

ICOI Mastership Application

(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. 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.*) _____

over

Prerequisites Active ICOI Membership and Active ICOI Fellowship

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

MASTERSHIP REQUIREMENTS:

1. Provide a listing of eighty (80) completed implant cases (per patient, one patient equals one case) all of which must be at least 2 years old from restoration. From the eighty (80) cases documented on ICOI's Case Documentation Form for Mastership, submit twenty (20) of these cases with the application. **Credentialing committee may ask for additional cases.**
 - a. Practitioner candidates: pre- and post-operative x-rays and clinical photographs of final cases are the basic requirements for case documentation.
 - b. Laboratory Technician candidates: photographs or slides of completed cases on master casts or intra-orally are the minimum requirement for case documentation.
 - c. 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 should be submitted to the ICOI. There are three ways to submit your application: email to blukacs2002@yahoo.com, fax to (973) 783-1175 or mail to the ICOI Central Office.
 - d. 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**
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. Provide documentation of completion of at least one hundred fifty (150) continuing implant 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.
3. Provide a letter of recommendation from a current ICOI Mastership or ICOI Diplomate or member of ICOI's Advanced Credentials Committee.
4. Submit evidence of having presented at least two (2) tabletop or poster presentations within the last five (5) years.
5. Submit a current Curriculum Vitae (resume).
6. **Mastership Maintenance Requirement:**
 - All ICOI Masterships 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 Masterships must also accumulate one hundred fifty (150) hours or more of "implant education" within five (5) years after becoming an ICOI Mastership.

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 SPONSORED OR CO-SPONSORED SYMPOSIUM.**

I would like to receive my award at the following ICO 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

