

ICOI Diplomat Application

(TO BE TYPED OR PRINTED)

Date _____

1. Name & Degrees _____

AS YOU WISH IT TO APPEAR ON YOUR DIPLOMATE 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 ICOI (Membership is necessary.) _____

8. Number of years a Fellow of the ICOI (Fellowship status is necessary.) _____

9. Number of years a Master of the ICOI _____

over

Prerequisites Active ICOI Membership and Active ICOI Fellowship or ICOI Mastership

Who can apply ALL members who place AND/OR restore implants. **NOTE: You must be CURRENTLY PLACING IMPLANTS to be eligible for Diplomate status.**

DIPLOMATE REQUIREMENTS:

1. Provide a listing of one hundred twenty (120) completed implant cases.

a. *Candidates who place implants:* Your cases must include one hundred twenty (120) or more individual implants all of which must be at least three (3) years old from implant placement.

b. *Candidates who restore and place implants:* Your cases must include one hundred twenty (120) or more individual implants AND ancillary procedures with restorations all of which must be at least three (3) years old.

Please record the required cases for credentials on the ICOI Case Documentation Form for Diplomate Candidates.

Please use the following coding system to describe your cases on the documentation form:

Type of Implant: Root form—**RF**, Small diameter—**SD**, Plate form—**PF**, Subperiosteal—**SP**, Narrow Ridge—**NRI**

Ancillary Procedure(s): Guided tissue grafts—**GTR**, Autogenous bone grafts—**ABG**, Sinus augmentation—**SA**, Soft tissue grafts—**STG**, Cone Beam CT Scan—**CBCT**

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**

2. From the one hundred twenty (120) cases documented, submit twenty (20) cases with the application. The twenty (20) cases should be detailed individually on ICOI's form as follows:

a. Ten (10) cases should be at least three (3) years old and show some diversity in implant selection, ancillary procedures, restorative design and/or materials.

b. Ten (10) cases should be of an advanced nature such as treatment of a narrow/shallow ridge or utilizing advanced restorative procedures and techniques.

c. Fully document the twenty (20) cases. Documentation must include patient slides, pre and post-operative x-rays and clinical photographs of final cases, scans, pre-operative evaluation and planning forms, treatment consent forms, etc. All materials must be submitted digitally, in Keynote or PowerPoint, and can be uploaded in the ICOI members' section located here: www.icoi.org/members then click on "Credentials" on the left side.

d. Choose two (2) of the submitted cases that have been in function at least three (3) years and bring those two (2) cases as well as one (1) recently completed complex case to the oral interview in Keynote or PowerPoint format with pre- and post-operative x-rays and clinical photographs. Also, bring the twenty (20) cases submitted with your application, in case the interviewer requests to see them. **Credentialing committee may ask for additional cases.**

3. Provide documentation of at least two hundred fifty (250) continuing education (CEU) hours in the preceding five (5) years (either attending in person or completing courses on-line). These hours may also be attained by teaching courses or seminars.

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DIPLOMATE REQUIREMENTS:

CONTINUED

4. Submit evidence of having completed one of the following:

a. Authored or co-authored at least one (1) article or case report on implant dentistry.

OR

b. Presented at least two (2) lectures or tabletop presentations at implant meetings within the last five (5) years.

5. Provide two (2) letters of recommendation from ICOI Diplomates or members of ICOI's Advanced Credentials Committee attesting to your knowledge of implant prosthodontics and/or implant surgery.

6. Submit a current Curriculum Vitae (resume).

7. Attend a regional ICOI Diplomate examination. These will be given during ICOI sponsored or co-sponsored symposia. A written examination will be given as well as an oral interview with examiners from ICOI's Advanced Credentialing Committee.

8. Diplomate Maintenance Requirement:

- All ICOI Diplomates 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 Diplomates must also accumulate one hundred fifty (150) hours or more of "implant education" within five (5) years of becoming an ICOI Diplomate.

Diplomate Processing Fee: \$1,000.00 (U.S. Funds)

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 6 weeks for application and certificate processing)

A separate meeting registration form and fee should be submitted indicating that you will be receiving your award at the above meeting.

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

Card Number _____ Exp. Date _____ CVV No. _____

Signature _____ Date _____

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

**ICOI Credentials Committee
55 Lane Road, Suite 305
Fairfield, NJ 07004**

**Phone: 973-783-6300 Fax: 973-783-1175
E-mail: blukacs2002@yahoo.com**

