



# GUAM BOARD OF MEDICAL EXAMINERS

## RECORD OF PAYMENT

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### I. IDENTIFICATION

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

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

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

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

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

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**Fee:** Please make all check or money orders payable to **TREASURER OF GUAM**. All fees are **NON REFUNDABLE**.

Please check your request(s):

1. ( )	Application Fee	\$	150.00
2. ( )	License Fee	\$	250.00
3. ( )	USMLE Step 3 Examination	\$	530.00
4. ( )	Temporary License	\$	125.00
5. ( )	License Renewal	\$	250.00
6. ( )	Late Renewal Penalty Fee	\$	150.00
7. ( )	Inactive Status	\$	300.00
8. ( )	Reinstatement of License	\$	400.00
9. ( )	License Verification	\$	25.00
10. ( )	Re-Issuance (duplicate) License Certificate	\$	100.00
11. ( )	Re-Issuance (duplicate) License Card	\$	20.00
12. ( )	Physicians Practice Act	\$	10.00
13. ( )	Physicians Practice Act Admin. Rules & Regulations	\$	10.00
14. ( )	Photocopy (up to five (5) pages)	\$	4.00
15. ( )	Photocopy (each additional page)	\$	.50

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**NOTE:** Mail this form to the: **Guam Board of Medical Examiners, 194 Hernan Cortez Ave, Suite 213, Hagatna, GU 96910**

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

**Field Receipt No.:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_