



Department of Public Health & Social Services
GUAM BOARD OF NURSE EXAMINERS
 194 Hernan Cortez Ave., Ste. 213
 Hagatna, GU 96910-5052



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

 (Print Full Name) SS# _____

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		<u>OTHER</u>	\$ 200.00	Nurse Assistant Program Approval Fee
\$ 25.00	RN/LPN/CNATemporary Work Permit	\$ 35.00	Examination Proctoring		
\$ 20.00	RN/LPN Reissuance of License	\$ 10.00	Nurse Practice Act		
\$ 400.00	RN/PN Nursing Education Program Approval Fee	\$ 10.00	Rules and Regulations		

NOTE: Please make a copy for the Treasurer of Guam and return this original form to HPLO/GBNE with your receipt of payment. For off-island Applicants or Licensees, please enclose this form with your application and make check or money order payable to “Treasurer of Guam”.

<u>FOR OFFICE USE ONLY</u>					
Payment:	CHECK	MONEY ORDER	CASH	CREDIT CARD	
Field Receipt#:	_____			Date Paid:	_____
DEPOSIT TO ACCOUNT: 324156344					