

C. PROFESSIONAL INFORMATION:

1. List *past and current* medical licenses for the United States and its Territories and Canada:

2. EXAMINATIONS TAKEN (List only if passed and list all parts and dates taken if applicable):

ECFMG: _____

FLEX: Component 1: _____ Component 2: _____

NBME: Part 1: _____ Part 2: _____ Part 3: _____

USMLE: Part 1: _____ Part 2: _____ Part 3: _____

3. Professional Experience as a physician over the last five (5) consecutive years:

FROM	TO	LOCATION	TYPE OF PRACTICE	REASON FOR DISCONTINUATION

4. ABMS (American Board of Medical Specialties) Specialty Certification:

a. I am ABMS (American Board of Medical Specialties) BOARD CERTIFIED in the following:

Specialty

Date Issued

Date Expired

(NOTE: ATTACH COPY OF EACH ABMS BOARD CERTIFICATION)

5. My area of practice is/are: _____

D. AFFIDAVIT: TO BE SWORN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS BY THE APPLICANT WHO HAS COMPLETED THIS FORM, AND IS APPLYING FOR GUAM LICENSURE.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

DATE OF _____

NOTARY PUBLIC: _____

COMMISSION EXPIRES: _____

(DATE)

APPLICANT'S SIGNATURE

(NOTARY SEAL)



GUAM BOARD OF MEDICAL EXAMINERS

RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing: _____
(City) (State) (Zip)

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your Social Security Number.

Name: _____ SSN: _____

III. Fee: Please make all check or money orders payable to *TREASURER OF GUAM*. All fees are NON-REFUNDABLE.

Please check your request(s):

- | | | | | |
|-----|--------------------------|--|-------|-----------|
| 1. | <input type="checkbox"/> | Application Fee | _____ | \$ 150.00 |
| 2. | <input type="checkbox"/> | License Fee | _____ | \$ 250.00 |
| 3. | <input type="checkbox"/> | USMLE Step 3 Examination | _____ | \$ 530.00 |
| 4. | <input type="checkbox"/> | Temporary License | _____ | \$ 125.00 |
| 5. | <input type="checkbox"/> | License Renewal | _____ | \$ 250.00 |
| 6. | <input type="checkbox"/> | Late Renewal Penalty Fee | _____ | \$ 150.00 |
| 7. | <input type="checkbox"/> | Inactive Status | _____ | \$ 300.00 |
| 8. | <input type="checkbox"/> | Reinstatement of License | _____ | \$ 400.00 |
| 9. | <input type="checkbox"/> | License Verification | _____ | \$ 25.00 |
| 10. | <input type="checkbox"/> | Re-Issuance (duplicate) License Certificate | _____ | \$ 100.00 |
| 11. | <input type="checkbox"/> | Re-Issuance(duplicate) License Card | _____ | \$ 20.00 |
| 12. | <input type="checkbox"/> | Physicians Practice Act | _____ | \$ 10.00 |
| 13. | <input type="checkbox"/> | Physicians Practice Act Admin. Rules & Regulations | _____ | \$ 10.00 |
| 14. | <input type="checkbox"/> | Photocopy (up to five (5) pages) | _____ | \$ 4.00 |
| 15. | <input type="checkbox"/> | Photocopy (each additional page) | _____ | \$.50 |

NOTE: Mail this form to the Guam Board of Medical Examiners, 651 Legacy Square Commercial Complex S. Rt. 10, Suite 9, Mangilao, GU 96913

FOR OFFICE USE ONLY: Payment Check Money Order

Field Receipt No. _____ Date Paid: _____



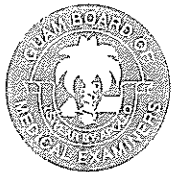
GUAM BOARD OF MEDICAL EXAMINERS

I, _____, do hereby authorize the Guam Board of Medical Examiners to request information from appropriate individual/agency/organization to verify my qualifications and/or current licensure standing with other Medical Boards.

I understand that request for verifications will be forwarded in accordance to the established administrative rules and regulations.

(Signature)

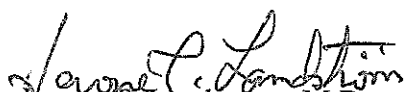
(Date)




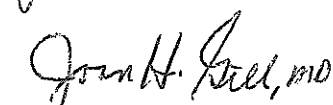
GUAM BOARD OF MEDICAL EXAMINERS

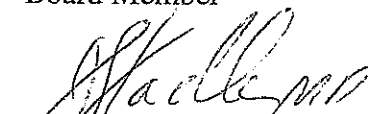
GUAM BOARD OF MEDICAL EXAMINERS BOARD POLICY


Effectively immediately, all post-graduate medical training (Internship-residency) for all new applicants applying for Guam Medical License must be accredited through the Accreditation Council for Graduate Medical Education (ACGME). ACGME accredited programs may be found at www.acgme.org/adspublic/. Board certification by the American Board of Medical Specialties (ABMS) will meet this requirement. Otherwise all applicants must furnish proof that their post-graduate medical training (Internship-residency) is accredited through or equivalent to the ACGME.


Jerone T. Landstrom, M.D.
Chairperson


Arthur Loerzel, M.D.
Board Member

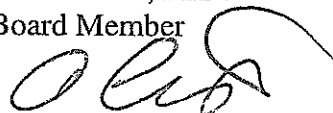

Joan H. Gill, M.D.
Vice Chairperson


James Stadler, M.D.
Board Member


Byungsoo Kim, M.D.
Secretary

Alix Chenet, M.D.
Board Member


Patricia Taimanglo, Ph.D.
Board Member



CME (CONTINUING MEDICAL EDUCATION) CATEGORIES

- Category I** Continuing Medical Education activities accredited by the American Medical Association and other activities approved in advance by the GBME. A minimum of 50% of the credit hours reported should be in this category.
- Category II** Continuing Medical Education Activities with non-accredited sponsorship.
- Category III** Medical Teaching credit may be claimed for contact hours of teaching of medical students, interns, residents, and allied health professionals.
- Category IV** Papers, Publications, Books and Exhibits; ten (10) credit hours may be claimed for each paper published or given before a medical audience.
- Category V** Credit hours may be claimed for time spent with Self-Instruction activities (journal reading, studying medical audiovisual material), patient care review and Self-Assessment Examinations.
- Category VI** Other Meritorious Learning Experiences: These activities that do not fit into the other five (5) categories but which the applicant feels represent valid continuing medical education. Submit a description of the activity for review by the Board.

CME REQUIREMENTS

1. Initial application for full licensure:
 - a. A minimum of 100 credit hours of CME over the past two (2) years. Of this, at least 50% (50 credits) must be in Category I. (Attach copies.)
2. Renewing a full medical license:
 - a. A minimum of 100 credit hours of CME over the past two (2) years. Of this, at least 50% (50 credits) must be in category I. (Attach copies.)
 - b. At least two (2) credit hours of category I CME must be in Medical Ethics course(s). (Attach copies.)

Note: The Physician's Recognition Award obtained from the American Medical Association will be recognized as category I credits. Completion of an ACGME accredited residency or fellowship within the last year prior to application for licensure will meet the GBME CME requirements. Verification of such training must be provided to the GBME.

GUAM BOARD OF MEDICAL EXAMINERS

INITIAL APPLICATION INTERVIEW QUESTIONNAIRE PAGE 1 OF 2

Name of Applicant: _____

Date: _____

PLEASE INDICATE YES or NO and INITIAL each entry.

!! "YES" answers to the following questions must be accompanied by a written statement with dates explaining the circumstances that must be acceptable to the GBME.

	YES	NO	INITIAL
Has your license to practice medicine ever been revoked, suspended, or restricted or has there been any disciplinary action taken against you in any state or territory?	_____	_____	_____
Have you ever been convicted of any felony or misdemeanor, except for minor traffic violations under the laws of any state or territory?	_____	_____	_____
Has any disciplinary action ever been taken against you by a government agency, Law enforcement agency, any peer review body, healthcare institution, or professional medical society regarding your clinical or ethical performance as a physician?	_____	_____	_____
Have you voluntarily surrendered your medical license while under investigation in any state or territory?	_____	_____	_____
Have you ever been licensed or privileged to practice medicine by a government jurisdiction including the military, public health or foreign government.	_____	_____	_____
Have you ever been denied a narcotic license, charged or convicted of a violation of a Federal, State or Territorial Narcotic Laws, or asked to surrender your narcotic license?	_____	_____	_____
Has your staff privileges at any hospital/healthcare institution ever been denied, reduced or removed, or have you ever been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician?	_____	_____	_____
Have you ever voluntarily resigned or limited your staff privileges at any hospital/Health care institution while under formal or informal investigation by the institution or a committee thereof?	_____	_____	_____
Have you ever voluntarily resigned or withdrawn from a national state or county medical society, association or organization while under a formal or informal investigation by the institution or a committee thereof?	_____	_____	_____

CONTINUATION OF INITIAL APPLICATION INTERVIEW QUESTIONNAIRE
PAGE 2 OF 2

- 10. Have you ever had a liability judgment(s) or/and legal settlement(s)? _____
- 11. Have you ever changed your practice specialty? _____
- 12. Have you ever been addicted to the use of narcotics, barbiturates, alcohol or other drugs? _____
- 13. Do you presently have a physical or mental health condition that can affect or is reasonably likely to affect your ability to perform your medical duties or affect your clinical judgment? _____
- 14. Have you ever been licensed or applied for licensure on Guam? If "YES" please indicate date: _____

Under penalty of perjury, any misrepresentation to the Guam Board of Medical Examiners can constitute grounds for denial, suspension or revocation of your medical license and prosecution to the full extent of the laws of Guam.

This form when completed must be submitted with your application for medical licensure.

Signature

Date

Name and Signature of Reviewing Board Representative
Guam Board of Medical Examiners

Date