



LOURDES A. LEON GUERRERO
GOVERNOR

JOSHUA F. TENORIO
LT. GOVERNOR

UFISINAN I MAGA'HĀGAN GUĀHAN
OFFICE OF THE GOVERNOR OF GUAM

January 20, 2021

Doc Type: 366L-21-0112
OFFICE OF THE SPEAKER
THERESE M. TERLAJE

Honorable Therese M. Terlaje
Speaker
I Mina'trentai Sais Na Liheslaturan Guåhan
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96932

01-26-2021

Time: 3:55pm
Received: [Signature]

RE: Board Appointment

Dear Madame Speaker:

By virtue of the authority vested in me pursuant to the Organic Act of Guam and the local laws applicable to the following position, I am pleased to transmit the following appointment and supporting documents for:

APPOINTEE: Dr. Gregory J. Miller
POSITION: Member (Chiropractic Representative)
Guam Board of Allied Health Examiners
TERM LENGTH: **Three (3) Years; February 21, 2021 to February 20, 2024**

The appointment is subject to the consent of *I Liheslaturan Guåhan*. Please schedule a hearing at your earliest convenience.

Senseramente,

LOURDES A. LEON GUERRERO
Maga'hågan Guåhan
Governor of Guam

COMMITTEE ON RULES

RECEIVED:

Jan. 26, 2021

5:16 P.M.

cc: Lt. Governor of Guam



LOURDES A. LEON GUERRERO
GOVERNOR

JOSHUA F. TENORIO
LT. GOVERNOR

UFISINAN I MAGA'HĀGAN GUĀHAN
OFFICE OF THE GOVERNOR OF GUAM

January 20, 2021

MR. GREGORY J. MILLER, D.C.



Dear Dr. Miller:

Pursuant to my authority under 10 GCA § 12803, I am reappointing you to serve as a

MEMBER, GUAM BOARD OF ALLIED HEALTH EXAMINERS
Chiropractic Representative
Term Length: Three (3) Years; February 21, 2021 to February 20, 2024

Your reappointment is a testimony to your commitment to service and the understanding of the great responsibility that this position requires and I know that you will continue to fulfill your duties in a professional manner for others to follow.

Once again, I appreciate your willingness to serve in this position, and I am confident that your time on the Board will be effective and productive.

As you are aware, this appointment is subject to the advice and consent of *I Liheslaturan Guahān*. If you have any questions or concerns, please contact Michael Weakley of the Governor's Office at 473-1131.

Senseramente,

A handwritten signature in blue ink, appearing to read "Lourdes A. Leon Guerrero".

LOURDES A. LEON GUERRERO
Maga'hāgan Guāhan
Governor of Guam

cc: Lt. Governor of Guam
Chairperson, GBAHE

LOURDES A. LEON GUERRERO
Governor



JOSHUA F. TENORIO
Lieutenant Governor

OFFICE OF THE GOVERNOR OF GUAM Nomination and Appointment Information Sheet

The following information is required for submission to the
Speaker of *I Liheslaturan Guåhan* in accordance with Title 4, Guam Code Annotated Section 2103

NOMINEE INFORMATION

Last Name MILLER	First Name GREGORY	Middle Initial J
Mailing Address [REDACTED]		Apartment/Unit # [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Phone [REDACTED]	E-mail Address [REDACTED]	
Position to which Appointment is Made Member, GUAM BOARD OF ALLIED HEALTH EXAMINERS		
Are you a citizen of the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If no, are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION

SCHOOL (Name, City and State)	DATES OF ATTENDANCE	TYPE OF DEGREE	YEAR EARNED
High School JM WEATHERWAX HIGHT SCHOOL	1970-1974	High School Diploma	1974
College GRAYS HARBOR/PACIFIC UNIVERSITY	1974-1979	A.S.DEGREE/ PRE-CHIROPRACTIC	1979
Graduate School UNIVERSITY OF WESTERN STATES COLLEGE OF CHIROPRACTIC	1979-1982	DOCTOR OF CHIROPRACTIC	1982
Other Degree N/A			

EMPLOYMENT HISTORY

Name of Present/Last Employer and Mailing Address SELF EMPLOYED/ CHIROPRACTIC CLINIC OF DR. GREGORY J. MILLER	Position Title SOLE PROPRIETOR
	Dates Held 1985 TO PRESENT

Previous Employer and Mailing Address ALPINE CHIROPRACTIC CLINIC PUYALLUP, WASHINGTON	Position Title TREATING CHIROPRACTOR
	Dates Held 1983-1985

Previous Employer and Mailing Address HELD CHIROPRACTIC VANCOUVER, WASHINGTON	Position Title ASSOCIATE CHIROPRACTOR
	Dates Held 1982-1983

Previous Employer and Mailing Address N/A	Position Title
	Dates Held

Previous Employer and Mailing Address	Position Title
	Dates Held

PRIOR GOVERNMENT OF GUAM SERVICE

Agency or Department Name GUAM BOARD OF ALLIED HEALTH EXAMINERS	Position Title BOARD MEMBER	
Address	Phone No.	Dates Held 1985-2002;2011-PRESENT

Agency or Department Name WORKERS COMPENSATION COMMISSION	Position Title MEMBER	
Address	Phone No.	Dates Held 2002-2010

PRIOR GOVERNMENT SERVICE (EXCLUDING GOVERNMENT OF GUAM)

Agency or Department Name N/A		Position Title	
Address	Phone No.	Dates Held	

Agency or Department Name		Position Title	
Address	Phone No.	Dates Held	

TRAINING

INSTITUTE/SEMINARS/ON-THE-JOB TRAINING	DATE
WHIPLASH & BRAIN INJURY TRAUMATOLOGY ADVANCED	
CERTIFICATION 2007, 60-HOUR COURSE	2007
SPINE RESEARCH INSTITUTE OF SAN DIEGO	

AWARDS

List all educational, professional, civic awards, and recognition for public service:
DIPLOMAT: STATUS CONFERRED BY THE THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS #- ISSUED 1982

PROFESSIONAL INVOLVEMENT

List involvement on a local/national/international level. List organizations, activities participated in, and offices held:
GUAM MEDICAL ASSOCIATION -BOARD OF DIRECTORS, MEMBER AMERICAN CHIROPRACTIC ASSOCIATION CHIROPRACTIC COUNCIL OF GUAM - TREASURER GUAM NATIONAL OLYMPIC COMMITTEE - MEDICAL COMMISSION

COMMUNITY / CIVIC INVOLVEMENT

List organizations, activities participated in, and offices held:

PACIFIC MISSION AVIATION - BOARD OF DIRECTORS, MEMBER
ROTARY CLUB OF TUMON BAY - MEMBER SINCE 1988
GUAM NATIONAL OLYMPIC COMMITTEE: TEAM PHYSICIAN 1995, 1997, 1999, 2011, 2013
KTWG CHRISTIAN RADIO - TRANSITION BOARD 2000-2001
GUAM CRIME STOPPERS BOARD OF DIRECTORS 1998-2001

PUBLICATIONS AND PRESENTATIONS

List any published articles, papers delivered at professional meetings, etc.:

MILITARY SERVICE (Please attach Form DD-214)

BRANCH	DATES OF SERVICE	RANK AT DISCHARGE	TYPE OF DISCHARGE
N/A			

OTHER INFORMATION

(1) Have you ever been found guilty of a felony in any court, whether within or without the United States?

Yes No If so, please specify in detail: _____

Address of the Court: _____

Date(s) of Conviction: _____

Specific Infraction Committed: _____

(2) Have you ever been declared mentally incompetent by any court, whether within or without the United States?

Yes No If so, please specify in detail the reasons and facts related to such declaration:

(3) Have you ever been found not guilty or not punishable in any criminal proceedings by reason of insanity?

Yes No

(4) Have you ever been confined to a mental institution for any reason?

Yes No If so, please specify in why the appointing authority believes you that you are not suffering from any mental illness or affliction:

LOURDES A. LEON GUERRERO
Governor

JOSHUA F. TENORIO
Lieutenant Governor



OFFICE OF THE GOVERNOR OF GUAM

Statement of Financial Interests

(Required by 4 G.C.A. §13104.1)


TO: The Honorable Lourdes A. Leon Guerrero
Governor of Guam
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: GREGORY J. MILLER, D.C.

I have no financial interest in any business

I do have interest(s) in the following business(es):

NAME AND ADDRESS OF BUSINESS INTEREST	TYPE AND AMOUNT OF INTEREST
CHIROPRACTIC CLINIC OF DR. GREGORY J.	MILLER --- PROPRIETOR
N/A	N/A

Signature 

Date 1/18/2021

AFFIDAVIT / DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned, do hereby depose and say that: (1) I have read and reviewed the information contained in the attached Appointment/Nomination letter from the Governor of Guam; (2) that the matters contained in the Appointment/Nomination letter, together with all attachments thereto, are true and correct and that I am competent to testify to said matters; and (3) that this Declaration is made for the purpose of complying with the requirements of 4 G.C.A. Section 2103.5.

I declare under penalty of perjury under the laws of Guam (4 G.C.A. Section 4308) that the foregoing is true and correct.

Gregory S. Malle DC
Print Name and Signature

1/18/2021
Date



SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagatña, Guam 96910

Telephone (671) 475-3370/475-3449

Fax (671) 475-0078

DANIELLE T. ROSETE
Clerk of Court

Name: **GREGORY JOHN MILLER**

SS#: ID# **GUAM DL#** [REDACTED] Date of Birth: [REDACTED]

CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

Criminal Cases:

- A. No Case Found
- B. 1. Criminal Case No.
- 2. Criminal Case No.
- 3. Criminal Case No.
- 4. Criminal Case No.
- 5. Criminal Case No.

Criminal Record: Page **1** of 1

Civil Cases:

- A. No Case Found
- B. 1. Civil Case No.
- 2. Civil Case No.
- 3. Civil Case No.
- 4. Civil Case No.
- 5. Civil Case No.

Civil Record: Page **1** of 1

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagatña, Guam. Hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m. Closed Saturday, Sunday and local/federal holidays. Court Clearances are Non-Refundable.

Dated: **01/13/2021**

DANIELLE T. ROSETE
Clerk of Court

[Signature]
BY: **MONIQUE T. GUEVARA**
Deputy Clerk

Prepared By: **MTG**



The absence of an original Court Seal invalidates this document



**Government of Guam
GUAM POLICE DEPARTMENT
RECORDS & IDENTIFICATION SECTION
P.O. Box 23909
Guam Main Facility, Guam 96921**



January 14, 2021

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Gregory John Miller		
DATE OF BIRTH:	[REDACTED]	FINGERPRINT#:	NONE
■	The individual has no record of criminal conviction(s) in the Guam Police Department files that are subject to Guam law.		

*****NOTHING FOLLOWS*****

THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY.

By Direction: SDQ

**STEPHEN C. IGNACIO
Chief of Police**

**The absence of an original GUAM POLICE seal invalidates this police clearance.
REVISED 04/26/2019**