Department of Public Health & Social Services
GUAM BOARD OF NURSE EXAMINERS

RECORD OF PAYMENT

I. IDENTIFICATION

NAME: _____
(Last Name) (First Name) (Middle)

MAILING ADDRESS: _____
(Street Address)

_____
(City) (State) (Zip Code)

SIGNATURE: _____ DATE: _____

II. VERIFICATION OF CERTIFICATE:

Please print the complete name used on original certification and your social security number

_____ SS#_____
(Print Full Name)
SIGNATURE: _____ DATE: _____

III. FEE

Fee paid are **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**

$ 100.00	RN EXAM	$ 150.00	RN/LPN Continuation of Full Approval Fee	$ 50.00	Nurse Assistant Application for Exam
$ 100.00	LPN EXAM	$ 150.00	APRN License Application Fee	$ 25.00	Nurse Assistant Endorsement
$ 100.00	RN/LPN Endorsement	$ 150.00	APRN Reinstatement of License	$ 40.00	Nurse Assistant Reinstatement
$ 125.00	RN/LPN Reinstatement for Lapsed or Inactive	$ 100.00	APRN License Renewal	$ 25.00	Nurse Assistant Certificate Renewal
$ 80.00	RN License Renewal	$ 75.00	APRN Temporary Work Permit	$ 25.00	Certification Verification
$ 60.00	LPN License Renewal	$ 150.00	APRN Prescriptive Authority	$ 20.00	Reissuance of Certificate
$ 25.00	License Verification		**OTHER**	$ 200.00	Nurse Assistant Program Approval Fee
$ 25.00	RN/LPN/CNA Temporary Work Permit	$ 35.00	Examination Proctoring		
$ 20.00	Reissuance of License	$ 10.00	Nurse Practice Act		
$ 400.00	RN/PN Nursing Education Program Approval Fee	$ 10.00	Rules and Regulations		

Present this form with payment to the cashier at the Department of Public Health & Social Services/Treasurer's Office then return the processed form to GBNE.

OFF-ISLAND APPLICANTS: Return this form with your payment to the GBNE at the above address.

FOR OFFICE USE ONLY

Payment: CHECK MONEY ORDER CASH CREDIT CARD

Field Receipt#:_____ Date Paid:_____

DEPOSIT TO ACCOUNT: 324156344