



GUAM BOARD OF MEDICAL EXAMINERS

APPLICATION FOR TEMPORARY LICENSE CHECKLIST

Name: _____ Date of Application: _____

Specialty: _____

_____ **Guam Board of Medical Examiners Application /Notarized (GBME-1)**

_____ **Photo 2x2 (print, sign, & date), taken within the last three (3) months**

_____ **Detailed "Practice Plan"**

_____ **Release of Information (GBME-21)**

_____ **Notarized copy (ies) of Medical License(s)**

_____ Continental U.S.

_____ U.S. Territories

_____ **National Practitioner Data Bank**

_____ **Interview Questionnaire**

_____ **Records of Payment Form (GBME-7)**

Application Fee (\$150.00)

Temporary License Fee (\$125.00)