

FELLOWSHIP APPLICATION

International Congress of Oral Implantologists



Name & Degrees

Date _____

I UNDERSTAND MY NAME WILL APPEAR ON MY CERTIFICATE EXACTLY AS IT IS WRITTEN BELOW Initial _____

NAME AS IT SHOULD APPEAR ON MY CERTIFICATE

Office Address

Practice/Business Name _____

Street Address _____ Suite _____

City _____ State _____ Zip _____

Country _____

Telephone _____ Cell _____

E-mail _____

Web Address _____

Home Address

Street Address _____

City _____ State _____ Zip _____

Country _____

Telephone Number _____

Date and place of birth

Day _____ Month _____ Year _____ City _____ State _____ Country _____

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 _____

Country of Licensure _____ License # _____

Specialty _____ AGD # _____

Number of years a member of the ICOI (Membership is a prerequisite) _____

Fellowship Application

(continued)

Prerequisite

Active ICOI Membership

Who can apply

ALL members who can place implants, restore implants and/or fabricate implant prostheses.

Fellowship Requirements

1. Provide a listing of twenty (20) completed implant cases. All of which must be at least one (1) year old from implant placement. Each patient is one case regardless of the number of implants. However, if you provided a restoration on the implant, it may be included as a separate case.
 - a. Candidates who place and restore implants: Each patient is one case regardless of the number of implants; however, the implant restoration can be included as a separate case.
 - b. Please provide a listing of twenty (20) successfully completed implant cases (surgery and restoration) all of which must be at least one (1) year old from the date the implant was restored. All materials should be submitted to the ICOI. There are three ways to submit your application: email to credentials@icoi.org, fax to (973) 783-1175 or mail to the ICOI Central Office.
 - c. Please make sure all x-rays are dated.
2. Provide documentation of completion of at least one hundred (100) hours or more of implant education (either attended in person or completed on-line) in the preceding five (5) years.
3. Provide a letter of recommendation from a current ICOI Fellow, ICOI Master, ICOI Diplomate or member of ICOI's Advanced Credentials Committee.
4. Submit a current Curriculum Vitae (resume).
5. **Fellowship Maintenance Requirement:**
 - All ICOI Fellows must maintain their membership in good standing and must attend at least one ICOI sponsored or co-sponsored meeting every three (3) years.
 - All ICOI Fellows must also accumulate one hundred (100) hours or more of "implant education" within five (5) years after becoming an ICOI Fellow.

I understand I must attend an ICOI event to be awarded with my credentials within 3 years of my approval date.

After this time, I must reapply. Initial _____

Case Documentation Form

Fellowship Candidates

1. Please list twenty (20) completed implant cases (each patient is one case regardless of the number of implants). All of the cases must be at least 1 year old, from the date the final restoration was placed, 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:** Mandatory (1) pre-operative, (2) intra-operative and (3) post-operative radiographs and clinical photographs of the final cases submitted are required for case documentation. Additional records are recommended.
 - **Laboratory technician candidates:** photographs of completed cases on master casts or intra-orally are required for case documentation. Additional records are recommended.
 - Further documentation may include other photographs, CT/CBCT scans, facial scans, pre-operative evaluation and treatment planning forms, lab and restorative work authorization forms, and/or patient consent forms, etc. to further detail a case. All materials may be submitted digitally.
2. **Provide use the following coding system to describe your cases:**

Type of Implant:

Root form - RF
Small diameter - SD
Plate form - PF
Subperiosteal - SP
Narrow ridge - NRI

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

Fellowship Processing Fee (U.S. Funds): \$600.00 (Practitioners & Lab Technicians)

Please note: CREDENTIALS MUST BE AWARDED AT AN ICOI SPONSORED OR CO-SPONSORED SYMPOSIUM.

- I would like to receive my award at the following ICOI meeting: _____
(please allow 8 weeks for application and certificate processing)
- A separate meeting registration form and fee MUST be submitted indicating that you will be receiving your award at the above meeting.
- I understand I must register for and attend an ICOI event in order to be presented with my credentials/certificate.**

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

Card Number _____ Exp. Date _____ CVV No. _____

Signature _____ Date _____ Billing Zip Code _____

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

ICOI Credentials Committee • One Bridge Plaza N, Suite 950, Fort Lee, NJ 07024

Phone: 973-783-6300 • Fax: 973-783-1175

E-mail: credentials@icoi.org • Visit www.icoi.org for complete information

