ICOI FellowshipApplication

(TO BE TYPED OR PRINTED)

Date _____

1. **Name & Degrees** _____

   AS YOU WISH IT TO APPEAR ON YOUR FELLOWSHIP 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**

   Predental _____

   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.)* _____

over

Prerequisite   Active ICOI Membership

Who can apply   All members who 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, a restoration can 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 a 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 implant placement. 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.

2. Provide documentation of completion of one hundred (100) hours or more of implant education (either attending in person or completing courses on-line) in the preceding five (5) years.

3. Provide a letter of recommendation from a current ICOI Fellowship, ICOI Mastership, 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.**

Fellowship Processing Fee: *Dentist:* $500.00 (U.S. Funds)   *Dental Laboratory Technician:* $250.00 (U.S. Funds)

Please note: **CREDENTIALS <u>MUST</u> BE AWARDED AT AN ICOI SPONSORED OR CO-SPONSORED SYMPOSIUM.**
Check ICOI website at www.icoi.org for complete listing.

❏ 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 will be required at the meeting where you will be receiving your award.

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

ICOI Case Documentation Form

FELLOWSHIP 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.

   - **Laboratory technician candidates:** photographs or slides of completed cases on master casts or intra-orally are the minimum requirement 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:	Type of Restoration:	Current Status:
Root form—**RF**	Single crown—**SCR**	Satisfactory function—**SF**
Small diameter—**SD**	Fixed bridge—**FBR**	Compromised function—**CF**
Plate form—**PF**	Overdenture—**OD**	Failed & removed—**FR**
Subperiosteal—**SP**	Partial overdenture—**POD**	Lost to recall—**LR**
Narrow Ridge—**NRI**	Fixed-detachable prosthesis—**FDP**	

ICOI Case Documentation Form

Continued

FELLOWSHIP CANDIDATES

Name _____ **Date** _____

	Patient's ID# or Initials	Maxillary/ Mandibular Arch	Date Implant(s) Placed	Type of Implant	Implant Surgical Dentist/ Implant Brand	Date of Uncovery	Date Restored	Restorative Dentist	Type of Restoration	Dental Lab	Current Status
1.											
2.											
3.											
4.											
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