



Guam Board of Nurse Examiners
194 Hernan Cortez Avenue, Suite 213
Hagatna, Guam 96910



NURSING RENEWAL APPLICATION FORM
 RN APRN LPN CNA

Personal Data
First, Middle, and Last Name
Social Security Number
Guam License Number
Date of Birth, Place of Birth
Previous Name(s)
Mailing Address
Residential Address
Telephone Number(s)
Email Address
Professional Data
Highest Nursing Degree Obtained and Date Obtained:
Highest Educational Degree and Date obtained:
Specialty or Certification in Nursing and # Years:
Employment History
Current Employer, Address, Telephone #:
Position Title/Section

Disciplinary History	
Have any licenses been restricted, revoked, suspended, surrendered or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been disciplined or a subject in any disciplinary hearings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever resigned or told to resign from employment to avoid termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you terminated from employment for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any pending complaints, charges against you as related to nursing practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Drugs or Alcohol Misuse/Abuse/Addictions/Treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Criminal court convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any allegations of unprofessional unethical conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am the subject of a medical malpractice liability claim, settlement, judicial or administrative adjudication case pending or otherwise resolved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been fined for any reason for nursing practice violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of fraud in the procurement of a license or certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Sexual Crime(s) or are you listed on the Sexual Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History or Present Physical, Mental, Emotional, Behavioral Conditions that may affect nursing practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am delinquent of more than 90 days in child support, spousal support/alimony or payment of an educational loan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Supporting Documents and statements must accompany all "Yes" answers.	

<p><i>Certifying Statement:</i></p> <p><i>I certify all information submitted in this application is true and complete to the best of my knowledge and belief and I have the ability to perform within my scope of practice. By virtue of signing this application, I do solemnly swear that I am of good character, free of communicable disease, in good physical and mental health, and I personally completed this form, and the photo is my true likeness.</i></p> <p><i>I authorize the Guam Board of Nurse Examiners, the Health Professional Licensing Office (DPHSS) staff, and their agents to investigate, verify, obtain, release, any and all information provided through personnel files, legal documents, emails, and other forms of communication-written or verbal.</i></p> <p><i>I authorize the release of professional and personal information to individuals, institutions, agencies, and the Data Bank.</i></p> <p><i>I understand and agree that I have the burden of producing adequate information for proper evaluation of my professional competence, personal health, character, ethics, and other qualifications for resolving any doubts of such qualifications.</i></p> <p><i>I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under United States Code Title 18, Section 1001 and all applicable laws of Guam. If I am a non US Citizen, I will provide supporting documentation showing eligibility to work and live in the United States and in the Territory of Guam.</i></p> <p><i>Print Name:</i> _____</p> <p><i>Signature:</i> _____</p> <p><i>Date:</i> _____</p>
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Subscribed and sworn to me this _____ day of _____, in this year _____

Notary Public _____

Expiration Date: _____

Address/Telephone Number: _____

(Affix Seal Here)



GOVERNMENT OF GUAM
 DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
 GOVERNOR

RAY TENORIO
 LIEUTENANT GOVERNOR

JAMES W. GILLAN
 DIRECTOR

LEO G. CASIL
 DEPUTY DIRECTOR

Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

The ESAR-VHP is a federal program created to support states and territories in establishing standardized volunteer registration program for disasters and public health emergencies. The program, administered on the local level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers, identities, licenses, credentials, accreditations, and hospitals privileges are all verified in advance, saving valuable time in emergency situations. There are significant problems associated with registering and verifying the credentials of health professionals' volunteers immediately after major disasters or emergencies. The loss of telecommunications may prevent contact with sources that provide this privileged information. This program allows organization of qualified professional volunteers. **Please indicate if you are interested in volunteering for the program by signing the authorization for release of information below.**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (PRINT NAME), hereby authorize GBNE Guam Board of Nurse Examiners Office staff to release the following documentation to GMHA Guam Memorial Hospital which will be needed to verify the identification and clearance for the GMHA EASR-VHP Volunteers Application. The verification and background records will be attained and include the following documents:

- 1.) Police Clearance
- 2.) Superior Court Clearance
- 3.) District Court Clearance
- 4.) Licensure
- 5.) Training Certificate (release the following checked items and other when specified)

<input type="checkbox"/> NRP	<input type="checkbox"/> ACLS	<input type="checkbox"/> NIMS ICS
<input type="checkbox"/> BLS	<input type="checkbox"/> PALS	<input type="checkbox"/> Other

 Signature of Applicant ESAR-VHP Volunteer

 Date

 Witness by GBNE Office Staff

 Date

Documents released to:

 GMHA ESAR-VHP Coordinator

 Date

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GMHA PLANNING DEPARTMENT AT 647-2221.

