



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
 Government of Guam
 123 Chalan Kareta, Mangilao, GU 96913
 Tel: (671) 735-7405~12 | Fax: (671) 735-7413

CHECKLIST – PHARMACY TECHNICIAN

NAME OF APPLICANT:

DATE APPLICATION REC'D:

1. _____ Signed and notarized application [GBEP-10].
2. _____ One (1) 2x2 Photo taken within the last 3 months.
3. _____ Application Fee [GBEP-7].
4. _____ Copy of Diploma.
5. _____ Notarized affidavit of the applicant of a change of name, if applicable.
6. Date of Clearances:
 Police Clearance _____ Court Clearance _____
7. _____ Proof of minimum practical experience:
 - 500 hours if certified pharmacy technician
 - 1500 hours if not a certified pharmacy technician
8. Three (3) letters of recommendation from professional acquaintances (one must be from a pharmacist in good standing).
 a. _____ b. _____ c. _____
9. _____ Copy of Pharmacy Technician Certificate, if applicable (submit copy of certificate)

** FOR BOARD USE ONLY **

BOARD MEMBER SIGNATURE	BOARD ACTION	DATE	COMMENTS
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		



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www.dphss.guam.gov

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

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

Mailing Address: _____
(Street or P.O. Box #) (City) (State) (Zip Code)

Date of birth: _____ SSN: _____ Gender: _____

Home Phone No: _____ Email Address: _____

Place of employment: _____ Work Phone No: _____

Indicate below how you qualify for registration as a Pharmacy Technician:

- | | |
|---|---|
| _____ Associate degree in Pharmacy Technology | _____ Training Course |
| _____ Graduate of school of Pharmacy | _____ Certified by PTCB |
| _____ Non-PTCB Certification | _____ Other pharmacy course-work/experience |

Are you a high school graduate? _____ Yes _____ Date graduated _____

GED? Yes _____ Date GED awarded _____

Name and location of high school: _____

Name that appears on high school diploma or GED Certificate: _____

I Certify that I have personally read the Rules and Regulations governing Pharmacy practice on Guam, and do hereby make application as a pharmacy technician. I understand that a violation of any statutes, rules and regulations may be grounds for suspension or revocation of this registration.

I will report to the Board in writing any changes in my status as a pharmacy technician during the duration of my registration.

(Signature of Applicant) (Date)

FOR BOARD USE ONLY

Approved: _____ Disapproved: _____ Technician Registration #: _____ Date effective: _____

Remarks: _____

Chairperson, Guam Board of Examiners Pharmacy
Board Seal



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Name of Applicant: _____ SSN: _____

AFFIDAVIT OF COMPLETED COURSEWORK

This portion must be completed by the university, college, school or course provider

This is to certify that _____ attended

Name of University, College, School, Program or Pharmacy

From: _____ to: _____ and has completed the minimum of _____ hours of instruction under direct supervision of a licensed pharmacist or instructor as required.

Name of Pharmacist/Instructor

Signature

Date

Title

License No.

On this, the ____ day of _____, 20____, before me, a notary public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein continued.

In witness hereof, I hereunto set my hand and official seal.

Notary Public



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RECORD OF PAYMENT

IDENTIFICATION

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street or P.O. Box #) (City) (State) (Zip Code)

Signature _____ Date _____

VERIFICATION OF LICENSURE: Please print the complete name used on original license and your Social Security number.

Name _____ SS# _____

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

Please check your request(s):

- | | | |
|------------------------------|--|----------|
| 1. <input type="checkbox"/> | Pharmacist's Licensure Application fee (charged once) | \$100.00 |
| 2. <input type="checkbox"/> | Pharmacist's License Renewal fee | \$60.00 |
| 3. <input type="checkbox"/> | Temporary License fee | \$10.00 |
| 4. <input type="checkbox"/> | Pharmacy Permit fee | \$50.00 |
| 5. <input type="checkbox"/> | Pharmacy Permit Renewal fee | \$30.00 |
| 6. <input type="checkbox"/> | Pharmacy Intern Application fee | \$40.00 |
| 7. <input type="checkbox"/> | Pharmacy Intern Renewal fee | \$40.00 |
| 8. <input type="checkbox"/> | Pharmacy Technician License fee | \$50.00 |
| 9. <input type="checkbox"/> | Pharmacy Technician License Renewal fee | \$30.00 |
| 10. <input type="checkbox"/> | Penalty for late renewal of Pharmacy Intern | \$40.00 |
| 11. <input type="checkbox"/> | Miscellaneous permit fee (Wholesalers, Drug Outlets, etc.) | \$50.00 |
| 12. <input type="checkbox"/> | Miscellaneous Permit Renewal | \$30.00 |
| 13. <input type="checkbox"/> | Penalty for late renewal of Pharmacist's license | \$40.00 |
| 14. <input type="checkbox"/> | Penalty for late renewal of Pharmacy license | \$40.00 |
| 15. <input type="checkbox"/> | Photocopying of rules and regulations (per set) | \$10.00 |
| 16. <input type="checkbox"/> | Photocopying of Public Law (Pharmacy Portion) (per set) | \$5.00 |
| 17. <input type="checkbox"/> | Photocopying of other records (first 5 copies) | \$3.00 |
| 18. <input type="checkbox"/> | Photocopying (each additional sheet) | \$0.50 |

Present this form with payment to cashier at Treasurer's office, then return the processed form to GBEP Office.

Off-island applicants, return this form with payment to GBEP at the above address.

OFFICE USE ONLY: Payment Check Money Order Cash Credit Card

Receipt #: _____ Date Paid: _____ Staff Initials: _____

Account #: DPH 324156346