



Guam Board of Allied Health Examiners

194 Hernan Cortez Avenue
Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910-5052

August 22, 2024

RE: RENEWAL NOTICE LETTER (EXPIRING DECEMBER 31, 2024)

Dear Licensee:

According to the Guam Allied Health Practice Act, Section 12824, the Licensee is required to “(a) At the time of renewal of licensure, the board shall require the licensee to demonstrate their qualification for licensure.” You are required to report any adverse action taken against you by any jurisdiction or authority.

All Licenses issued by the Guam Board of Allied Health Examiners (GBAHE) “expire biennially on December 31st of even numbered year and maybe renewed upon payment of a renewal fee and proof of completion of continuing education requirements” (§ 10701 RENEWAL OF LICENSE). Please attach Certificate of Attendance.

There is no limit to CE/CEU hours for Live Virtual Courses, Webinars and On-line Education from a recognized local, national, or international organization. According to (§ 10902 ACCEPTABLE CONTINUING EDUCATION, Administrative Rules and Regulations).

According to § 10901 CONTINUING EDUCATION, (a) a minimum of thirty (30) credit hours of continuing education must be earned during each two (2) year licensure period, at least twenty (20) of which must be directly related to the licensee’s specific area of practice.” And (1) Forty (40) contact (credit) hours directly related to the profession within each two (2) year licensure period are required for Clinical Psychologist, Licensed Professional Counselor, Licensed Mental Health Counselor and Marriage and Family Therapist. (b) **Professional Ethics**. At least two (2) of the directly related, contact, or clock hours must pertain to professional ethics; within the licensee’s defined scope of practice. Six (6) CE hours, directly related to the practice, are required for Licensed Professional Counselor, Licensed Mental Health Counselor, Marriage & Family Therapist, and Clinical Psychologist.

For college credits or university coursework within the scope of practice of the licensee, 1 semester credit equaling 15 CE and 1 quarter credit hour equaling 10 CE. Official transcripts stating the grade and credit hours must be submitted directly from the educational Institution to the Board (§ 10902 ACCEPTABLE CONTINUING EDUCATION, Administrative Rules and Regulations).

As a Licensee, you are responsible for 1) Informing the Board of any change in name (certified copy of certificate), mailing and practice address, and email address. 2) Notify the Board, in writing, of the loss of your current license issued. 3) Keeping a current license in your possession. 4) Conspicuously display your license in office(s) or clinic where you regularly practice. 5) A licensee “(b) is responsible for being familiar with and following the Code of Ethics of your individual profession” (25 GAR Ch.10 (§ 10111). 6) Licensee found practicing after the expired date is deemed in violation of the Allied Health Practice Act (§ 12813).

This Board encourages you to submit your Renewal Application as soon as possible; in the event that there would be question or discrepancy in your application or document submitted. If you have any questions, contact Ms. Rosemary Carman at rosemary.carman@dphss.guam.gov and Ms. Jennifer Bruan at jennifer.bruan@dphss.guam.gov.

Very Sincerely,


MAMIE C. BALAJADIA, Ed.D.
Chairperson

Attachments: Renewal Application/CE Reporting Form



Guam Board of Allied Health Examiners

194 Hernan Cortez Avenue
 Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910-5052
 Tel: (671) 735-7409

LICENSE RENEWAL APPLICATION FORM

<p style="text-align: center; color: #ccc;">Date Received by HPLO</p>	<p style="text-align: center;">Attach your 2x2 inches Passport Picture HERE.</p> <p style="text-align: center;">SIGNED and DATED at the back of Photo</p>
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Licensee's Name:		
LAST NAME	First Name	M.I.
DISCIPLINE of License to be renewed:		LICENSE NO.:
Mailing Address:		
Name and Location (address) of Practice on Guam:		
NOTE: Any change of Practice address must be reported promptly to the Board by the Licensee.		
Home Phone:	Cell Phone:	
Work Phone, Extension:		
Email Address:		

<input checked="" type="checkbox"/>	LICENSURE RENEWAL CHECKLIST:
	Include a recent, less than ninety (90) days, 2x2 inches Passport photo , signed/dated at back.
	Complete Licensure Renewal Application Form (this page) & follow CE Reporting Form` (next page).
	Attach proof of CE hours with certificates, letters, course syllabus/agenda, published article, etc. Transcripts must be submitted directly to the Board from the educational institution.
	Other renewal requirements specific to discipline as per § 10701(c). See CE Guide (next page).
	Complete payment of license renewal and attach Record of Payment form and receipt of payment .

GUAM BOARD OF ALLIED HEALTH EXAMINERS

194 Hernan Cortez Avenue, Terlaje Professional Building, Suite 213, Hagåtña, Guam 96910-5052

CONTINUING EDUCATION (CE) REPORTING FORM for LICENSURE RENEWAL

(As provided by 10 GCA CHAPTER 12 DIVISION 1, PART 1, ARTICLE 8, § 12809)

Licensee's NAME (Last, First Middle Initial):	License DISCIPLINE to be renewed:	LICENSE NO.:
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Definitions:

1. Clock Hour – A clock hour, credit hour or contact hour is defined as 55 minutes spent in a continuing education activity.
2. Directly Related – Refers to subject matter within the licensee's defined scope of practice.
3. Indirectly Related – Refers to health care and health professions generally but are subjects not necessarily within the licensee's defined scope of practice.

Proration:

CE credit hour requirements may be prorated for licenses issued less than two (2) years prior to the renewal period. (An individual licensed on or after October 1 of the renewal year is not required to renew or provide proof of CE until the following renewal term.)

1. Licensees required to obtain minimum of thirty (30) CE hours: 1.25 credit hours per month since the license was issued.
2. Licensees required to obtain minimum of forty (40) CE hours: 1.7 credit hours per month since the license was issued.
3. Licensees required to obtain minimum of fifty (50) CE hours: 2.0 credit hours per month since the license was issued.

Continuing Education GUIDE: DISCIPLINE	(A + B + C) TOTAL CE HRS	(A) DIRECTLY RELATED <i>At the least</i>	(B) INDIRECTLY RELATED <i>Not to exceed</i>	(C) REQUIRED ETHICS <i>At the least</i>	UPDATED CERTIFICATION <i>Must submit Proof</i>	PRORATED CE HRS PER MONTH
Acupuncture and Oriental Medicine	30	18	10	2	X	1.25
---Acupuncture	30	18	10	2	X	1.25
Audiology	30	18	10	2	ASHA	1.25
Chiropractic Medicine	30	18	10	2	CPR	1.25
Clinical Psychology	40	34	0	6 Prof Ethics	X	NA
Clinical Psychology w/ Prescriptive Authority	60	20 psycho-pharmacology	0	6 Prof Ethics	X	NA
Dietitian Nutritionist	30	18	10	2	CDR verification	1.25
--- Nutritionist (diplomate)	30	18	10	2	x	1.25
Euthanasia Technician (Annual)	x	x	x	x	Yearly Renewal	x
Licensed Professional Counselor	40	34	0	6 Prof Ethics	x	1.70
Licensed Mental Health Counselor	40	34	0	6 Prof Ethics	x	1.70
Marriage and Family Therapist	40	34	0	6 Prof Ethics	x	1.70
Nursing Home Administrator	30	18	10	2	x	1.25
Occupational Therapy	30	18	10	2	NBCOT	1.25
--- Occupational Therapy Assistant	30	18	10	2	NBCOT	1.25
Physical Therapy	30	18	10	2	APTA	1.25
--- Physical Therapy Assistant	30	18	10	2	APTA	1.25
Physician Assistant	50	48	0	2	NCCPA	2.00
Podiatrist	50	48	0	2	CPR	2.00
Speech-Language Pathologist	30	18	10	2	ASHA	1.25
--- Speech-Language Assistant (MASTER)	20	13	5	2	Supervisory Form	0.84
--- Speech-Language Pathology (BACHELOR)	15	13	0	2	Supervisory Form	0.63
Registered Respiratory Therapist	30	18	10	2	NBRC	1.25
--- Certified Respiratory Therapist	30	18	10	2	CRRT	1.25
Veterinary Medicine	30	18	10	2	x	1.25

Any transcripts **MUST BE** sent directly to the Board.

CE REPORTING FORMAT (Use additional sheets if necessary. Maintain reporting format.)

(A) DIRECTLY RELATED CONTINUING EDUCATION ACTIVITY: **Please ITEMIZE each CE Activity according to format.**

ACCEPTABLE CE ACTIVITY	DATE(S)	ACTIVITY PROVIDER	ACTIVITY/PROGRAM TITLE	CE HRS	GBAHE USE ONLY
<p>Attendance at Conferences/Live Webinars, local Professional Associations (recognized by the Board). •One (1) contact hour = 1 CE •NO LIMIT Submit proof of attendance (certificate/letter issued by sponsor; must incl name of licensee, provider, title, date, and number of CE hours).</p>	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
<p>Online CE Activities hosted/sponsored by professional association (recognized by the Board). •For every hour viewed/listened with required test = 1 CE •NO LIMIT Submit proof of completion (certificate/letter issued by sponsor; must incl name of licensee, provider, title, date, and number of CE hours).</p>	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
<p>In-service Training by licensee's employer •LIMITED to five (5) CE Submit proof of attendance from employer (certificate/evidence of attendance; must state subject matter, date, time, and number of CE hours). NOT ACCEPTABLE: Employer accreditation or basic staff training (e.g. hygiene, dept rules/regulations).</p>	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
<p>Credit for College or University coursework within scope of practice •1 semester credit = 15 CE •1 quarter credit = 10 CE Official transcripts stating grade, credit hours and date of completion must be submitted directly from the educational institution to the Board.</p>					
<p>Preapproved Self-Study are educational materials used for self-study: audio-based (podcasts), video, web-based (internet, online learning sponsored by professional association), study kits, modules, and printed (publications, books, articles in professional journals that include passing test/quiz/exam). Approved by national or international professional organization/assn. Licensee must meet all CE provider requirements (pass exam). •NO LIMIT Submit proof of completion (certificate/letter issued by sponsor; must incl name of licensee, provider, title, date, and number of CE hours).</p>	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	

ACCEPTABLE CE ACTIVITY	DATE(S)	ACTIVITY PROVIDER	ACTIVITY/PROGRAM TITLE	CE HRS	GBAHE USE ONLY
Teaching or Lecturing The licensee is a teacher of academic courses or delivers lectures on subjects directly related to profession. •Per hour teaching = 1 CE •Limit to 10 CE for professional audience •Limit to 5 CE for general public audience •No further credit for subsequent delivery of the same material to a different audience. Submit proof of course delivery (certification of attendance form showing licensee's name, date, time, venue, and sponsor, and to include the course syllabus, lecture outline, handout materials).	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
Authoring a Professional Paper or Article published in recognized professional journal within licensee's profession and discipline. •Limit to no more than 10 CE per published paper article.					
(A) TOTAL DIRECTLY RELATED CE HOURS CLAIMED					↓ ↓
FOR GBAHE USE ONLY		TOTAL DIRECTLY RELATED CE HOURS APPROVED			
FOR GBAHE USE ONLY		TOTAL ALLOWABLE CARRY OVER (not >half required CE)			

(B) INDIRECTLY RELATED CONTINUING EDUCATION ACTIVITY: **Please ITEMIZE each CE Activity according to format.**

ACCEPTABLE CE ACTIVITY	DATE(S)	ACTIVITY PROVIDER	ACTIVITY/PROGRAM TITLE	CE HOURS	GBAHE USE ONLY
Cross-disciplinary Offerings from healthcare, law, or the behavioral sciences not otherwise directly related to the licensee's profession, discipline, and scope of practice. •NOT TO EXCEED THE LIMIT indicated on CE GUIDE.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
(B) TOTAL INDIRECTLY RELATED CE HOURS CLAIMED					↓ ↓
FOR GBAHE USE ONLY		TOTAL INDIRECTLY RELATED CE HOURS APPROVED			
FOR GBAHE USE ONLY		TOTAL ALLOWABLE CARRY OVER (not >half required CE)			

(C) PROFESSIONAL ETHICS CONTINUING EDUCATION ACTIVITY: **Please ITEMIZE each CE Activity according to format.**

ACCEPTABLE CE ACTIVITY	DATE(S)	ACTIVITY PROVIDER	ACTIVITY/PROGRAM TITLE	CE HOURS	GBAHE USE ONLY
Professional Ethics CE hours must pertain to professional ethics. •Refer to required Ethics indicated on CE GUIDE.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	

(C) TOTAL PROFESSIONAL ETHICS CE HOURS CLAIMED



FOR GBAHE USE ONLY	TOTAL ETHICS CE HOURS APPROVED	
	TOTAL ALLOWABLE CARRY OVER (not >half required CE)	

GRAND TOTAL CE HOURS	ENTER YOUR TOTAL CE HOURS TO CLAIM FOR THIS RENEWAL PERIOD	FOR GBAHE USE ONLY			
		As per CE GUIDE	TOTAL APPROVED	Total Allowable Carry Over	
				FROM PREVIOUS:	FOR NEXT RENEWAL:
(A) DIRECTLY RELATED CE HOURS		Minimum:			
(B) INDIRECTLY RELATED CE HOURS		Not to exceed:			
(C) PROFESSIONAL ETHICS CE HOURS		Minimum:			
GRAND TOTAL CE HOURS					

FOR GBAHE USE ONLY		
SPECIFIC DISCIPLINE	UPDATED CERTIFICATION	<input checked="" type="checkbox"/> PROOF SUBMITTED
Audiology	ASHA Certification	
Chiropractic	CPR (BLS)	
Dietitian Nutritionist	CDR Verification	
Occupational Therapy, OT Assistant	NBCOT	
Physical Therapy, PT Assistant	APTA	
Physician Assistant	NCCPA	
Podiatrist	CPR	
Speech-Language Pathologist	ASHA Certification	
Speech-Language Assistant, Master/Bachelor	Supervisory Form	
Registered Respiratory Therapist	NBRC	
Certified Respiratory Therapist	CRRT	

FOR GBAHE USE ONLY	
<input type="checkbox"/> The above Licensee has met all CE requirements and recommend for Board approval of license renewal at the next Board meeting.	
<input type="checkbox"/> The above Licensee has not met all CE requirements as follows:	
<hr/> <hr/> <hr/>	
Licensee will be notified and advised to meet all CE requirements.	
GBAHE BOARD MEMBER NAME:	DISCIPLINE:
GBAHE BOARD MEMBER SIGNATURE:	Date:

OTHER INFORMATION REQUIRED:

Please circle answer. If you answer yes to any questions, explain *in detail separately and* attach. For questions 1, 3, 7 and 9, include copies of the complaint or other charging instrument and the final disposition of the matter.

This section is limited to the time **since issuance of your original Guam Licensure application or most recent renewal:**

YES	NO	1) Have you been charged, arrested or convicted of a felony or any other offense involving moral turpitude since issuance of your original Guam licensure or most recent renewal?
YES	NO	1) Has any state, territory or foreign country rejected or denied your application for licensure or certification in any profession since issuance of your original Guam licensure or most recent renewal?
YES	NO	2) Have you had a professional license or certificate placed on probationary status, put on restriction, suspended, refused to renew or revoked by any licensing authority in Guam or another state, territory or foreign country since issuance of your original Guam licensure or most recent renewal?
YES	NO	3) Have you been reprimanded, disciplined or required or asked to surrender a professional license issued by a licensing authority in Guam, another state, territory or foreign country since issuance of your original Guam licensure or most recent renewal?
YES	NO	4) Have you voluntarily surrendered your license or certificate in any profession in order to avoid disciplinary action by any licensing or regulatory agency in any state, territory or foreign country since issuance of your original Guam licensure or most recent renewal?
YES	NO	5) Have you been sanctioned or otherwise disciplined by a professional association since issuance of your original Guam licensure or most recent renewal?
YES	NO	6) Have you been sued for malpractice or other professional liability claims made against you since issuance of your original Guam licensure or most recent renewal?
YES	NO	7) Has there been any adverse judgment against you or settlement by you or made on your behalf as a result of litigation or threatened litigation arising from a professional liability claim against you since issuance of your original Guam licensure since issuance of your original Guam licensure or most recent renewal?
YES	NO	8) Do you have a medical/ physical mental or substance-related disorders that has interfered with your ability to competently, independently and safely perform the essential functions of your professions since issuance of your original Guam licensure or most recent renewal? If yes, attach a statement by your primary physician summarizing your limitation.
YES	NO	10a) Are you receiving any ongoing treatment (with or without medication) that has interfered with your ability to competently, independently and safely perform the essential functions of your professions since issuance of your original Guam licensure or most recent renewal? If yes, attach a statement by your primary physician summarizing your limitation.? 10b) Are you participating in any support group (such as AA, NA) since issuance of your original Guam licensure or most recent renewal?
YES	NO	11) Have you been judged incompetent by a court of law since issuance of your original Guam licensure or most recent renewal? If YES , attach court documents.

6 GCA, Division 2, Chapter 4, Section 4308: Notary of renewal application is not required but under penalty of perjury I declare that the stated continuing education hours claimed is true as well as answers to the questions above.

LICENSEE'S NAME: _____ DISCIPLINE: _____ LIC NO. _____

LICENSEE'S SIGNATURE: _____ DATE: _____



Guam Board of Allied Health Examiners

194 Hernan Cortez Ave. Ste. 213

Terlaje Professional Bldg., Hagåtña, GU 96910-5052

RECORD OF PAYMENT

I. IDENTIFICATION:

LICENSEE NAME: _____
(Last Name) (First Name) (Middle)

MAILING ADDRESS: _____
(Street or PO Box #)

(City) (State) (Zip Code)

LICENSEE SIGNATURE: _____ DATE: _____

AREA OF PRACTICE (CHECK ONE):

- | | | |
|--|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Podiatric Medicine |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Nutritionist/Clinical Dietitian | <input type="checkbox"/> Respiratory Therapy (Certified) |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Respiratory Therapy (Registered) |
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Speech Language Pathology |
| <input type="checkbox"/> Euthanasia Technician (Certified) | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech Language Pathology Assistant (Bachelor's) |
| <input type="checkbox"/> Licensed Mental Health Counselor | <input type="checkbox"/> Physical Therapy Assistant | <input type="checkbox"/> Speech Language Pathology Assistant (Master's) |
| <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Marriage & Family Therapist | | |

II. VERIFICATION OF LICENSURE: If you are requesting verification, please print the complete name used on original Guam License and your Social Security Number.

_____ Name on Original License _____ Social Security Number

FEE: Fees paid are **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**.

- | | |
|---|-----------|
| 1. () Application by Endorsement | \$ 125.00 |
| 2. () Application by Examination | \$ 125.00 |
| 3. () Nursing Home Administrator Application | \$ 125.00 |
| 4. () Certificate of Exemption | \$ 50.00 |
| 5. () License Fee (Initial) | \$ 125.00 |
| 6. () Renewal Fee | \$ 80.00 |
| 7. () Late Renewal Penalty | \$ 100.00 |
| 8. () Collaborative Practice Agreement for Prescriptive Authority (Initial or Renewal) | \$ 50.00 |
| 9. () License Verification | \$ 25.00 |
| 10. () Re-issuance of Certificate | \$ 75.00 |
| 11. () Re-issuance of License Card | \$ 10.00 |
| 12. () Copy of Practice Act | \$ 5.00 |
| 13. () Copy of Rules and Regulations | \$ 10.00 |
| 14. () Photocopy of Records (up to five (5) pages) | \$ 4.00 |
| 15. () Photocopy of Records (each additional sheet) | \$ 0.50 |

NOTE: Present this form with payment to the Cashier at GITC Bldg., Cashier's box, then return the processed form to GBAHE. Off-island applicants, return this form with your payment (checks or money orders payable to "Treasurer of Guam") to the Guam Board of Allied Health Examiners at the address above.

FOR GUAM BOARD OF ALLIED HEALTH EXAMINERS OFFICE USE ONLY:

PAYMENT TYPE: () Check () Money Order () Cash () Credit Card

FIELD RECEIPT #: _____ DATE PAID: _____