



Fellowship/Diplomate Application

(TO BE TYPED OR PRINTED)

Date _____

1. Name & Degrees _____

AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE

2. Office Address: Street _____

City _____ State _____ Zip _____

Country _____

Telephone Number _____ Fax _____

E-mail _____

Web Address: <http://www>. _____

Home Address: Street _____

City _____ State _____ Zip _____

Country _____

Telephone Number _____

3. Date and place of birth _____

Day Month Year City State Country

4. Education

Pre dental _____

Name of College or University Date of Graduation Degree

Dental _____

Name of College or University Date of Graduation Degree

Graduate _____

Name of College or University Date of Graduation Degree

5. Country of Licensure: _____ License #: _____

6. Specialty _____ AGD # _____

7. Number of years a member of the IAOCI (Membership is necessary) _____

Requirements for Fellow:

1. Active dental license
2. Active membership at IAOCI for at least 2 years (from the date of application)
3. Has taken 30 CE units on ceramic implantology in the last 2 years from application date (attending 2 IAOCI Congresses will qualify them)
4. Has placed 30 ceramic implants, OR has restored 30 ceramic implants, OR has placed AND restored 15 ceramic implants
5. Submit an application and pay application fee (\$500)
6. Submit a powerpoint with UNALTERED photos and xrays of 20 cases (10 cases for those who place and restore) at least one year since placement
7. Fellowship status will remain active for as long as the doctor maintains active membership in IAOCI and attends 1 IAOCI congress every 3 years
8. Certificates will be awarded at the IAOCI Congress

Requirements for Diplomate:

1. Fellowship status for 3 years
2. Has taken 100 CE units of ceramic implantology in the last 4 years from application OR has attended 4 ceramic conferences (IAOCI/ESMI/EAOCIM/ABICERAM) in the last 10 years
3. Has placed 100 ceramic implants, has restored 100 ceramic implants, or has placed and restored 50 ceramic implants (at least one multiple unit bridge or full arch)
4. Submit application, pay \$1000 processing fee, submit list and powerpoint of 20 cases - unaltered (10 complete cases for those who place and restore)
5. Has presented a poster on the topic of ceramic implants at any conference or has lectured at a conference on ceramic implants, or submit a published case report
6. Recommendation letter from 2 existing Diplomates of IAOCI
7. Diplomate status will remain active as long as the doctor maintains active membership in IAOCI and attends 1 IAOCI congress every 3 years

Processing Fee: **Fellow:** \$500.00 (U.S. Funds) **Diplomate:** \$1000.00 (U.S. Funds)

Please note: **CREDENTIALS MUST BE AWARDED AT AN IAOCI SPONSORED OR CO-SPONSORED SYMPOSIUM.** Check IAOCI website at www.iaoci.com for complete listing.

I would like to receive my award at the following IAOCI meeting: _____
(please allow 6 weeks for application and certificate processing)

A separate meeting registration form and fee will be required at the meeting where you will be receiving your award.

Payment by: Check (*Make your check payable to the IAOCI*) Visa MasterCard American Express

Card Number _____ Exp. Date _____ CVV No. _____

Signature _____ Date _____

PLEASE DIRECT QUESTIONS AND/OR SUBMIT THE APPROPRIATE MATERIALS DIRECTLY TO:

E-mail: credentialing@iaoci.com

IAOC Case Documentation Form

CANDIDATES

Name _____ Date _____

1. Please list twenty (20) completed implant cases (per patient). All of which must be at least 1 year old on this form for Fellowship credentialing.

- **Please note:** All candidates who restore and place implants: Please list ten (10) completed implant cases that include both surgery and restorations.
- **Practitioner candidates:** pre- and post-operative x-rays and clinical photographs of final cases are the basic requirements for case documentation.
- Further documentation may include patient slides or photographs, CT scans, pre-operative evaluation and planning forms, lab and restorative work authorization forms, and/or patient treatment consent forms, etc. to further detail a case. All materials may be submitted digitally.

2. Please use the following coding system to describe your cases:

Type of Implant:

Implant Brand

Implant Model

Implant Size

Example:

Zeramex XT 5.5 x 10mm

Ceraroot 16 12mm Straumann

Pure 1pc 3.3 x 14mm

Type of Restoration:

Single crown—**SCR**

Fixed bridge—**FBR**

Overdenture—**OD**

Partial overdenture—**POD**

Fixed-detachable prosthesis—**FDP**

Current Status:

Satisfactory function—**SF**

Compromised function—**CF**

Failed & removed—**FR**

Lost to recall—**LR**



Ceramic Conferences Attended

	Conference Name	Year	Location	Organizer
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

List of Ceramic Implant CE Courses Completed

	Date	Title	Organizer	Location	Number of CE Units
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



For Diplomates Only

Lecture at a Ceramic Conference

	Conference Name	Date	Topic Of Presentation
1.			
2.			
3.			
4.			

Presented Poster at a Conference

	Conference Name	Date	Topic Of Presentation
1.			
2.			
3.			
4.			

Name of two IAOCI Diplomate References

Reference 1 _____

Reference 2 _____