



GUAM BOARD OF MEDICAL EXAMINERS

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.



GUAM BOARD OF MEDICAL EXAMINERS

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:** _____