

GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services

Tel: (671) 735-7404~12 | Fax: (671) 735-7413

194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910

WHOLESALE/DISTRIBUTOR LICENSE APPLICATION (LOCAL) INSTRUCTIONS AND REQUIREMENTS

IMPORTANT: Please follow these instructions carefully. If you do not submit all required items, the processing of your application may be delayed. If you need more forms than provided, please make copies as needed. Allow about 45 days from the submission date before checking the status of your application. If additional information is required, the contact person listed on the application will be notified.

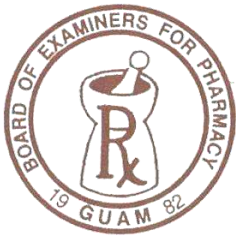
A checklist is included to assist with your submission. Please ensure all required documentation is included with your application and use the checklist to confirm completeness. The Board may request additional documentation to verify or support the information provided. Remember to keep a copy of all documents submitted for your records.

REQUIREMENTS FOR LICENSURE/ SUMMARY OF CHECKLIST:

- Section A Wholesaler/Distributor License Application (GBEP-23)**
- Section B Record of Payment and Fee**
- Section C Facility Inspection Request**
- Section D Copy of Permits/Registrations**

Application Submission Address:

**Guam Board of Examiners for Pharmacy
194 Hernan Cortez Avenue
Terlaje Professional Bldg., Suite 213
Hagatna, GU 96910**



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services

Tel: (671) 735-7404~12 | Fax: (671) 735-7413

194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910

CHECKLIST FOR FILING A PHARMACY LICENSE APPLICATION:

Section A Wholesaler/Distributor License Application (GBEP-23)

1. Complete the entire application and submit with original signatures. If an item or question is not applicable, indicate N/A.

Section B Record of Payment and Fee (GBEP-7)

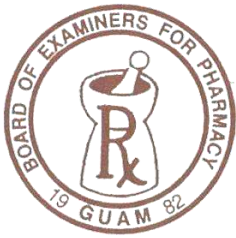
1. Complete the entire record of payment form and submit payment of the \$50.00 Miscellaneous Permit Fee (Wholesalers, Drug Outlets, etc.). This fee is non-refundable.
2. Make all checks or money orders payable to **'Treasurer of Guam'**.
3. Online payments may be made on the Board website at www.guamhpo.org/gbep/pay.

Section C Facility Inspection Request

1. When submitting your application, please include a request for a facility inspection to be conducted by the Board. Additionally, provide contact information to facilitate coordination of a suitable date and time for the inspection.
2. Provide a copy of the Floor Plan for the Pharmacy.
3. Provide a copy of the Company Policies and Procedures.
4. Provide a copy of the Security Surveillance Contract.

Section D Copy of Permits/Registrations

1. Provide a copy of your most recent Controlled Substance Registration.
2. Provide a copy of your most recent DEA Registration.
3. Provide a copy of your current National Provider Identifier (NPI) record.



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
Tel: (671) 735-7404~12 | Fax: (671) 735-7413
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910

WHOLESALER/DISTRIBUTOR LICENSE APPLICATION (LOCAL)

1. Applicant Information (Name of Company)

Doing Business As (Business, Trade, or Fictitious Name)

Email Address: _____ Telephone #: _____

Fax #: _____ Guam Business License #: _____

2. Business Physical Address:

(Street #) _____ City _____ State _____ Zip Code _____

Business Mailing Address: (If different from physical address)

(P.O. Box or Street #) _____ City _____ State _____ Zip Code _____

3. Designated Representative:

Name of Designated Representative: _____

Title of Designated Representative: _____

4. Type of Firm: (Check one only)

Individual

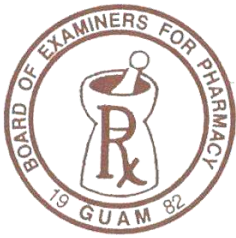
Partnership

Sole Proprietorship

Corporation

Limited Liability Company

Other (Specify): _____



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services

Tel: (671) 735-7404~12 | Fax: (671) 735-7413

194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910

5. Type of Pharmaceutical/Service:

- | | |
|--|--|
| <input type="checkbox"/> Prescription Only | <input type="checkbox"/> Over-The-Counter (OTC) Only |
| <input type="checkbox"/> Non-Controlled | <input type="checkbox"/> Prescription and OTC |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Cognitive Pharmacy Services |
| <input type="checkbox"/> Both | |

6. Government Applicable Permits/Registrations:

- a. Controlled Substance Registration Number _____
- b. DEA Registration Number _____
- c. NPI Number _____

7. Business Intention:

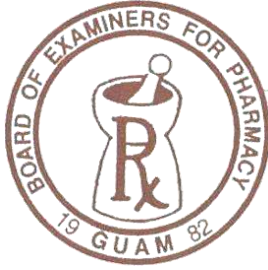
- distribute, mail prescription drugs into Guam
- distribute, mail prescriptions drugs to Guam prescribers only
- pharmacy practice with direct dispensing of medications
- pharmacy practice without direct dispensing of medications

I certify that I have personally read and will abide by the Law, Rules and Regulations governing the Practice of Pharmacy on Guam. I understand that I am required to report any changes in the information contained in this application to the Board.

I hereby swear or declare under penalty of perjury that the information provided in the application is true and correct. I understand that failure to provide complete and truthful information may constitute ground for denial, revocation, or other disciplinary sanctions against the pharmacy license.

Signature of Applicant, Title of Capacity

Date



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910-5052

RECORD OF PAYMENT

IDENTIFICATION

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street or P.O. Box #) (City) (State) (Zip Code)

Signature _____ Date _____

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

Please check your request(s):

- | | | |
|------------------------------|--|----------|
| 1. <input type="checkbox"/> | Pharmacist's Licensure Application fee (charged once) | \$100.00 |
| 2. <input type="checkbox"/> | Pharmacist's License Renewal fee | \$60.00 |
| 3. <input type="checkbox"/> | Temporary License fee | \$10.00 |
| 4. <input type="checkbox"/> | Pharmacy Permit fee | \$50.00 |
| 5. <input type="checkbox"/> | Pharmacy Permit Renewal fee | \$30.00 |
| 6. <input type="checkbox"/> | Pharmacy Intern Application fee | \$40.00 |
| 7. <input type="checkbox"/> | Pharmacy Intern Renewal fee | \$40.00 |
| 8. <input type="checkbox"/> | Pharmacy Technician License fee | \$50.00 |
| 9. <input type="checkbox"/> | Pharmacy Technician License Renewal fee | \$30.00 |
| 10. <input type="checkbox"/> | Penalty for late renewal of Pharmacy Intern | \$40.00 |
| 11. <input type="checkbox"/> | Miscellaneous permit fee (Wholesalers, Drug Outlets, etc.) | \$50.00 |
| 12. <input type="checkbox"/> | Miscellaneous Permit Renewal | \$30.00 |
| 13. <input type="checkbox"/> | Penalty for late renewal of Pharmacist's license | \$40.00 |
| 14. <input type="checkbox"/> | Penalty for late renewal of Pharmacy license | \$40.00 |
| 15. <input type="checkbox"/> | Photocopying of rules and regulations (per set) | \$10.00 |
| 16. <input type="checkbox"/> | Photocopying of Public Law (Pharmacy Portion) (per set) | \$5.00 |
| 17. <input type="checkbox"/> | Photocopying of other records (first 5 copies) | \$3.00 |
| 18. <input type="checkbox"/> | Photocopying (each additional sheet) | \$0.50 |

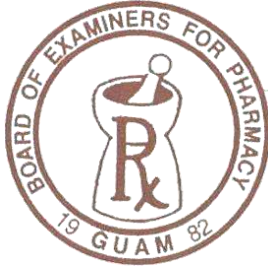
Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.

Off-island applicants, return this form with payment to GBEP at the above address.

OFFICE USE ONLY: Payment Check Money Order Cash Credit Card

Receipt #: _____ Date Paid: _____ Staff Initials: _____

Account #: 5211338



GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
194 Hernan Cortez Ave., Terlaje Bldg. Suite 213, Hagatna, GU, 96910-5052

CASHIERS COPY

RECORD OF PAYMENT

IDENTIFICATION

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street or P.O. Box #) (City) (State) (Zip Code)

Signature _____ Date _____

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

Please check your request(s):

- | | | |
|------------------------------|--|----------|
| 1. <input type="checkbox"/> | Pharmacist's Licensure Application fee (charged once) | \$100.00 |
| 2. <input type="checkbox"/> | Pharmacist's License Renewal fee | \$60.00 |
| 3. <input type="checkbox"/> | Temporary License fee | \$10.00 |
| 4. <input type="checkbox"/> | Pharmacy Permit fee | \$50.00 |
| 5. <input type="checkbox"/> | Pharmacy Permit Renewal fee | \$30.00 |
| 6. <input type="checkbox"/> | Pharmacy Intern Application fee | \$40.00 |
| 7. <input type="checkbox"/> | Pharmacy Intern Renewal fee | \$40.00 |
| 8. <input type="checkbox"/> | Pharmacy Technician License fee | \$50.00 |
| 9. <input type="checkbox"/> | Pharmacy Technician License Renewal fee | \$30.00 |
| 10. <input type="checkbox"/> | Penalty for late renewal of Pharmacy Intern | \$40.00 |
| 11. <input type="checkbox"/> | Miscellaneous permit fee (Wholesalers, Drug Outlets, etc.) | \$50.00 |
| 12. <input type="checkbox"/> | Miscellaneous Permit Renewal | \$30.00 |
| 13. <input type="checkbox"/> | Penalty for late renewal of Pharmacist's license | \$40.00 |
| 14. <input type="checkbox"/> | Penalty for late renewal of Pharmacy license | \$40.00 |
| 15. <input type="checkbox"/> | Photocopying of rules and regulations (per set) | \$10.00 |
| 16. <input type="checkbox"/> | Photocopying of Public Law (Pharmacy Portion) (per set) | \$5.00 |
| 17. <input type="checkbox"/> | Photocopying of other records (first 5 copies) | \$3.00 |
| 18. <input type="checkbox"/> | Photocopying (each additional sheet) | \$0.50 |

Present this form with payment to cashier at any Treasurer of Guam office, then return the processed form to GBEP Office.

Off-island applicants, return this form with payment to GBEP at the above address.

OFFICE USE ONLY: Payment Check Money Order Cash Credit Card

Receipt #: _____ Date Paid: _____ Staff Initials: _____

Account #: 5211338