

# ICOI Fellowship Application

(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*

**4. Education**

Predental	_____	_____	_____
	<i>Name of College or University</i>	<i>Date of Graduation</i>	<i>Degree</i>
Dental	_____	_____	_____
	<i>Name of College or University</i>	<i>Date of Graduation</i>	<i>Degree</i>
Graduate	_____	_____	_____
	<i>Name of College or University</i>	<i>Date of Graduation</i>	<i>Degree</i>

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

**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 12 months old. Fully document five (5) of these cases on ICOI's Case Documentation Form for Fellowship Candidates and submit with the application. **(See form for instructions).**  
\*Candidates who restore and place implants: Please provide a listing of ten (10) successfully completed implant cases (surgery and restoration) all of which must be at least 12 months old.
2. Provide documentation of completion of seventy-five (75) 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 Fellow, IPS Master, ICOI Diplomate or member of ICOI's Advanced Credentials Committee.
4. Submit a current Curriculum Vitae.
5. **Fellowship Maintenance Requirement:**
  - All ICOI Fellows 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 ICOI Fellows must also accumulate seventy-five (75) hours or more of "implant education" within five (5) years after becoming an ICOI Fellow. These hours may be fulfilled through:
    - a. Attending implant symposia or completion of on-line courses.
    - b. Implant lectures, seminars or tabletop presentations. Each lecture, seminar or tabletop presentation 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 our ICOI 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.

**Fellowship**

**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 sponsored or co-sponsored symposium.

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

**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**  
**ICOI Credentials Committee**  
**122 East 42nd Street, Suite 2511**  
**New York, New York 10168**

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

# IC<sup>OL</sup> Case Documentation Form

## FELLOWSHIP CANDIDATES

Name \_\_\_\_\_ Date \_\_\_\_\_

**1. Please list twenty (20) completed implant cases all of which must be at least 12 months old on this form for Fellowship credentials.**

- **Please note:** All candidates who restore and place implants: Please list ten (10) completed implant cases that include both surgery and restorations.

**2. Document fully five (5) cases and submit with the application.**

- **Practitioner candidates:** copies of pre-operative and post-operative x-rays are the minimum requirement 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.

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

<b>Type of Implant:</b>	<b>Ancillary Procedure(s):</b>	<b>Type of Restoration:</b>	<b>Current Status:</b>
Root form— <b>RF</b>	Guided tissue grafts— <b>GTR</b>	Single crown— <b>SCR</b>	Satisfactory function— <b>SF</b>
Threaded pin— <b>TP</b>	Autogenous bone grafts— <b>ABG</b>	Fixed bridge— <b>FBR</b>	Impaired function— <b>IF</b>
Plate form— <b>PF</b>	Sinus augmentation— <b>SA</b>	Overdenture— <b>OD</b>	Failed & removed— <b>FR</b>
Transcortical— <b>TC</b>	Soft tissue grafts— <b>STG</b>	Removable partial denture— <b>RPD</b>	Lost to recall— <b>LR</b>
Other(s)—(Describe)	Other(s)—(Describe)		Unknown— <b>U</b>

