



GUAM BOARD OF MEDICAL EXAMINERS

RENEWAL OF FULL MEDICAL LICENSE CHECKLIST

1. _____ Application/Notarized (GBME-8)
2. _____ CME (Continuing Medical Education) (GBME-9)
50 Credit Hours Category I (10/2017 - Current Year 2019)
3. _____ Record of Payment (GBME-7)



GUAM BOARD OF MEDICAL EXAMINERS

Dear Doctor:

As a courtesy, the Guam Board of Medical Examiners would like to remind you that your current Guam Medical License will **expire on December 31, 2019**. Enclosed are the applications for Renewal of Medical License for (GBME-8), Continuing Medical Education Report (GBME-9) and a Record of Payment (GBME-7) for your perusal. To avoid any delay in receiving your license card, **please submit your completed renewal application no later than October 31, 2019**.

Renewal applications must be submitted to the Board Office by October 31, 2019 enclosed with the renewal fee of \$250.00. CHECKS ARE TO BE MADE PAYABLE TO THE "TREASURER OF GUAM."

Completed application forms and the record of payment must be filed with the Board Office by close of business of said due date. **As a word of warning, of those who are submitting renewal application after December 31, 2019, you will be required to pay the late penalty fee of \$150.00 plus the renewal fee of \$250.00.** Payments must be made at the Treasurer of Guam in ITC Tamuning or Public Health Building in Mangilao.

Please note: The new CME requirement is a minimum of 50 Category I credit hours relevant in the field of your practice. All CME's must be current year 2018 and 2019.

Henceforth, the Health Professional Licensing Office-Guam Board of Medical Examiners is located at the Terlaje Professional Building, 194 Hernan Cortez Avenue, Suite 213, Hagatna, Guam. Business Counter hours of operations are 8:00 a.m. - 4:00 p.m., Monday through Friday, except holidays.

PLEASE NOTE: FAILURE TO RECEIVE RENEWAL NOTICES DOES NOT RELIEVE ANYONE OF THE RESPONSIBILITY FOR RENEWING HIS/HER MEDICAL LICENSE.

For additional information, you may contact the Health Professional Licensing Office **(671) 735-7404/11 or fax (671) 735-7413**.

Enclosures



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APPLICATION FOR RENEWAL OF FULL MEDICAL LICENSE

A. GENERAL INFORMATION AND INSTRUCTIONS

1. Please type or print.
2. Application must be received no later than **October 31, of each renewal year.** A penalty fee of \$150.00 in addition to the renewal fee of \$250.00 shall be imposed for late application received after December 31, of each renewal year. After **March 1st of the following year** with receipt of renewal application a new application for regular full licensure must be submitted.
3. Unsigned application shall be considered incomplete and will be returned for signature prior to processing.
4. Submission of completed application includes: a. **GBME-7** b. **GBME-8** c. **GBME-9**

Make Check or Money Order payable to "**Treasurer of Guam**" and mail to: **194 Hernan Cortez Ave. Suite 213, Hagatna, Guam 96910**

B. IDENTIFICATION

1. Name: _____
(Last) (First) (Middle) (Maiden)
2. Date of Birth: _____ SSN: _____ Guam Lic. No.: _____
4. Mailing Address: _____
(Street Address)

(City) (State) (Zip) (Phone No.)
5. WORK Address: _____
(Street Address)

(City) (State) (Zip) (Phone No.)
6. EMAIL Address: _____ (MANDATORY — for communication purposes)

Y () N () Did you work on Guam this past six months?

C. SPECIALTY

1. My area of practices is/are: _____
2. I am ABMS (American Board of Medical Specialties) BOARD CERTIFIED in the following:

SPECIALTY:	Date Issued:	Date Expire:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(NOTE: ATTACH COPY OF EACH UPDATED CERTIFICATE OF ABMS BOARD CERTIFICATION) If ABMS Board Certification is lifetime, please verify with the Board office if copy is on file.



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D. In the **last two (2) years** since your previous medical license renewal: (Please circle: (Y) Yes, (N) No)

- Y N 1. Have you had any liability judgment(s) or out of court settlement(s) for Malpractice or Medical Battery?
- Y N 2. Have you had any disciplinary action by any local or State professional society, licensing agency or other regulatory agency?
- Y N 3. Have you voluntarily surrendered or limited your license to practice medicine in any State, U.S. Territory or foreign government?
- Y N 4. Have you ever been denied a license or authorization to practice medicine by any jurisdiction, including the military, public health or foreign government?
- Y N 5. Have you ever voluntarily resigned or limited your staff privileges at any hospital/healthcare institution?
- Y N 6. Have you ever voluntarily resigned or withdraw from a national, state or country medical society, association or Organization while under formal or informal investigation or review by that body for any reason related to possible medical incompetence, unprofessional conduct, or mental or physical impairment?
- Y N 7. Have you ever been denied a narcotic license, charged or convicted of a violation of Federal, State or Territorial Narcotic Laws or asked to surrender your narcotic license?
- Y N 8. Have you abused or have been addicted to or treated for addiction to alcohol or any chemical substance?
- Y N 9. Have you had any physical injury or disease or mental illness that affect or interrupt you practice of Medicine?

***YES response(s) must be explained in a separate sheet.**

E. AFFIDAVIT: TO BE SWORN BEFORE AN OFFICER, AUTHORIZED TO ADMINISTER OATHS BY LICENSEE WHO HAS COMPLETED THIS FORM AND IS RENEWING FOR GUAM LICENSURE

Signature

Date

SUBSCRIBED AND SWORN TO, BEFORE ME THIS

_____ DAY OF _____

NOTARY PUBLIC: _____

COMMISSION EXPIRES: _____

(DATE)

NOTARY PUBLIC

SEAL



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CONTINUING MEDICAL EDUCATION REPORT

A. IDENTIFICATION

1. Name: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)
2. SSN.: _____ Date of birth: _____
3. Guam License No.: _____ Expiration Date: _____

- B. **CME CATEGORIES AND REQUIREMENTS:** A minimum of 100 credit hours of CME over the past two(2) years. Of this, at least a minimum of 50 Category I credit hours relevant in the field of your practice. (SEE REVERSE PAGE)

C. LISTING OF CONTINUING EDUCATION PARTICIPATION: (PLEASE PRINT OR TYPE)

Course Title	Sponsored By	Dates Attended	Accredited/Approved by (AMA, AAFP, ACOG, etc.)	Category	Credit Hours

Total No. of Credit hours Reported: _____

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing.

(Signature of Physician)

(Date)

ATTACH COPIES OF ALL CATEGORY I CERTIFICATES



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CME (CONTINUING MEDICAL EDUCATION) CATEGORIES

- Category I: Continuing Medical Education activities accredited by the American Medical Association and other activities approved in advance by the GBME. A minimum of 50% of the credit hours reported should be in this category.
- Category II: Continuing Medical Education Activities with non-accredited sponsorship.
- Category III: Medical teaching credit may be claimed for contact hours of teaching of medical students, interns, residents, and allied health professionals.
- Category IV: Papers, Publications, Books and Exhibits; ten (10) credit hours may be claimed for each paper published or given before a medical audience.
- Category V: Credit hours may be claimed for time spent with Self-Instruction activities (journal reading, studying medical audiovisual material), patient care review and Self-Assessment Examinations.
- Category VI: Other Meritorious Learning Experiences: These activities that do not fit into the other five (5) categories, but which the applicant feels represent valid continuing medical education. Submit a description of the activity for review by the Board.

CME REQUIREMENTS

1. **Initial application for full licensure:**
 - a. A minimum of 100 credit hours of CME over the past two (2) years. Of this, at least 50% (50 credits) must be in Category I. (Attach copies.)
2. **Renewing a full medical license:**
 - a. A minimum of 100 credit hours of CME over the past two (2) years. Of this, at least 50% (50 credits) must be in category I. (Attach copies.)
 - b. At least two (2) credit hours of category I CME must be in Medical Ethics course(s). (Attach copies.)

Note: The Physician's Recognition Award obtained from the American Medical Association will be recognized as category I credits. Completion of an ACGME accredited residency or fellowship within the last year prior to application for licensure will meet the GBME CME requirements. Verification of such training must be provided to the GBME.



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing: _____

(CITY) (STATE) (ZIP)

Signature: _____ Date: _____

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**. 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

NOTE: Mail this form to the: **Guam Board of Medical Examiners, 194 Hernan Cortez Ave. Suite 213, Hagatna, GU 96910**

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

Field Receipt No.: _____ **Date Paid:** _____