



# IPS

# APPLICATION FOR Mastership

**ICOI: THE INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS**

(TO BE TYPED OR PRINTED)

Date \_\_\_\_\_

**1. Name**

\_\_\_\_\_

*As you wish it to appear on your Mastership certificate*

**2. Office or Laboratory Address**

Practice/Business Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web Address: <http://www.> \_\_\_\_\_

**Home Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Personal E-mail \_\_\_\_\_

**3. Date and place of birth**

\_\_\_\_\_ Day Month Year City State Country

**4. Education**

\_\_\_\_\_ Institution Date of Completion

\_\_\_\_\_ Institution Date of Completion

\_\_\_\_\_ Institution Date of Completion

**5. Number of years a member of the ICOI (Membership is necessary.)** \_\_\_\_\_

**6. Number of years a Fellow of the ICOI (Fellowship status is necessary.)** \_\_\_\_\_

over

**Prerequisite** Active ICOI Fellowship

**Who can apply** All members who restore implants or fabricate implant prostheses.

**MASTERSHIP REQUIREMENTS:**

1. Provide a listing of forty (40) completed implant cases all of which must be at least 12 months old. Fully document ten (10) of these cases on ICOI's Case Documentation Form for Mastership and submit with the application. **(See form for instructions).**
2. Provide documentation of completion of at least one hundred (100) continuing implant education 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 or by giving lectures and table clinics using a 4:1 ratio at any ICOI or IPS sponsored or co-sponsored symposia. (i.e. two-hour lecture equals 8 hours of CE) or a 2:1 ratio for all non-ICOI symposia.
3. Provide a letter of recommendation from a current IPS Master or ICOI Diplomate or member of ICOI's Advanced Credentials Committee.
4. Submit evidence of having presented at least two (2) table clinics or poster presentations at ICOI meetings within the last five (5) years **or**  
having served on an ICOI committee for a period of at least one (1) year **or** be willing to do so.
5. Submit a current Curriculum Vitae.
6. **Mastership Maintenance Requirement:**
  - **All IPS Masters must maintain their membership in good standing and must attend at least one ICOI/IPS sponsored or co-sponsored meeting every three (3) years.**
  - **All IPS Masters must also accumulate one hundred (100) hours or more of "implant education" within five (5) years after becoming an IPS Master. These hours may be fulfilled through:**
    - a. Attending implant symposia or completion of on-line courses.
    - b. Implant lectures, seminars or table clinics. Each lecture, seminar or table clinic given at an ICOI or IPS sponsored or co-sponsored symposia will be credited on a 4:1 ratio (i.e. a two hour lecture will generate 8 hours of CE). A 2:1 ratio will be used for all non-ICOI programs.
    - c. Published implant articles in recognized journals. Each article and/or case report published in ICOI's publication, *Implant Dentistry*, will be credited 20 hours of CE. Each implant published article in a recognized journal will be credited 10 hours of CE.

**Mastership**

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

**Please note:** Credentials MUST be awarded at an ICOI or IPS sponsored or co-sponsored symposium.

- I would like to receive my award at the following ICOI /IPS meeting: \_\_\_\_\_  
(please allow 8 weeks for application processing and certificate calligraphy)
- 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 \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Kenneth W.M. Judy, DDS, FACD, FICD**  
**122 East 42nd Street, Suite 2511**  
**New York, NY 10168**

**Phone: (212) 697-0047 Fax: (212) 573-9062**  
**E-mail: blukacs2002@yahoo.com**



