

GUAM BOARD OF NURSE EXAMINERS

Government of Guam
P.O. Box 2816
Hagåtña, Guam 96932

RECORD OF PAYMENT

I. IDENTIFICATION

NAME _____
(Last) (First) (Middle)

MAILING ADDRESS _____
(Street or P.O. Box #)

(City) (State) (Zip Code)

SIGNATURE: _____ DATE _____

II. VERIFICATION OF CERTIFICATION

Please print the complete name used on original certification and your social security number

_____ SS# _____

I. FEE

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

Please check your request (s):

- | | | |
|---|--|---|
| \$100.00 <input type="checkbox"/> RN Exam | \$200.00 <input type="checkbox"/> RN or PN Continuation of Full Approval Fee | \$ 50.00 <input type="checkbox"/> Nurse Assistant Application For Exam |
| \$100.00 <input type="checkbox"/> PN Exam | \$150.00 <input type="checkbox"/> APRN License Application Fee | \$ 25.00 <input type="checkbox"/> Nurse Assistant Endorsement |
| \$100.00 <input type="checkbox"/> Endorsement | \$150.00 <input type="checkbox"/> APRN Reinstatement of License | \$ 40.00 <input type="checkbox"/> Nurse Assistant Reinstatement |
| \$125.00 <input type="checkbox"/> Reinstatement of Lapsed or Inactive License | \$100.00 <input type="checkbox"/> APRN License Renewal | \$ 25.00 <input type="checkbox"/> Nurse Assistant Certification Renewal |
| \$ 80.00 <input type="checkbox"/> RN License Renewal | \$ 75.00 <input type="checkbox"/> APRN Temporary Work Permit | \$ 25.00 <input type="checkbox"/> Certification Verification |
| \$ 60.00 <input type="checkbox"/> LPN License Renewal | \$150.00 <input type="checkbox"/> APRN Prescriptive Authority | \$ 20.00 <input type="checkbox"/> Reissuance of Certification |
| \$ 25.00 <input type="checkbox"/> License Verification | OTHER | \$ 200.00 <input type="checkbox"/> Nurse Assistant Program Approval Fee |
| \$ 25.00 <input type="checkbox"/> Temporary Work Permit (RN, LPN, CNA) | \$ 35.00 <input type="checkbox"/> Examination Proctoring | |
| \$ 20.00 <input type="checkbox"/> Reissuance of License | \$ 10.00 <input type="checkbox"/> Nurse Practice Act | |
| \$400.00 <input type="checkbox"/> RN or PN Nursing Education Program Approval Fee | \$ 10.00 <input type="checkbox"/> Rules and Regulations | |

Present this form with payment to the cashier at the Department of Public Health & Social Services/ Treasurer's Office then return the processed form to GBNE.

OFF-ISLAND APPLICANTS: Return this form with your payment to GBNE at the above address.

FOR OFFICE USE ONLY			
Payment: <input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD
Field Receipt # _____	Date Paid _____		