



# GUAM BOARD OF MEDICAL EXAMINERS

Department of Public Health & Social Services  
194 Hernan Cortez Avenue, Terlaje Building, Suite 213, Hagatna, GU 96910

## APPLICATION FOR LICENSURE AS A PODIATRIST INSTRUCTIONS AND REQUIREMENTS

**IMPORTANT:** Please adhere to the following instructions carefully to ensure timely processing of your application. Incomplete submissions may result in delays. If additional forms are required, please make copies as necessary. Allow up to 30 days from the submission date before inquiring about the status of your application. Should further information be needed, you will be contacted using the email or phone number provided in your application.

A checklist is included to assist in ensuring your submission is complete. Kindly verify that all required documentation is included and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Be sure to retain a copy of all documents submitted for your records.

### REQUIREMENTS FOR LICENSURE / SUMMARY OF CHECKLIST:

- Section A     Application for Licensure as a Podiatrist (GBME-22)**
- Section B     2x2 Photo**
- Section C     Proof of Eligibility to work in the United States**
- Section D     Record of Payment and Fee (GBME-23)**
- Section E     Interview Questionnaire (GBME-11)**
- Section F     Release of Information (GBME-21)**
- Section G     Certificate of Education (GBME-24)**
- Section H     Verification of Residency Training (GBME-25)**
- Section I     Verification of Licensure**
- Section J     Three (3) Letters of Recommendation**
- Section K     Background Check**
- Section L     Detailed Practice Plan**



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## CHECKLIST FOR FILING AN APPLICATION FOR LICENSURE AS A PODIATRIST

### Section A Application for Licensure as a Podiatrist (GBME-22)

1. Complete the entire application and submit with original signatures. Ensure the application is notarized. If an item or question is not applicable, indicate N/A.
2. Applications must include the following GBME forms: **GBME-11, GBME-21, GBME-22, GBME-23, GBME-24 and GBME-25**.
3. Ensure that you provide your **FULL LEGAL NAME** as it appears on your federal identification document (e.g., U.S. Passport, Permanent Resident Card, or other Federal ID) when completing this application. It is important that the name you provide on the application matches exactly with the name on all submitted documents. *(If there is any discrepancy between the name on your application and the documents provided, you must submit an explanation for the variation).*
4. Please type or print.

### Section B 2x2 Photo

1. Attach a **NEW** 2x2 passport-style photo to page 1 of the application taken within six (6) months of submitting the application.
2. **DO NOT** provide scanned images, Polaroids, or black-and-white photos.

### Section C Proof of Eligibility to work in the United States

1. Provide a copy of your U.S. Passport, Permanent Resident Card, or Work Visa (as applicable).

### Section D Record of Payment and Fee (GBME-23)

1. Complete the entire record of payment form and submit payment of the \$125 Application Fee & \$125 License Fee. Both fees are non-refundable.
2. Make all checks or money order payable to **'Treasurer of Guam'**.
3. Online payments may be made on the Board website at [www.guamhplo.org/gbme/pay](http://www.guamhplo.org/gbme/pay).



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## **Section E Interview Questionnaire (GBME-11)**

1. Complete the entire interview questionnaire form. Be sure to initial after each question in the space provided.
2. All “YES” answers (with the exception of question #15) to any of the questions must be accompanied by a written statement, including dates, explaining the circumstances.

## **Section F Release of Information (GBME-21)**

1. Complete the entire release of information form. Be sure to carefully read the entire form before signing.

## **Section G Certificate of Education (GBME-24)**

1. **Part A** is to be completed by the applicant. Be sure to carefully read the entire form before signing.
2. **Part B** is to be completed by the academic institution in which the applicant received their education.
3. This form must be submitted with official graduate transcripts.

## **Section H Verification of Residency Training (GBME-25)**

1. **Part A** is to be completed by the applicant. Be sure to carefully read the entire form before signing.
2. **Part B** is to be completed by the institution in which the applicant completed their internship.

## **Section I Verification of Licensure**

1. Submit a license verification from all U.S. or foreign countries where licensed or has applied for licensure.
2. The Board will also accept an online verification printout from the State Licensing Board, provided that the document indicates whether or not any disciplinary action has been taken against the license.

## **Section J Three (3) Letters of Recommendation**

1. Must not be older than two (2) years preceding the date of the application.
2. One (1) must be from your immediate supervisor or your most recent employer or by a practice associate, if you are in private practice.



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## Section K Background Check

1. Current Police Clearance to cover all jurisdictions in which you live or are licensed.
2. Non-Resident Applicants may submit an online background check through CastleBranch. Visit <http://www.castlebranch.com/personal-background-check> and select 'Comprehensive Background Check Package (no drug test)'.

## Section L Detailed Practice Plan

1. Provide a letter to the Board outlining your reasons for obtaining a Guam medical license. The letter should include the following information:
  - **Specialty** - Clearly state your medical specialty or area of practice (e.g., sports medicine, surgery, diabetic foot care, biomechanics, etc.).
  - **Years of Experience** - Provide an overview of your experience, including the number of years you have been practicing in your specialty. If applicable, include details of any advanced certifications or subspecialties.
  - **Location of Practice** – Include the name of the clinic, hospital, or facility you will be employed at.
  - **Additional Information** - Feel free to include any other relevant details that will support your application. This could include:
    - Your motivation for practicing in Guam (e.g., community needs, personal connection, or professional opportunities).
    - Previous experience or visits to Guam, if applicable.

### Application Submission Address:

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



# GUAM BOARD OF MEDICAL EXAMINERS

## CHECKLIST FOR LICENSURE AS A PODIATRIST

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

- \_\_\_\_\_ Guam Board of Medical Examiners form 22 (**GBME-22**) application.
- \_\_\_\_\_ Photo – Signed and Dated, taken within the past six (6) months.
- \_\_\_\_\_ Proof of Eligibility to work in the United States (i.e. U.S. Passport, Permanent Resident Card, or Work Visa).
- \_\_\_\_\_ Guam Board of Medical Examiners Form 23 (**GBME-23**) for record of payment.
- \_\_\_\_\_ Guam Board of Medical Examiners Form 11 (**GBME-11**) for interview questionnaire.
- \_\_\_\_\_ Guam Board of Medical Examiners Form 21 (**GBME-21**) for release of information.
- \_\_\_\_\_ Guam Board of Medical Examiners Form 24 (**GBME-24**) for certificate of education.
- \_\_\_\_\_ Guam Board of Medical Examiners Form 25 (**GBME-25**) for verification of residency training.
- \_\_\_\_\_ Verification of Licensure.
- \_\_\_\_\_ Three (3) Letters of Recommendation.
- \_\_\_\_\_ Background Check.
- \_\_\_\_\_ Detailed Practice Plan. (*Employer on Guam*)

**NOTE: If required items are not submitted with the application, the application will be considered incomplete and will not be processed until all items requested are received.**



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**ATTACH  
2x2  
PHOTO  
HERE**

## APPLICATION FOR LICENSURE AS A PODIATRIST

### A. IDENTIFICATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PRIMARY PRACTICE NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEMEDICINE:  YES  NO  
(Please provide the name and address of the clinic or hospital where you are providing telemedicine services.)

\_\_\_\_\_

### B. EDUCATIONAL INFORMATION:

EDUCATIONAL BACKGROUND	NAME & ADDRESS	DATE GRADUATED	DEGREE
COLLEGE/UNIVERSITY			
MEDICAL SCHOOL			
POST GRADUATE TRAINING (Only list CPME or APA approved internship, residency, and fellowship)			



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### C. PROFESSIONAL INFORMATION:

1. List *past* and *current* medical license for the United States and its Territories and Canada:

\_\_\_\_\_  
\_\_\_\_\_

2. EXAMINATIONS TAKEN (List all parts and dates taken if applicable):

APMLE: Part 1: \_\_\_\_\_ Part 2: \_\_\_\_\_ Part 3: \_\_\_\_\_

3. Professional Experience as a physician over the five (5) consecutive years:

FROM	TO	LOCATION	TYPE OF PRACTICE	REASON FOR DISCONTINUATION

4. ABPM (American Board of Podiatric Medicine) or ABFAS (American Board of Foot and Ankle Surgery Certification):

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Date of Expiration (if "Yes")

*(NOTE: ATTACH COPY OF BOARD CERTIFICATION)*

### D. AFFIDAVIT: TO BE SWORN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS BY THE APPLICANT WHO HAS COMPLETED THIS FORM, AND IS APPLYING FOR GUAM LICENSURE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DATE OF \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

(NOTARY SEAL)

COMMISSION EXPIRES: \_\_\_\_\_



# GUAM BOARD OF MEDICAL EXAMINERS

## INITIAL APPLICATION INTERVIEW QUESTIONNAIRE

(PAGE 1 OF 2)

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE INDICATE YES or NO and INITIAL each entry.**

*(All "YES" answers to the following questions must be accompanied by a written statement with dates explaining the circumstances that must be acceptable to the GBME.)*

		YES	NO	INITIAL
1.	Has your license to practice medicine ever been revoked, suspended, or restricted or has there been any disciplinary action taken against you in any state or territory?			
2.	Have you ever been convicted of any felony or misdemeanor, except for minor traffic violations under the laws of any state or territory?			
3.	Has any disciplinary action ever been taken against you by a government agency, law enforcement agency, any peer review body, healthcare institution, or professional medical society regarding your clinical or ethical performance as a physician?			
4.	Have you ever voluntarily surrendered your medical license while under investigation in any state or territory?			
5.	Have you ever been licensed or privileged to practice medicine by a government jurisdiction including the military, public health, or foreign government?			
6.	Have you ever been denied a narcotic license, charged or convicted of a violation of a Federal, State, or Territorial Narcotics Law, or asked to surrender your narcotic license?			
7.	Has your staff privileges at any hospital/healthcare institution ever been denied, reduced or removed, or have you ever been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician?			
8.	Have you ever voluntarily resigned or limited your staff privileges at any hospital/Health care institution while under formal or informal investigation by the institution or a committee thereof?			
9.	Have you ever voluntarily resigned or withdrawn from a nation state or county medical society, association or organization while under a formal or informal investigation by the institution or a committee thereof?			
10.	Have you ever had a liability judgments(s) or/and legal settlement(s)?			
11.	Have you ever changed your practice specialty?			



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## INITIAL APPLICATION INTERVIEW QUESTIONNAIRE

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12.	Have you ever been addicted to the use of narcotics, barbiturates, alcohol or other drugs?			
13.	Do you presently have a physical or mental health condition that can affect or is reasonably likely to affect your ability to perform your medical duties or affect your clinical judgment?			
14.	Have you ever been licensed or applied for licensure on Guam? If "YES" Please indicate date:			
15.	Are you a citizen of the United States? If "NO" you must provide proof that you will lawfully be in the United States or a jurisdiction thereof for the purpose of practicing medicine.			

**Under penalty of perjury, any misrepresentation to the Guam Board of Medical Examiners can constitute ground for denial, suspension, or revocation of your medical license and prosecution to the full extent of the laws of Guam.**

**This form, when completed must be submitted with your application for medical licensure.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of Reviewing Board Representative  
 Guam Board of Medical Examiners

\_\_\_\_\_  
 Date



# Guam Board of Medical Examiners

Applicant Full Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

I, \_\_\_\_\_ being first duly sworn upon his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete Guam Board of Medical Examiners' application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct, to include all previously submitted documents; and that I am the lawful holder of the degree of Doctor of Medicine or Doctor of Osteopathy as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, licensing boards, personal physicians, employers (past, present and future), or business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Guam Board of Medical Examiners or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Guam Board of Medical Examiners or its successors to release, in any investigation or proceeding, to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I understand that such collection of information may include physical documents, electronically transmitted documents and verbal discussion in person, via phone or electronic devices, e.g., via the internet.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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## CERTIFICATE OF EDUCATION

THE APPLICANT BELOW IS APPLYING FOR A LICENSE TO PRACTICE IN GUAM. PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN **DIRECTLY** TO THE GUAM BOARD OF MEDICAL EXAMINERS AT THE ADDRESS ABOVE.

### PART A – TO BE COMPLETED BY THE APPLICANT:

Applicant's Full Legal Name: \_\_\_\_\_

**I hereby authorize the release of a copy of my academic record to the Board.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PART B – TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR:

1. Name of Applicant: \_\_\_\_\_

2. Name of College/University: \_\_\_\_\_

3. Address of College/University: \_\_\_\_\_

4. Was the school Board-Approved or State Regulator Agency-Approved during the Applicant's enrollment? ( ) Yes ( ) No

If Yes, by whom: \_\_\_\_\_

5. The Applicant entered the education program on \_\_\_\_\_ and completed \_\_\_\_\_ months on \_\_\_\_\_.

6. Number of Theory Hours \_\_\_\_\_; Number of Supervised Clinical/Fieldwork Hours \_\_\_\_\_.

7. Attached is the Official Copy of Applicant's Transcript.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Seal of School



# GUAM BOARD OF MEDICAL EXAMINERS

## RECORD OF PAYMENT (Podiatrists & Physician Assistants Only)

### I. IDENTIFICATION

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Mailing: \_\_\_\_\_  
(CITY) (STATE) (ZIP)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Verification of Licensure: Please print the complete name used on original license and your Social Security Number

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**Fee:** Please make all check or money orders payable to *Treasurer of Guam*. Online payments may be made at [www.guamhplo.org/gbme](http://www.guamhplo.org/gbme) (additional 5% convenience fee). All fees are **NON-REFUNDABLE**.

Please check your request(s):

- |    |     |   |    |        |
|----|-----|---|----|--------|
| 1. | ( ) | Application by Endorsement                            | \$ | 125.00 |
| 2. | ( ) | Application by Examination                            | \$ | 125.00 |
| 3. | ( ) | License Fee (Initial)                                 | \$ | 125.00 |
| 4. | ( ) | Renewal Fee   | \$ | 80.00  |
| 5. | ( ) | Late Renewal Penalty                                  | \$ | 100.00 |
| 6. | ( ) | Collaborative Practice Agreement (Initial or Renewal) | \$ | 50.00  |
| 7. | ( ) | License Verification                                  | \$ | 25.00  |

**NOTE:** Mail this form to the: *Guam Board of Medical Examiners, 194 Hernan Cortez Ave. Suite 213, Hagatna, GU 96913*

**FOR OFFICE USE ONLY:** Payment ( ) Check ( ) Money Order

Field Receipt No.: \_\_\_\_\_ Date Paid: \_\_\_\_\_ GBME-23