

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.				



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
Tel: (671) 735-7404~12 | Fax: (671) 735-7413
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213 Hagatna, GU, 96910

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 | / / Non-resident Wholesaler/Distributor | / / Virtual Wholesaler |
| / / Pharmacy | / / Non-resident Pharmacy | / / Retail Pharmacy |
| / / Telepharmacy | / / Nuclear Pharmacy | / / Hospital / Institutional |
| / / Non-sterile Compounding | / / Sterile Compounding | / / Manufacturer |
| / / Virtual Manufacturer | / / 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)

- | | | |
|--------------------------|--|-----------------|
| / / Resident Corporation | / / Foreign (Non-Resident) Corporation | / / Partnership |
| / / Sole Proprietorship | / / Other: Specify: _____ | |

A. Is it registered under the law of Guam? ___ Yes ___ No

(Agent is authorized to accept services of process in legal proceeding against the Corporation)

B. List name, title, and address of each partner or agent/local agent.

- a. _____
(Last, First, MI) (Address)
- b. _____
(Last, First, MI) (Address)
- c. _____
(Last, First, MI) (Address)

4. TYPE OF PHARMACEUTICAL/SERVICE

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

5. GOVERNMENT APPLICABLE LICENSE/PERMIT (PLEASE ATTACH COPIES)

- a. State Issued Controlled Substance Registration Number _____
b. DEA Registration Number _____
c. NPI Number _____
d. State License 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:

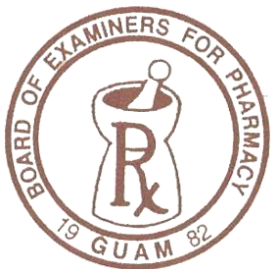
- a. Name of Manager _____
b. Name of Pharmacist-in-Charge (if a pharmacy) _____ Guam License # _____
c. Out-of-state Applicants:
Home State: _____ Home State License # _____

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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Department of Public Health & Social Services
194 Hernan Cortez Ave, Terlaje Professional Bldg Ste 213, Hagatna, GU 96910
Tel: (671) 735-7405~12
www.dphss.guam.gov

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



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910-5052

CASHIERS COPY

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# _____

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