



# 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: \_\_\_\_\_

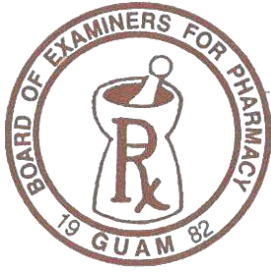
License Number: \_\_\_\_\_

### 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.

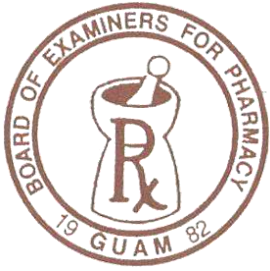
I hereby swear or declare under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against the pharmacy license.

---

*Signature of Applicant, Title of Capacity*

---

*Date*



# GUAM BOARD OF EXAMINERS FOR PHARMACY

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**.  
Online payments can be made at <https://guamhpl.org/gbep/pay> (additional 5% convenience fee).

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# \_\_\_\_\_

**FEE:** Fee paid is **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**.  
Online payments can be made at <https://guamhplo.org/gbep/pay> (additional 5% convenience fee).

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 any Treasurer of Guam 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