



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR DENTISTRY
194 Hernan Cortez Avenue Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910
Website: <https://guamhplo.org>
Contact No. (671) 735-7404-12

July 25, 2024

Dear Licensee:

The Guam Board of Examiners for Dentistry (GBED) thanks you for providing quality dental care to the People of Guam.

Please find the attached license renewal forms (one for dentist and the other for ancillary personnel). We are sending the renewal to all dentist and dental ancillaries via email address of the dentist and those we have on file. Please make copies of the form for all of the dental personnel working in your office.

The following are notices and reminders for your renewal application:

1. As per the GBED Rules and Regulations, you must complete the license renewal form and submit it to the Health Professional Licensing Office (HPLO) in Hagåtña no later than August 31, 2025.
2. Late fees will apply to all late or incomplete license renewal applications.
3. Any change in your work status must be reported to HPLO within 30 days.
4. As per the board meeting held on March 20, 2024, **CE hours** have been increased from **30 hours to 40 hours** with no distinction between category 1 and category 2, and all online courses and Zoom meetings are accepted.
5. GBED Rules and Regulations can be found at the following website:
<https://www.guamcourts.org/CompilerofLaws/GAR/25GAR/25GAR001-8.pdf>
6. Title 10 Guam Code Annotated, Chapter 12, Article 4 (Dental Practice Act) can be found at the following website:
<https://www.guamcourts.org/CompilerofLaws/GCA/10gca/10gc012.PDF>

Please note that for ease of communication, the Board has made it a requirement that all renewal forms include the licensee's email address.

Should you have any questions, please contact the licensing office by emailing Jennifer Bruan at jennifer.bruan@dphss.guam.gov.


ANTONIO RAPADAS, DDS
Chairperson



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RENEWAL APPLICATION FOR DENTAL ANCILLARY PERSONNEL

2" X 2" Photo
 Photo must be signed
 and dated on the back

_____ Name

_____ Date of Birth _____ Social Security No.

_____ Mailing Address

_____ Email Address

REAPPLYING FOR:

- Dental Hygienist
- Dental Auxiliary
- Dental Assistant
- Dental Lab Technician

_____ Cell Phone No. _____ Home Phone No. _____ Work Phone No.

I am currently employed provided Dental Ancillary services at the following:

1. Clinic/Business Name: _____
 Working with Doctors: _____
2. Clinic/Business Name: _____
 Working with Doctors: _____
3. Clinic/Business Name: _____
 Working with Doctors: _____

During the past two (2) year, I have provided Dental Ancillary services at the following locations:

1. Clinic/Business Name: _____
 Address: _____
2. Clinic/Business Name: _____
 Address: _____
3. Clinic/Business Name: _____
 Address: _____

In the forthcoming licensure term, I intend to provide Dental Ancillary services at the following locations:

1. Clinic/Business Name: _____
 Address: _____
2. Clinic/Business Name: _____
 Address: _____
3. Clinic/Business Name: _____
 Address: _____

Under penalty of perjury, if a license is granted by this board, it will be based in part on the truth to the questions and of any statements contained herein, which, if false, may constitute grounds for denial, suspension or revocation of your Guam Dental Ancillary license or permit. _____ Initial

 Signature

Guam Dental Ancillary License No. _____



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QUESTIONNAIRE FOR DENTAL EMPLOYMENT

Please indicate **YES** or **NO** and **Initial** each question as it pertains to the period since your last Guam Dental License Registration.

All **Yes** answers to the following questions must be accompanied by a written statement with dates explaining the circumstances and must be acceptable to the Guam Board of Examiners for Dentistry (GBED).

	YES	NO	INITIAL
1. Has your license or permit to work in a dental office ever been revoked, suspended, or restricted, or has there been any disciplinary action taken against you in any state or territory?	___	___	___
2. Have you been charged, convicted, found guilty of any felony or misdemeanor or been found guilty of a crime, except for minor traffic violations, under the laws of any state. Territory or foreign country?	___	___	___
3. To the best of your knowledge, do you have any communicable (infections) diseases?	___	___	___
4. Has any disciplinary action been taken against you by a government agency, law enforcement agency, any peer review body, health-care institution, or professional dental society regarding your clinical or ethical performance?	___	___	___
5. Have you voluntarily resigned or withdrawn from a national, state, or country dental society, association or organization while under formal or informal investigation by the body?	___	___	___
6. Are you addicted to the use of controlled substances, narcotics, barbiturates, or any other drugs?	___	___	___
7. Are you an alcoholic or do you use alcohol in any habitual manner that could affect your performance in the delivery of dentistry?	___	___	___
8. Do you presently have any physical or mental health condition that could affect your ability to practice the profession of dentistry?	___	___	___

Under penalty of perjury, any misrepresentation to the Guam Board of Examiners for Dentistry can constitute grounds for denial, suspension or revocation of your license or permit. This form, when completed, must be submitted with your application for dental licensure.

Print Name

Signature

Date



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RELEASE OF LIABILITY

In consideration for the evaluation, or re-evaluation of my application, credentials and qualifications for the purpose of licensure or certification in the territory of Guam, I hereby consent to the release of the following information to the Guam Board of Examiners for Dentistry (GBED).

1. Any and all information received from or held by administrators and members of the staff of institutions or dental licensing agencies.
2. Any and all documents held at other institutions that may be pertinent to the evaluation or re-evaluation of my ability or qualifications to provide dental services.
3. Any and all information received from or held by my past and present malpractice insurance carriers with respect to my malpractice claims.
4. Any and all information held by attorneys who have represented me or my insurance carrier in my malpractice claims.

In consideration for the evaluation, or re-evaluation, of my application, credentials and qualifications for the purpose of licensure or certification, I hereby release from liability the Guam Board of Examiners for Dentistry (GBED) who have received information and release from liability all individuals and organizations who may provide information to the GBED, in connection with the evaluation or re-evaluation of my application.

In making application for licensure or certification, I authorize the GBED to verify or request any or all information pertinent to my qualifications or character that it may deem proper.

I agree that a photocopy of this release shall have the same force and effect as the original and may be sent to each individual and institution from whom information is requested.

Print Name

Signature

Date



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RECORD OF PAYMENT

I. IDENTIFICATION:

Name: _____
Last First Middle
 Gender: M / F Date of Birth: _____ Place of Birth: _____
 Mailing Address: _____
 Email Address: _____ Contact No.: _____
 Name of Dental Practice/Business: _____
 Address: _____
 Work Phone: _____ Work Email: _____
 Supervising Dentist: _____ Applicant's Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Please print the complete name used in original license and your SS number.

Name: _____ Social Security No.: _____

III. FEES: Please make all checks or money orders payable to **TREASURER OF GUAM**. *Online payments* can be made at <https://guamhplo.org/gbed/pay> (additional 5% convenience fee). All fees are **NON-REFUNDABLE**.

Please check your request (s):

DENTIST:

<input type="checkbox"/>	Clinical Examination Fee	\$2,000.00
<input type="checkbox"/>	Dental License NEW Applicant Fee	\$500.00
<input type="checkbox"/>	Dental License RENEWAL Application Fee	\$200.00
<input type="checkbox"/>	Late FEE filing for Dental License renewal application (PER MONTH) after August 31 st	\$200.00
<input type="checkbox"/>	License Verification	\$25.00
<input type="checkbox"/>	Re-Issuance of License Certificate	\$50.00
<input type="checkbox"/>	Copy of Guam Dental Practice Act (https://www.guamcourts.org/CompilerofLaws/GCA/10gca/10gc012.PDF) p.143-163	\$20.00
<input type="checkbox"/>	Copy of GBED Rules and Regulations (https://www.guamcourts.org/CompilerofLaws/GAR/25GAR/25GAR001-8.pdf)	\$20.00
<input type="checkbox"/>	Photocopy (per page)	\$0.50
<input type="checkbox"/>	Specialty License New Application Fee	\$200.00
<input type="checkbox"/>	Specialty License Renewal Application Fee	\$100.00
<input type="checkbox"/>	New Application for Use of Permit for Analgesia, Sedation & General Anesthesia	\$100.00
<input type="checkbox"/>	Renewal for Use of Permit for Analgesia, Sedation & General Anesthesia	\$20.00

HYGIENISTS:

<input type="checkbox"/>	Dental Hygiene License NEW Applicant Fee	\$100.00
<input type="checkbox"/>	Dental Hygiene License RENEWAL Applicant Fee	\$50.00
<input type="checkbox"/>	Late Fee for Dental Hygiene License Renewal after September 30 th	\$50.00
<input type="checkbox"/>	NEW Application for Permit to Administer Local Anesthesia	\$50.00
<input type="checkbox"/>	RENEWAL of Permit to Administer Local Anesthesia	\$50.00

ANCILLARY DENTAL PERSONNEL: Dental Auxiliary Dental Assistant Dental Lab Tech

<input type="checkbox"/>	Dental Ancillary Personnel NEW Registration Fee	\$50.00
<input type="checkbox"/>	Dental Ancillary Personnel RENEWAL Registration Fee	\$30.00
<input type="checkbox"/>	Late FEE for Dental Ancillary Personnel Renewal of Registration after September 30 th	\$50.00

FOR OFFICE USE ONLY: Payment Check Money Order Cash Credit Card

Field Receipt No.: _____ **Date Paid:** _____ **Account No.:** 324156342