



# GUAM BOARD OF EXAMINERS FOR PHARMACY

194 Hernan Cortez Ave. Suite #213, Hagatna, GU 96910

## CHECKLIST RENEWAL APPLICATION

- Retail Drug Outlet / Pharmacy       Wholesale Drug Outlet

Name of Facility: \_\_\_\_\_ Date Received: \_\_\_\_\_

License Number: \_\_\_\_\_

### Renewal Requirements:

1. \_\_\_\_ Completed Application  
Form [GBEP-22] – Application for Pharmacy/Facility
2. \_\_\_\_ State Issued Controlled Substance Registration (if applicable)
3. \_\_\_\_ DEA Registration (if applicable)
4. \_\_\_\_ NPI Registration (if applicable)
5. \_\_\_\_ \$30.00 Renewal Application fee; Form [GBEP-7]
6. \_\_\_\_ \$40.00 Late Fee (if applicable)

### BOARD ACTION

BOARD MEMBER	APPROVED	DISAPPROVED	DATE	COMMENTS
1.				
2.				
3.				



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Department of Public Health & Social Services

Tel: (671) 735-7405~12

194 Hernan Cortez Ave., Terlaje Bldg. Ste 213A Hagatna, GU, 96910

www.dphss.guam.gov

**FOR OFFICIAL USE ONLY:**

- Fees
- Inspection
- Approved
- License # (upon approval) \_\_\_\_\_

## APPLICATION FOR PHARMACY/FACILITY

\_\_\_\_\_ **New**      \_\_\_\_\_ **Renewal**

APPLICANTS PLEASE NOTE: EVERY PERMIT UNDER THIS AUTHORITY SHALL BE DEEMED TO BE PERSONAL AND MAY NOT IN ANY CIRCUMSTANCES BE TRANSFERRED TO ANY OTHER PERSON. A SEPARATE APPLICATION MUST BE FILED FOR EACH PERMIT. THERE MUST BE A PERMIT FOR EACH SEPARATE BUSINESS LOCATION.

1. FULL NAME OF APPLICANT \_\_\_\_\_ DOING BUSINESS AS (Business, Trade or Fictitious Name) \_\_\_\_\_

(Last) (First) (Middle) (Completed Name of Business)

TYPE OF LICENSE (Check one only)

- / / Wholesaler/distributor       / / Retail Pharmacy       / / Manufacturer
- / / Virtual Wholesaler       / / Telepharmacy       / / Virtual Manufacturer
- / / Non-resident Pharmacy       / / Nuclear Pharmacy       / / Hospital / Institutional Pharmacy
- / / Non-sterile Compounding       / / Sterile Compounding       / / Third-party logistics (3PL)

2. BUSINESS MAILING ADDRESS \_\_\_\_\_ BUSINESS LOCATION (Block, Lot No., Municipality) \_\_\_\_\_

(P.O. Box or Street #) (Physical Location)

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Guam Business License #: \_\_\_\_\_

3. TYPE OF FIRM (Check and Complete one)

- \_\_\_\_\_ a. CORPORATION
1. Is Business a Foreign (other than Guam) Corporation?      \_\_\_Yes      \_\_\_No
  2. Is it registered under the law of Guam?      \_\_\_Yes      \_\_\_No
  3. Name of Agent: \_\_\_\_\_
  4. Title of Agent: \_\_\_\_\_
  5. Local Address of Agent: \_\_\_\_\_  
(Agent is authorized to accept services of process in legal proceeding against the Corporation)

- \_\_\_\_ b. PARTNERSHIP (List name and address of each partner)
1. \_\_\_\_\_  
 (Last) (First) (Middle) (Address)
  2. \_\_\_\_\_  
 (Last) (First) (Middle) (Address)
  3. \_\_\_\_\_  
 (Last) (First) (Middle) (Address)
- \_\_\_\_ c. SOLE PROPRIETORSHIP
- \_\_\_\_ d. OTHER: Specify: \_\_\_\_\_

4. TYPE OF PHARMACEUTICAL/SERVICE

- |                        |                                      |
|------------------------|--------------------------------------|
| a. Prescription only:  | b. Over-the-counter (OTC) Only: ____ |
| 1. Non-Controlled ____ | c. Prescription and OTC ____         |
| 2. Controlled ____     | d. Cognitive pharmacy services ____  |
| 3. Both ____           |                                      |

5. GOVERNMENT OF GUAM APPLICABLE LICENSE/PERMIT (PLEASE ATTACH)

- a. Government of Guam Controlled Substance Registration Number \_\_\_\_\_
- b. DEA Registration Number \_\_\_\_\_
- c. NPI Number \_\_\_\_\_

6. BUSINESS INTENTION:

- \_\_\_\_ distribute, mail prescription drugs into Guam
- \_\_\_\_ distribute, mail prescription drugs to Guam prescribers only
- \_\_\_\_ pharmacy practice with direct dispensing of medications
- \_\_\_\_ pharmacy practice without direct dispensing of medications

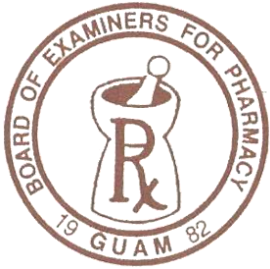
7. IF APPLICABLE:

- a. Name of Manager \_\_\_\_\_
- b. Name of Pharmacist-in-Charge (if a pharmacy) \_\_\_\_\_ Guam License # \_\_\_\_\_
- c. Out-of-state Applicants:  
 Home State: \_\_\_\_\_ Home State License # \_\_\_\_\_

I certify that I have personally read and will abide by the Laws, Rules and Regulations governing the Practice of Pharmacy on Guam. I understand that I am required to report any changes in the information contained in this application to the Board.

I hereby swear or declare under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against the pharmacy license.

\_\_\_\_\_  
*Signature of Applicant, Title of Capacity* \_\_\_\_\_  
*Date*



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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   |

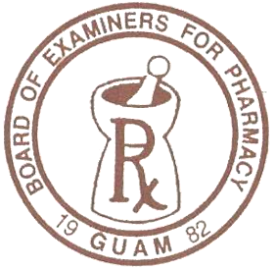
**Present this form with payment to cashier at Treasurer's office, then return the processed form to GBEP Office.**

*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



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