

**For Publication On or Before September 24, 2018**

**The GUAM BOARD OF ALLIED HEALTH EXAMINERS proposes the adoption of the following FEE SCHEDULE to be considered and voted upon at its regularly scheduled meeting immediately following a public hearing to be held on October 5, 2018:**

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**GUAM BOARD OF ALLIED HEALTH EXAMINERS**  
**FEE SCHEDULE**

**25 GAR § 10601. FEES**

(a) The Guam Board of Allied Health Examiners' fees are as follows:

	<b>Initial Application</b>	<b>Biennial Renewal</b>
Acupuncture.....	\$350.00	\$250.00
Audiology .....	\$250.00	\$200.00
Chiropractic Medicine ..	\$350.00	\$250.00
Clinical Psychology .....	\$350.00	\$250.00
Licensed Professional Counselor .....	\$250.00	\$200.00
Licensed Professional Counselor Intern .	\$200.00	\$150.00
Licensed Mental Health Counselor.....	\$300.00	\$250.00
Licensed Mental Health Counselor Intern .....	\$200.00	\$150.00
Marriage and Family Therapist.....	\$300.00	\$250.00
Marriage and Family Therapist Intern ....	\$200.00	\$150.00
Occupational Therapy ...	\$250.00	\$200.00
Occupational Therapy Assistant .....	\$200.00	\$100.00
Physician Assistant .....	\$350.00	\$250.00
Physical Therapy.....	\$300.00	\$250.00
Physical Therapy Assistant .....	\$200.00	\$100.00
Podiatric Medicine .....	\$350.00	\$250.00
Speech-Language Pathologist.....	\$300.00	\$250.00
Speech-Language Assistant .....	\$200.00	\$150.00
Respiratory Therapist.....	\$250.00	\$200.00
Certified Respiratory Therapist.....	\$200.00	\$100.00

Veterinary Medicine .....	\$350.00	\$250.00
Nursing Home Administrator .....	\$250.00	\$200.00
Nutritionist.....	\$300.00	\$250.00
Clinical Dietician .....	\$200.00	\$100.00
Euthanasia Technician (annual).....	\$100.00	\$150.00

**Late Renewal Penalty**

Late up to one year.....	\$100.00
Late one year and a day to two years.....	\$200.00
Late two years and a day to three years ..	\$300.00
Late three years and a day to four years..	\$400.00

**Collaborative Practice Agreement for Prescriptive Authority**

(Original).....	\$100.00
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**Collaborative Practice Agreement for Prescriptive Authority**

(Change of Collaborating Physician or Terms) .....	\$100.00
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<b>Name Change Certificate Request.....</b>	<b>\$ 75.00</b>
<b>Replacement (Lost) Identification Card .....</b>	<b>\$ 25.00</b>
<b>Reinstatement of Suspended License .....</b>	<b>\$300.00</b>
<b>Petition for Reinstatement of Revoked License.....</b>	<b>\$500.00</b>
<b>Verification of Guam License (Certificate of Good Standing) ...</b>	<b>\$ 25.00</b>
<b>Returned Check Fee .....</b>	<b>\$ 25.00</b>

(b) All fees paid to the Board are not refundable.

(c) A license which is issued by the Board, but for which a check is returned (for example, insufficient funds, account closed, or payment stopped) is invalid. A license will be considered expired and the licensee in violation of Board rules until the Board receives and processes the renewal fee and returned check fee.