



# Guam Board of Allied Health Examiners

194 Hernan Cortez Avenue  
Terlaje Professional Building, Suite 213  
Hagåtña, Guam 96910-5052

## RECORD OF PAYMENT

### I. IDENTIFICATION:

Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

### II. VERIFICATION OF LICENSURE: If you are requesting verification, please print your complete name used on your original Guam License.

Name on Original License: \_\_\_\_\_

License #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### III. FEE: Fees paid are **NON-REFUNDABLE**. Make check or money order payable to **TREASURER OF GUAM**.

	<b>Initial Application</b>	<b>Biennial Application</b>
1. Acupuncture and Oriental Medicine .....	\$350	\$250
2. Audiology .....	\$250	\$200
3. Chiropractic .....	\$350	\$250
4. Clinical Psychology .....	\$350	\$250
5. Psychology Associate .....	\$200	\$150
6. Licensed Professional Counselor .....	\$250	\$200
7. Licensed Professional Counselor Intern .....	\$200	\$150
8. Licensed Mental Health Counselor .....	\$300	\$250
9. Licensed Mental Health Counselor Intern .....	\$200	\$150
10. Marriage and Family Therapist .....	\$300	\$250
11. Marriage and Family Therapist Intern .....	\$200	\$150
12. Occupational Therapist .....	\$250	\$200
13. Occupational Therapist Assistant .....	\$200	\$100
14. Physical Therapy .....	\$300	\$250
15. Physical Therapy Assistant .....	\$200	\$100
16. Speech-Language Pathologist .....	\$300	\$250
17. Speech-Language Assistant .....	\$200	\$150
18. Respiratory Therapist .....	\$250	\$200
19. Certified Respiratory Therapist .....	\$200	\$100
20. Veterinary Medicine .....	\$350	\$250
21. Nursing Home Administrator .....	\$250	\$200
22. Nutritionist .....	\$300	\$250
23. Clinical Dietician .....	\$200	\$100
24. Euthanasia Technician (Annual) .....	\$150	\$100
25. Examinations When Required by Law or Rule .....	\$250	\$250
26. Application for Prescriptive Authority .....	\$250	\$250
27. Late Renewal Penalty (Up to One Year) .....		\$100
28. Late Renewal Penalty (One Year and a Day to Two Years) .....		\$200
29. Late Renewal Penalty (Two Years and a Day to Three Years) .....		\$300
30. Late Renewal Penalty (Three Years and a Day to Four Years) .....		\$400
31. Name Change Certificate Request .....		\$100
32. Replacement (Lost) Identification Card .....		\$100
33. Reinstatement of Suspended License .....		\$300
34. Petition for Reinstatement of Expired License .....		\$500
35. Petition for Reinstatement of Revoked License .....		\$500
36. Verification of Guam License (Certificate of Good Standing) .....		\$50
37. Inactive License .....		one-half (1/2) the renewal fee
38. Returned Check Fee .....		\$40
39. Other (Balance) .....		\$ _____

**NOTE:** Please make a copy for Treasurer of Guam and return this original Form to HPLO/GBAHE 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".

**FOR GUAM BOARD OF ALLIED HEALTH EXAMINERS OFFICE USE ONLY:**

PAYMENT TYPE: ( ) Check ( ) Money Order ( ) Cash ( ) Credit Card

FIELD RECEIPT #: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

GBAHE Account #5211333