



GUAM BOARD OF MEDICAL EXAMINERS

APPLICATION CHECKLIST FOR SPECIAL MEDICAL LICENSE

Name: _____ Date of Application: _____

Specialty: _____

- _____ Guam Board of Medical Examiners form 1 (**GBME-1**) application.
- _____ Photo-signed and dated, taken within the past six (6) months.
- _____ Guam Board of Medical Examiners form 7 (**GBME-7**) for record of payment.
- _____ Guam Board of Medical Examiners form 9 (**GBME-9**) for CME Report. (2018 & Current)
- _____ Guam Board of Medical Examiners form 11 (**GBME-11**) for interview questionnaire.
- _____ Guam Board of Medical Examiners form 21 (**GBME-21**) for release of information.
- _____ Federation Credential Verification Service (**FCVS**) for primary source verification; to be sent directly to GBME.
- _____ Certificate of Medical Education Form (**GBME-3**), if not submitting FCVS primary source verification.
- _____ Certificate of Internship/Residency Program Form (**GBME-4**) if not submitting FCVS primary source verification.
- _____ Hospital/Practice Verification (**GBME-5.0**) if not submitting FCVS primary source verification.
- _____ State Board Verification (**GBME-5.2**)
- _____ Qualifying Examination Certificates that you have completed in accordance to GBME requirements for each new applicant: FLEX; NBME; USMLE; OTHER.
- _____ National Practitioner Data Bank self-query sent directly to GBME.
- _____ Notarized copy of ECFMG certificate for foreign medical graduates or original certificate sent directly to GBME.
- _____ American Medical Association (**AMA**) physician's profile sent directly to GBME.
- _____ Detailed Practice Plan. (*Employer on Guam*)

NOTE: If required items are not submitted with application, then the application will be considered incomplete and will not be processed until all items requested are received.