



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://guamhpl.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 LICENSURE

Check mark the following as they apply (Please note a Guam Dental Specialty License requires possession of a Guam Dental License)

- _____ RENEW my Guam Dental License
 - _____ RENEW my Guam Dental Specialty License
 - _____ NEW Guam Dental Specialty License
- ADA recognized Dental Specialty: _____

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

_____ Name

_____ Date of Birth _____ Social Security No.

_____ Mailing Address

_____ Email Address

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

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: _____

In making the application for licensure as a Dentist, I authorize the GBED to verify any or all information pertinent to my application that it may deem proper. I certify under penalty of perjury, to the truth and accuracy of all statements, answers, and representations made.

_____ Signature _____ Guam Dental License No.



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CONTINUING DENTAL EDUCATION (CDE) REQUIREMENTS

In compliance with Public Law 16-123, its revisions, and the Rules and Regulations of the Guam Board of Examiners for Dentistry, all persons applying for initial dental licensure or renewal of dental license issued by the Board must verify their Continuing Dental Education credits to the Board. The minimum number of credits required for each **twenty-four (24) months period** is **sixty-five (65) hours**.

Category I Continuing Education Credits are credits earned through attendance at State, National, and International dental meetings, Continuing Education courses accredited by the American Dental Association, and other CDE activities approved in advance by the GBED. The GBED will determine the CDE credits earned for these other CDE activities.

Category II Continuing Education Credits are credits earned by attendance at regularly scheduled monthly meetings of the Guam Dental Society only. Two (2) CDE credits will be awarded for each Guam Dental Society meeting attended.

NEW APPLICANTS

A new applicant must provide proof that they have attended a total of sixty-five (65) credit hours of **Category I** Continuing Education credits within the previous twenty-four (24) months. In the case of an applicant who graduated from a dental training program with the previous twenty-four (24) months, the GBED will prorate the above Continuing Dental Education requirement.

APPLICANTS FOR RENEWAL

An applicant for renewal must document by September 30 or each odd numbered year to the GBED that they have attended a minimum of **sixty-five (65)** credit hours of Continuing Dental Education. Of this total, a minimum of **twenty (20)** CDE credits must be **Category II** Continuing Dental Education credits. If a dentist has been licensed in the territory less than twenty-four (24) months, the GBED will prorate the above Continuing Dental Education requirement.



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QUESTIONNAIRE ON MORAL FITNESS AND CHARACTER

Please indicate **YES** or **NO** and **Initial**

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 any jurisdiction of the United States, Territory or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a professional license you held?			
2.	Are there any charges or an investigation currently pending relative to your dental license in any state or territory?			
3.	Have you been charged, convicted, found guilty of a 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?			
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 as a dentist in any state, territory or other nation?			
5.	Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished or subject to other disciplinary or probationary conditions?			
6.	Have you ever voluntarily surrendered a license issued to you by any professional licensing agency or limited your license to practice dentistry in any state or territory?			
7.	Have you ever entered into any stipulated agreement with any licensing or regulatory agency?			
8.	Have you been denied a narcotic license, charged or convicted of any violation of Federal, state, or territorial narcotic laws, or had a narcotic license restricted or asked to surrender it?			
9.	Have your staff privileges at any hospital or health-care institution been denied, reduced or removed, or have been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a dentist?			
10.	Have you voluntarily resigned or limited your staff privileges at any hospital or health-care institution while under formal or informal investigation by the institution or a committee thereof?			
11.	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?			



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Questionnaire Continued.

		YES	NO	INITIAL
12.	Are there any malpractice claims/complaints and/or any professional liability suits in process/pending against you?			
13.	Have any judgments been entered against you resulting from your practice of dentistry?			
14.	Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?			
15.	Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?			
16.	Have you had or do you have any pending liability judgments, or out-of-court settlements relating to your practice of dentistry?			
17.	Are you addicted to the use of controlled substances, narcotics, barbiturates, or any other drugs?			
18.	Are you an alcoholic or do you use alcohol in any habitual manner that could affect your performance as a dentist?			
19.	Do you presently have any physical or mental health condition that could affect your ability to practice the profession of dentistry?			
20.	Since your last dental license renewal, have you been hospitalized or received any type of institutional care?			
21.	Have you failed to perform any statutory or legal obligation imposed upon you?			

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 license to practice dentistry on Guam.

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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PERMIT TO USE DENTAL ANALGESIA

Applying for: New Renewal

- Analgesia (Nitrous Oxide/Oxygen)
- Conscious Sedation
 - Oral IM IV
 - Inhalation Rectal
- General Anesthesia
 - Oral IM IV
 - Inhalation Rectal

DEA #	Exp. Date
Guam #	Exp. Date
Exp. Date of CPR Certification	

General Information:

I maintain a proper facility as described in the GBED Rules and Regulations Yes No
 I have present on my office staff currently trained in CPR Yes No
 I have actively used these skills during the past two (2) years Yes No

Staff Certified in CPR:

Name	Date Certification Expires

NITROUS OXIDE ANALGESIA (Complete this section when renewing/applying to use Nitrous Oxide Analgesia)

	YES	NO
Has a facility containing the following properly operating equipment: emergency drug kit, positive pressure oxygen, stethoscope, high-volume evacuation (suction), artificial oropharyngeal airways, and blood pressure monitoring device.	<input type="checkbox"/>	<input type="checkbox"/>
Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. The dentist and at least one (1) staff member, present during the procedure, must be certified in basic cardiac life support (CPR) every two (2) years.	<input type="checkbox"/>	<input type="checkbox"/>
Holds a valid license to practice dentistry in Guam.	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes an analgesia machine capable of delivering one hundred percent (100%) oxygen and capable of providing not less than twenty percent (20%) oxygen concentration. It is recommended that such equipment be provided with an alarm indicating oxygen flow of less than twenty percent (20%) minimum or a fail safe mechanism to maintain oxygen flow at twenty percent (20%) or greater.	<input type="checkbox"/>	<input type="checkbox"/>
Has successfully completed a minimum of fourteen (14) hours instruction in the use of analgesia (relative analgesia, nitrous oxide-oxygen conscious sedation, inhalation analgesia, etc.) or proof satisfactory to the Board of documented safe use of analgesia within the past year.	<input type="checkbox"/>	<input type="checkbox"/>



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Permit to use Dental Analgesia Continued.

CONSCIOUS SEDATION (Complete this section when renewing/applying to use Conscious Sedation)

I have met one (1) or more of the following Board requirements for certifications.

- Sixty (60) clock hours of education (attach certification of completion)
- Three (3) cases per month for three (3) years (attach documentation with patient names and dates on a separate sheet)
- Alternate qualifications for Board review and evaluation (as documented on page)

Summary of Alternate Qualifications:

GENERAL ANESTHESIA (Complete this section when renewing/applying to use General Anesthesia)

1. Do you employ a Nurse Anesthetist? ___ Yes ___ No
2. Do you work with an MD or DO on a Guam Hospital anesthesiology staff while treating patients under General Anesthesia? ___ Yes ___ No
3. If there have been changes made since your original application, attach a copy of the documents used to monitor general anesthesia patients.
4. Describe the general anesthesia techniques:

I understand that I must report any adverse occurrences as defined in the GBED Rules and Regulations to the Board within ten (10) days (25 G.A.R.R. §8108(e)). **Reports of Adverse Occurrences.** *If a mortality or other incident in a dental outpatient facility occurs as a direct result of the administration of general anesthesia, deep sedation or conscious sedation and causes a temporary or permanent physical or mental injury of the patient, or results in the calling of a paramedic unit or the transport of the patient to any hospital or emergency medical facility the dentist involved must submit a complete report of the incident to the GBED within ten (10) days of its occurrence.* Under penalty of perjury, I attest to the truth and accuracy of all statements, answers and representations made.

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