



## GUAM BOARD OF EXAMINERS FOR OPTOMETRY

Department of Public Health & Social Services  
123 Chalan Kareta, Mangilao, Guam 96913



# APPLICATION CHECKLIST FOR LICENSE RENEWAL

1. \_\_\_\_\_ Renewal Application Form (GBEO-8)
2. \_\_\_\_\_ Continuing Optometry Education Reporting Form (GBEO-9)
3. \_\_\_\_\_ Record of Payment Form (GBEO-7)  
*(Make checks payable to "Treasurer of Guam")*



# GUAM BOARD OF EXAMINERS FOR OPTOMETRY

Department of Public Health & Social Services  
123 Chalan Kareta, Mangilao, Guam 96913



## APPLICATION FOR LICENSE RENEWAL

### A. INSTRUCTIONS:

1. Complete Renewal Application Form (GBEO-8)
  2. Complete "Continuing Optometry Education Reporting Form" (GBEO-9)
  3. Complete "Record of Payment" Form (GBEO-7)
- Make checks payable to "Treasurer of Guam"

### B. IDENTIFICATION:

NAME: \_\_\_\_\_  
**Last First Middle Initial**

LICENSE NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

### LIST ALL PRACTICE NAMES, LOCATIONS, AND ADDRESSES:

Name	Location	Address

**MAILING ADDRESS:**

**RESIDENCE ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Payment Receipt No. \_\_\_\_\_ Payment Date: \_\_\_\_\_



**GUAM BOARD OF EXAMINERS FOR OPTOMETRY**

Department of Public Health & Social Services  
123 Chalan Kareta, Mangilao, Guam 96913



**CONTINUING OPTOMETRY EDUCATION  
Reporting Form**

**List of Credit Hours**

In compliance with P.L. 16-123, as set by its rules and regulations, the Board requires at least one (1) day of continuing education in the year preceding renewal. One (1) day is defined as attending or requiring continuing education for eighteen (18) hours. Please submit only eighteen (18) hours of continuing education to be applied to this year's renewal. Attach copies only of the COE training certificates.

Title of Course	Organizer's Name & Address	Attendance Dates	Credit Hours	Therapeutic Hours

**TOTAL # of Credit Hours:** \_\_\_\_\_

I certify that the information provided is true under penalty of perjury to the truth and accuracy of statements, answers and representation made in support of my application for license renewal to practice optometry on Guam.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



# GUAM BOARD OF EXAMINERS FOR OPTOMETRY

Department of Public Health & Social Services  
123 Chalan Kareta, Mangilao, Guam 96913



## RECORD OF PAYMENT

### I. IDENTIFICATION

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

**CASHIER'S  
COPY**

II. **Verification of Licensure:** Please print the complete name used on original license and your Social Security Number.

III. **FEES:** Please make all checks or money orders payable to “**TREASURER OF GUAM**”. All fees are NON-REFUNDABLE. Treasurer of Guam cashiers are located at the ITC Bldg 1<sup>st</sup> Flr, Tamuning; and Dept of Public Health & Social Services, Mangilao, 1<sup>st</sup> Flr.

Please check your request(s):

- |  |          |
|--|----------|
| 1. ( ) Application by examination .....        | \$250.00 |
| 2. ( ) Application by endorsement .....        | 250.00   |
| 3. ( ) Duplicate License .....                 | 100.00   |
| 4. ( ) License Fee (Initial) .....             | 150.00   |
| 5. ( ) License Renewal .....                   | 150.00   |
| 6. ( ) License Verification .....              | 15.00    |
| 7. ( ) Reinstatement .....                     | 100.00   |
| 8. ( ) Temporary Work Permit .....             | 10.00    |
| 9. ( ) Inactive license (50% of 111.4) .....   | 75.00    |
| 10. ( ) Practice Act .....                     | 5.00     |
| 11. ( ) Rules & Regulations .....              | 10.00    |
| 12. ( ) Photocopy (5 pages or less) .....      | 3.00     |
| 13. ( ) Photocopy (each additional page) ..... | .50      |

**FOR OFFICE USE ONLY:**

Payment Type: ( ) Cash ( ) Check ( ) Money Order

Date Received: \_\_\_\_\_ Payment Receipt No. \_\_\_\_\_ Payment Date: \_\_\_\_\_



# GUAM BOARD OF EXAMINERS FOR OPTOMETRY

Department of Public Health & Social Services  
123 Chalan Kareta, Mangilao, Guam 96913



## RECORD OF PAYMENT

### I. IDENTIFICATION

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

II. Verification of Licensure: Please print the complete name used on original license and your Social Security Number.

III. FEES: Please make all checks or money orders payable to “**TREASURER OF GUAM**”. All fees are NON-REFUNDABLE. Treasurer of Guam cashiers are located at the ITC Bldg 1<sup>st</sup> Flr, Tamuning; and Dept of Public Health & Social Services, Mangilao, 1<sup>st</sup> Flr.

Please check your request(s):

- |  |          |
|--|----------|
| 14. ( ) Application by examination .....       | \$250.00 |
| 15. ( ) Application by endorsement .....       | 250.00   |
| 16. ( ) Duplicate License .....                | 100.00   |
| 17. ( ) License Fee (Initial) .....            | 150.00   |
| 18. ( ) License Renewal .....                  | 150.00   |
| 19. ( ) License Verification .....             | 15.00    |
| 20. ( ) Reinstatement .....                    | 100.00   |
| 21. ( ) Temporary Work Permit .....            | 10.00    |
| 22. ( ) Inactive license (50% of 111.4) .....  | 75.00    |
| 23. ( ) Practice Act .....                     | 5.00     |
| 24. ( ) Rules & Regulations .....              | 10.00    |
| 25. ( ) Photocopy (5 pages or less) .....      | 3.00     |
| 26. ( ) Photocopy (each additional page) ..... | .50      |

**FOR OFFICE USE ONLY:**

Payment Type: ( ) Cash ( ) Check ( ) Money Order

Date Received: \_\_\_\_\_ Payment Receipt No. \_\_\_\_\_ Payment Date: \_\_\_\_\_