Coursework / Practical Experience form.
4. Submit the original form to the Pharmacist or Instructor for the completion of "Part B."
5. Practical experience hours must be completed in Guam or another U.S. state or territory. Hours accrued in foreign countries will not be accepted.

Section G Three (3) Letters of Recommendation

1. Must not be older than two (2) years preceding the date of the application.
2. Must come from professional acquaintances and one must be from a Pharmacist in good standing.

Section H Foreign Graduates

1. Foreign High School Graduate: Provide a copy of your diploma.
2. Foreign College Graduate: Request for your official transcripts to be sent from your school directly to the Board at the address listed on the application.
3. If any of the documents are not in English, please include a certified translation in English.



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APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

1. GENERAL INFORMATION:

- Please read the application instructions before you complete the application.
- Failure to provide the required information may result in the application being considered incomplete.
- Type or print in black or blue ink only.

2. IDENTIFICATION:

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

Social Security No.: _____ Gender: Male Female

Date of Birth: _____ Place of Birth: _____

Email Address: _____ Contact No.: _____

Permanent Address: _____

Mailing Address: _____

Place of Employment: _____ Work Phone No.: _____

3. EDUCATION & CERTIFICATION

Are you a high school graduate? No Yes Date Graduated: _____

High School Equivalency: (GED) No Yes Date Awarded: _____

Name and Location of high school: _____

Name that appears on high school diploma or GED certificate: _____

Indicate below how you qualify for registration as a Certified Pharmacy Technician: (if applicable).

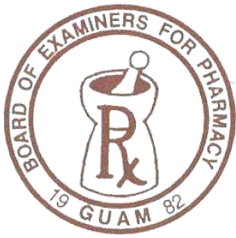
_____ Associate Degree in Pharmacy Technology _____ Training Course

_____ Graduate of a School of Pharmacy _____ Certified by PTCB

_____ Non-PTCB Certification (i.e. NHA ExCPT) _____ Other

I declare under penalty of perjury that the foregoing is true and correct.

Applicant Signature: _____ **Date:** _____



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AFFIDAVIT OF COMPLETED COURSEWORK / PRACTICAL EXPERIENCE

The applicant below is applying for licensure to practice as a pharmacy technician in Guam. Please supply the following information and return to the completed form back to the applicant for submission.

PART A – To be completed by the Applicant:

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

I hereby authorize the release of information to the Guam Board of Examiners for Pharmacy relative to my compliance of the completed coursework / practical experience requirement.

PART B – To be completed by the Registered Pharmacist or Instructor:

This is to certify that _____ attended
(Name of Applicant)

(Name of Pharmacy, University, College, or Program)

from: _____ to: _____ and has completed the minimum of _____ hours of instruction under direct supervision of a licensed pharmacist or instructor as required.

Name of Pharmacist/Instructor: _____

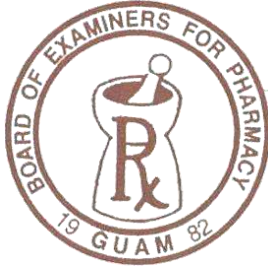
Signature: _____ Date: _____

Subscribed and sworn to before me this
____ day of _____, 20____,

Notary Public: _____

(Notary Public Seal)

Commission Expires: _____



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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 _____

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 |

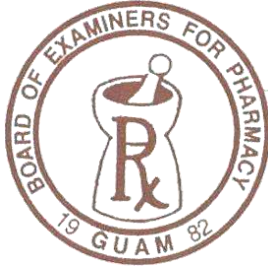
Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.

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 #: 5211338



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CASHIERS COPY

RECORD OF PAYMENT

IDENTIFICATION

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street or P.O. Box #) (City) (State) (Zip Code)

Signature _____ Date _____

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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