



# 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: \_\_\_\_\_

**Fee:** Please make all check or money orders payable to *Treasurer of Guam*. Online payments can be made at [www.guamhpl.org/gbme](http://www.guamhpl.org/gbme) (additional 5% convenience fee).

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    |

### Interstate Medical Licensing Compact

|        |                         |    |        |
|--------|-------------------------|----|--------|
| 1. ( ) | Application Fee         | \$ | 150.00 |
| 2. ( ) | License Fee             | \$ | 250.00 |
| 3. ( ) | Letter of Qualification | \$ | 300.00 |

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

ACCOUNT #: 324156343

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

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

GMBE-7