

Guam Board Of Allied Health Examiners

123 Chalan Kareta Street, Mangilao, GU 96913

Enclosed are the instructions and forms for your perusal and follow through on your application for licensure to practice **Veterinary Medicine** on Guam.

The Guam Board of allied Health Examiners meets on the first Friday of each month. Completed applications with all required documents received on or before thirty (30) days prior to the scheduled meeting will be places on the agenda.

Should you need further assistance, please do not hesitate to contact our office at (671) 735-7406 thru 7411 or write to the above address.

Sincerely,

Health Professional Licensing Office

Enclosures:

GBAHE-VM-1

GBAHE-VM-3

GBAHE-VM-5

GBAHE-VM-6

GBAHE-7

GUAM BOARD OF ALLIED HEALTH EXAMINERS

Requirements for Veterinary Medicine (10 GCA, Chapter 12, Article 8 & 19)

GENERAL REQUIREMENTS.

1. List all jurisdictions in the U.S. or foreign country where licensed or has applied for licensure to practice (§12805 (a) (4)(See Application Form);
2. Detailed chronological life history, including dates and places of residence, employment, and military service, in the U.S. or foreign country (§12805 (a) (8));
3. Detailed educational history, including places, institutions, dates and program descriptions. (§12805 (a) (7));
4. All official transcripts, undergraduate and graduate, must be sent directly to the Board (§12805 (a));
5. Three (3) letters of recommendation, original or notarized copies, one(1) of which must be a letter provided by your immediate supervisor of your most recent employer, or by a practice associate, if you are in private practice (§12805 (b)(3)) sent directly to the Board;
6. Police clearance from the Guam Police Department (GPD) if you have resided on Guam for more than one (1) year, or a police clearance from your last place of residence (§12805 (b)(4);
7. Proof that you are a U.S. citizen or a resident of Guam (§12805 (b)(5);
8. A set of fingerprints (paid by the applicant) and a sample of handwriting, *if* requested by the Board; *and*
9. Any other information or documentation that the Board determines necessary (§12805 (a)(10)
 - a. Submit to a physical, mental or professional competency examination, or a drug dependency evaluation, *if* deemed necessary by the Board.

Qualifications for Specific Discipline (§ 121902)

By Endorsement:

Show proof of a license to practice veterinary medicine in another state of the United States.



Guam Board Of Allied Health Examiners

CERTIFICATE OF EDUCATION

THE APPLICANT BELOW IS APPLYING FOR A LICENSE TO PRACTICE IN GUAM. PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN **DIRECTLY** TO THE BOARD OF ALLIED HEALTH EXAMINERS AT THE ADDRESS BELOW.

PART A – TO BE COMPLETED BY APPLICANT:

1. CURRENT NAME: _____
Last First Middle
2. PREVIOUS NAME USED: _____
Last First Middle
3. SOCIAL SECURITY NO.: _____ DATE OF GRADUATION: _____

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REQUESTED AND A COPY OF MY ACADEMIC RECORD TO THE BOARD OF ALLIED HEALTH.

SIGANTURE OF APLLICANT *DATE*

PART B – TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR: Indicate (X) where applicable.

1. NAME OF APPLICANT: _____
Last First Middle
2. NAME OF COLLEGE/ UNIVERSITY _____
Name

City State Zip Code
3. WAS THE SCHOOL BOARD-APPROVED OR STATE REGULATOR AGENCY-APPROVED DURING THE APPLICANT’S ENROLLMENT? () YES () NO
IF YES, BY WHOM _____
4. THE APPLICANT ENTERED THE EDUCATION PROGRAM ON _____ AND COMPLETED THE _____ MONTHS ON _____.
Length
5. NUMBER OF THEORY HOURS _____: NUMBER OF SUPERVISED CLINICAL/FIELD WORK HOURS _____.
6. WAS APPLICANT A GRADUATE FROM HIGH SCHOOL ? () YES; () NO; EQUIVALENT _____
7. ATTACHED IS THE OFFICIAL COPY OF APPLICANT’S TRANSCRIPT.

SEAL
OF
SCHOOL

SIGNATURE: _____
NAME: _____
TITLE: _____
DATE: _____



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1 123 Chalan Kareta Street, Mangilao, GU 96913

VERIFICATION EDUCATION COMMISSION ON FOREIGN VETERINARY GRADUATES (ECFVG)

The applicant below is applying for a license to practice veterinary medicine in Guam. Please provide the following information and return directly to the Board at the address listed above.

Part A – TO BE COMPLETED BY APPLICANT:

1. Current Name: _____
Last First Middle
2. Previous Name Used: _____
Last First Middle
4. Date of Birth: _____ Place of Birth: _____ SSN: _____
5. ECFVG Certificate identification number: _____

I hereby authorize release of my Education Commission Foreign Veterinary Graduates examination score and certificate number to the Guam Board of Allied Health Examiners.

Signature Date

Part B – TO BE COMPLETED BY THE EDUCATION COMMISSION FOR FOREIGN VETERINARY GRADUATE (ECFVG) ADMINISTRATOR:

1. Name of Applicant: _____
Last First Middle
2. State/country where examination was taken: _____ Date of Examination: _____
3. ECFVG Examination Score: _____ ECFVG Certificate #: _____

Attach is the **OFFICIAL** copy of his/her examination results.

SEAL

Signature: _____

Name: _____

Title: _____

Date: _____



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RECORD PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Signature: _____ Date: _____

AREA OF PRACTICE (CHECK ONE)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Ind. Marr & Fam. Therapy | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Chiropractic |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Clinical Dietitian | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |

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

Social Security Number

III. FEE: Fee paid is 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. () | Practice Act_____ | \$ 5.00 |
| 13. () | Rules and Regulations_____ | \$ 10.00 |
| 14. () | Photocopy (up to (5) pages)_____ | \$ 4.00 |
| 15. () | Photocopy (each additional sheet)_____ | \$.50 |

NOTE: Present this form with payment to the Cashier at Public Health or Treasurer's Office, then return the processed form to GBAH. Off-island applicants, return this form with your payment to the Guam Board of Allied Health Examiners at the address above.

FOR OFFICE USE ONLY:

PAYMENT: () CHECK () MONEY ORDER () CASH

FIELD RECEIPT # _____ DATE PAID: _____

GBAHE - 7 (REV. 10/02)

Public Health Center

123 Chalan Kareta, Mangilao, Guam 96913-6304