



ICOI

APPLICATION FOR Diplomate

THE INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS

(TO BE TYPED OR PRINTED)

Date _____

1. Name & Degrees _____

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 _____ Personal E-Mail _____

3. Date and place of birth _____

Day Month Year

City

State

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

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

7. Number of years a Master of the IPS _____

over

ICOI Case Documentation Form

Diplomate CANDIDATES

Name _____ Date _____

1. Please list sixty (60) completed implant cases on this form for Diplomate credentials.

- **Candidates who place implants:** Your cases must include two hundred (200) or more individual implants or ancillary procedures all of which must be at least one (1) year old.
- **Candidates who restore implants:** Your cases must include restoration of one hundred (100) or more implants all of which must be at least one (1) year old.
- **Candidates who restore and place implants:** Your cases must include seventy-five (75) or more individual implants or ancillary procedures with restorations all of which must be at least one (1) year old.

2. Document twenty (20) cases and submit with the application. The twenty cases should be detailed individually as follows:

- a. Ten (10) cases should be at least five years old and show some diversity in implant selection or ancillary procedures, restorative design and/or materials.
- b. Ten (10) cases should be of an advanced nature such as treatment of narrow or shallow ridges or utilizing advanced restorative procedures and techniques.
- c. *Copies of pre-operative and post-operative x-rays are the minimum requirement for case documentation.* Further documentation may include patient slides or photographs, CT scans, pre-operative evaluation and planning forms, treatment consent forms, etc. to further detail a case. All materials may be submitted digitally.

3. The committee will choose two (2) of the submitted cases that have been in function at least three (3) years and ask the candidate to bring those two cases as well as one recently completed complex case to the oral interview. At the oral interview, these three cases will be discussed. **Please bring only these three complete case files to your interview.**

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

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

DIPLOMATE REQUIREMENTS:

1. Provide a listing of sixty (60) completed implant cases.
 - a. *Candidates who place implants:* Your cases must include two hundred (200) or more individual implants or ancillary procedures all of which must be at least one (1) year old.
 - b. *Candidates who restore implants:* Your cases must include restoration of one hundred (100) or more implants all of which must be at least one (1) year old.
 - c. *Candidates who restore and place implants:* Your cases must include seventy-five (75) or more individual implants or ancillary procedures with restorations all of which must be at least one (1) year old.

Please record the required cases for credentials on the ICOI Case Documentation Form for Diplomate Candidates.
2. Document twenty (20) cases and submit with the application. The twenty cases should be detailed individually on ICOI's form as follows:
 - a. Ten (10) cases should be at least five years old and show some diversity in implant selection or ancillary procedures, restorative design and/or materials.
 - b. Ten (10) cases should be of an advanced nature such as treatment of narrow or shallow ridges or utilizing advanced restorative procedures and techniques.
 - c. *Copies of pre-operative and post-operative x-rays are the minimum requirement for case documentation.* Further documentation may include patient slides or photographs, CT scans, pre-operative evaluation and planning forms, treatment consent forms, etc. to further detail a case. All materials may be submitted digitally.

The committee will choose two (2) of the submitted cases that have been in function at least three (3) years and ask the candidate to bring those two cases as well as one recently completed complex case to the oral interview. At the oral interview, these three cases will be discussed. **Please bring *only* these three complete case files to your interview.**
3. Provide documentation of at least one hundred and fifty (150) 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.
4. Submit evidence of having completed one of the following:
 - a. Authored or co-authored at least three (3) articles or case reports on implant dentistry, one (1) of which must have been submitted or published in one of ICOI's publications, *Implant Dentistry* or the *International Magazine of Oral Implantology (IMOI)*.

or

 - b. Presented at least three (3) lectures, table clinics or poster presentations at implant meetings within the last five (5) years, one (1) of which must have been at an ICOI or IPS symposium.
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 current a Curriculum Vitae.

(continued)

DIPLOMATE REQUIREMENTS:

CONTINUED

7. Participate in a regional ICOI Diplomate examination. These will be offered during all ICOI sponsored or co-sponsored symposia. Once your application has been received, a suggested reading list and/or study guide will be provided. Examinations will be both in written and oral interview formats with three (3) examiners from ICOI's Advanced Credentialing Committee or ICOI Diplomates.

8. Diplomate Maintenance Requirement:

- All ICOI Diplomates 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 Diplomates must also accumulate one hundred fifty (150) hours or more of "implant education" within five (5) years of becoming an ICOI Diplomate. 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 an ICOI publication, *Implant Dentistry* and/or the *International Magazine of Oral Implantology*, will be credited 20 hours of CE. Each implant published article in a recognized journal will be credited 10 hours of CE.

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

Please note: Credentials MUST be awarded at an ICOI sponsored or co-sponsored symposium. **Awardees may attend an ICOI solely sponsored meeting at 50% off normal registration.**

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: icoi@dentalimplants.com**

