INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS

EMPOWERING IMPLANT TEAMS WITH EDUCATION WORLDWIDE

www.ICOI.org / (800) 442-0525
International Congress of Oral Implantologists (ICOI) founded in 1972, is the world’s largest professional organization dedicated to implant dentistry. Our membership includes general dentists, oral & maxillofacial surgeons, periodontists, prosthodontists, endodontists, orthodontists, laboratory technicians and others interested in the field of implant dentistry. ICOI empowers implant teams with comprehensive technical and patient education worldwide. Currently we represent over 12,000 dentists worldwide and have multiple worldwide annual symposia with discounted rates for members. ICOI’s primary mission has always been to globally educate all implant team members with the highest quality of practical and scientific education... be it prosthetic, surgical, digital CAD/CAM, technical or team education.

“E-learning is an adjunct to our traditional publications and multiple global symposia. ICOI members are kept up-to-date with current trends, technology and other areas critical to implant dentistry. An exclusive Members Only access to many implant dentistry articles, monthly and archived webinars, shared knowledge via clinical updates & “pearls”, professional resources that aid practices and enhance education are at your fingertips. Quality online knowledge increases case acceptance and potential patients can locate ICOI members and link to their practices.”

Dr. Kenneth W. M. Judy
Co-Chairman, ICOI

The ICOI is implementing the current trends and challenges in implant dentistry and the potential of digital dentistry to contribute to the surgical and prosthetic fields. Digital scanning techniques have been increasingly applied to dentistry. This information can be worked on and used for planning, which makes it possible to preview the final result and present it to patients, facilitating the management of expectations. CAD/CAM systems are used for manufacturing prosthetics and for the execution of surgical guides. The main challenge for the ICOI in this area will be to merge all the digital files in order to visualize the patient as a whole and offer e-learning and live courses on these exciting topics.

Dr. Ady Palti
Co-Chairman ICOI

ICOI’s Advanced Credentials Commission has credentialed more than 10,000 Fellows, Masters and Diplomates worldwide.
Social media makes it easy for you to stay connected to the information you need. With so many events being held each year and exciting benefits for our members, connecting with us will keep you up-to-date on all that is happening at the ICOI. Another advantage of our online community is being able to communicate with colleagues and people you may meet at our events.

FOLLOW US ON SOCIAL MEDIA SO YOU CAN RECEIVE REGULAR UPDATES, STAY CONNECTED AND STAY INFORMED.

Like us on Facebook
www.facebook.com/icoiimplants

Find us on Instagram
@ICOIdental

Follow us on Twitter
@ICOIimplants

Watch us on YouTube
ICOI (International Congress of Oral Implantologists)

For more information, visit our website at www.icoi.org or call our central office at (973) 783-6300
It is not only important to have extensive training during an early learning curve in implant dentistry, but also on-going and accessible education is extremely critical during an entire career. This is necessary for all members of the implant team (specialists, generalists, assistants, hygienists, dental technicians and...even patients).

Dr. Carl E. Misch

Customized Patient Education Videos
Dear Doctor, a provider of consumer and healthcare information, created these high quality patient education videos for ICOI members. The videos are personalized for your dental practice. You can use them as a promotional tool on your practice website, Facebook page, or practice blog to showcase your practice of implant dentistry.

Interactive 3D Animations
Our partnership with Dental Master, a leader in interactive software for patient education, now provides ICOI members with this technology to utilize in their daily practice. These high-quality 3D animations help patients visually understand treatment options: www.dentalmaster.com

www.FindMyImplant.com
A secure, global, web based registry of detailed dental implant information, patient x-rays, notes, and more.

E-Learning
Complimentary access to the ICOI e-learning area on www.dental-users.com, our exclusive online education partner portal:

• Video Tutorials
• Recorded Lectures from ICOI Congresses and other Events
• Webinars
• Online Quizzes and Test Preparations
• Log and Manage CE credits

ICOI’S Digital Glossary of Implant Dentistry
Comprehensive digital guide to implant terminology, 1,600 terms defined, classifications, charts, diagrams & critical parameters. Constantly updated.

ADIA/Auxiliary Certifications
An organization dedicated to the education and advancement of every auxiliary member of the dental implant team.

Multiple Prosthetic Patient Consent & Communication Forms
Forms available online to use in your daily practice.
As an ICOI member, you receive exclusive access to FindMyImplant.com, a secure, global, web-based registry of detailed dental implant information, patient x-rays, notes and more.

**BENEFITS INCLUDE:**
- Ease of communicating surgical details of patient implant treatment
- Patient and doctor access 24/7
- Centralize and manage patient dental implant treatment data
- Automated emails to the patient for future follow-ups

The ICOI has partnered with the team of experts at DentalMaster who have over a decade of experience of creating stunning custom graphics and animations.

- Show your patients their own clinical situation and solution
- Improve patient understanding and compliance for almost all cases
- Use as a marketing tool for implant treatment planning
- Accessible on all digital platforms

In an effort to help our members engage patients and grow their practices, the International Congress of Oral Implantologists is introducing a new benefit for ICOI member dentists: Personalized patient-education videos produced by Dear Doctor Inc. Each video explores the exciting and beneficial technology of dental implants in easy-to-understand terminology. Best of all, these videos are free to you as an ICOI member!

**THE VIDEOS INCLUDE:**
- Dental Implants — High-Tech Teeth
- How to Choose an Implant Dentist
- Are You a Candidate for Dental Implants?
- Dental Implant FAQs
- Consequences of Missing Teeth

www.dentalimplants.com

**For Patients:** Valuable link to your practice: Worldwide Web’s prime source of high quality patient education. Daily, patients view implant videos, search ICOI members, view their credentials and contact them directly.

**For ICOI Members:** Archived Resources: webinars, resource guides & educational articles
The Best Interactive Software and 3D Animation for Patient Education

- This is the only software that can truly show the patient their own clinical situation and solution.
- The DentalMaster/Mdsimulation 3D graphics is truly the best of its kind that we have utilized during our professional career as a Dentist / Implantologist.
- The 3D expert is unique and makes a big difference for case acceptance.
- Can be used as a marketing tool for Implant treatment.
- A proper and intelligent use of each animation is an indispensable tool for the modern dentist to assist in treatment planning.
- It will improve patients’ understanding and compliance for almost all cases.

Available with your full ICOI membership.

Email icoi@dentalimplants.com for more information.
Train Your Dental Implant Team

Implant Training Makes All The Difference

Educating and training your entire implant team is crucial to patient case acceptance. Every member of your team must be knowledgeable and comfortable discussing all aspect of implant dentistry.

- Provide team members with the knowledge and confidence to excel
- Advanced certification courses for assistants, hygienists, practice managers and implant coordinators
- Energize and educate your dental implant team members to provide the ultimate care to your patients

Are your auxiliaries certified yet?

The ADIA certification courses will give your entire team the skill and confidence to deliver the ultimate in implant care and grow your implant practice.

- ADIA Dental Hygiene Certification Program (DHCP)©
- ADIA Dental Assisting Certification Program (DACP)©
- ADIA Practice Management Certification Program (PMCP)©
- ADIA Implant Coordinator Certification Program (ICCP)©

To find out more about the ADIA visit our website at www.adiaonline.org

Like us on Facebook: www.facebook.com/adaiimplants
Follow us on Twitter: @adiadental
Distinguish Yourself Through ICOI Credentials

Applying for credentials symbolizes recognition of your dedication, qualifications, your implant training, and experience to your colleagues and potential implant patients!

ICOI has three voluntary credentialing programs:

- ICOI Fellowship
- ICOI Mastership
- ICOI Diplomate – Expert in Oral Implantology* - ICOI Europe (*for European countries ONLY)

The Advanced Credentials Committee carefully developed the ICOI’s three credentialing levels. The ICOI Credentials requirements “raise the bar” so that we may establish a “common certification program” for all implant dentists around the world who wish to participate in voluntary recognition programs. ICOI membership information, the pre-requisite conditions, applicant criteria and requirements with detailed instructions, applications and documentation forms at each level are all available online at www.icoi.org. Additionally, there is a case documentation form that will assist candidates in presenting uniformly documented cases.
# Membership Application

## U.S. Membership

### NAME
*(As you wish it to appear on membership certificates, website listing, etc.)*

<table>
<thead>
<tr>
<th>First</th>
<th>Initial(s)</th>
<th>Last</th>
<th>Degrees</th>
</tr>
</thead>
</table>

### ADDRESS

| Practice/Business Name | | | |
|------------------------| | | |
| Office Address | | | |
| City | State | Zip |
| Telephone | Fax |
| E-mail |
| Web Address | http://www. |

| Home Address | | | |
| City | State | Zip |
| Cell | Personal E-mail |

Primary Address:  
(Office)  
(Home)  
(for membership website listing, publications and membership mailings)

### EDUCATION

<table>
<thead>
<tr>
<th>Dental School</th>
<th>Degree(s)</th>
<th>Date rec’d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology School</td>
<td>Degree(s)</td>
<td>Date rec’d</td>
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<td>Graduate School</td>
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<table>
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<tr>
<th>Specialty</th>
<th>Boarded?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontist</td>
<td>Generalist</td>
<td>Oral &amp; Maxillofacial Surgeon</td>
<td>Periodontist</td>
</tr>
<tr>
<td>Lab Technician</td>
<td>Industry Personnel</td>
<td>Full-Time Faculty Member</td>
<td></td>
</tr>
</tbody>
</table>

### EXPERIENCE IN IMPLANT DENTISTRY

Implant continuing education hours in last 3 years:  

Experience in implant dentistry: | less than 10 cases | 25–50 cases | more than 100 cases |
|---------------------------------|------------------|-------------|

Involvement with implant dentistry:  
Surgery  
Prosthetics  
Periodontics/Maintenance  
Technology

### HOW DID YOU LEARN ABOUT THE ICOI?

- Member referral (specify)  
- E-mail  
- Internet  
- Direct mail  
- Publication  
- Course  
- Other
ANNUAL MEMBERSHIP DUES INCLUDE:

- E-Learning at Dental-users.com/ICOI: videos, tutorials, webinars, recorded lectures and more
- Multiple national and international implant symposia (member discounts)
- Customized Patient Education Videos, created exclusively for the ICOI by Dear Doctor
- Interactive 3D Animations - digital animations to use for patient education and treatment planning
- Exclusive MEMBERS ONLY websites - practice resources, 1600 implant definitions, educational tools, and more
- ICOI’s Digital Glossary of Implant Dentistry - comprehensive digital guide to implant terminology - access online at www.icoi.org
- ADVANCED CREDENTIALING programs: Fellowship, Mastership and Diplomate credentials
- *ICOI World News* - digital newsletter produced three times per year
- Multiple patient consent and communication forms to use in your practice daily
- FindMyImplant.com - a secure, web-based registry of detailed dental implant information, patient x-rays, notes, and more

MEMBERSHIP CATEGORY SELECTION

(Please check the appropriate category)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Description</th>
<th>ANNUAL MEMBERSHIP DUES</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>Dental Practitioner</td>
<td>$395.00</td>
</tr>
<tr>
<td>II</td>
<td>Full-Time University Faculty/Military (Please attach copy of ID)</td>
<td>$200.00</td>
</tr>
<tr>
<td>III</td>
<td>Laboratory Technicians, Research or Industry Personnel, Recent Graduate (valid up to 3 years from graduation date)</td>
<td>$150.00</td>
</tr>
<tr>
<td>IV</td>
<td>Pre-doctoral or Graduate Student (Please attach verification of student status)</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Projected graduation date: ___________

TOTAL AMOUNT ENCLOSED $ ___________

PAYMENT INFORMATION

Checks: Please make checks payable to the ICOI in US funds and mail to the address below.

Credit Cards: Please complete the following information and fax both sides of this form to: (973) 783-1175

- [ ] MasterCard
- [ ] Visa
- [ ] American Express

Card # ____________________________________________ Exp. Date ______________ CVV No. ___________

Signature ______________________________________ Date ______________ Billing Zip Code ___________

RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

55 Lane Road, Suite 305, Fairfield, NJ 07004 • Phone: 973-783-6300 / 800-442-0525 • Fax: 973-783-1175

membership@icoi.org • Visit www.icoi.org for complete information

FOR MEMBERSHIP QUESTIONS, PLEASE CALL TOLL-FREE 1-800-442-0525
Membership Application
Canada Membership

NAME
(As you wish it to appear on membership certificates, website listing, etc.)
First ________________________________ Initial(s) __________ Last ________________________  Degrees _________________

ADDRESS
Practice/Business Name __________________________________________________________________________________________
Office Address _________________________________________________________________________ Suite ____________________
City __________________________________________________ State/Province ________________  Zip ____________________
Telephone _____________________________________________ Fax _________________________________________________
E-mail __________________________________________________ Date of Birth ________________
Web Address ________________________________________________________________________________________________
Home Address __________________________________ City __________________  State/Province _____________ Zip _________
Cell ___________________________________________________ Personal E-mail ________________________________________

Primary Address:  ☐ Office   ☐ Home  (for membership website listing, publications and membership mailings)

EDUCATION
Dental School __________________________________________ Degree(s) _______________________ Date rec’d _______________
Technology School _______________________________________ Degree(s) _______________________ Date rec’d _______________
Graduate School_________________________________________ Degree(s) _______________________ Date rec’d _______________
Specialty _______________________________________________ Boarded?  ☐ Yes  ☐ No
☐ Endodontist   ☐ Generalist   ☐ Oral & Maxillofacial Surgeon   ☐ Periodontist   ☐ Prosthodontist
☐ Lab Technician   ☐ Industry Personnel   ☐ Full-Time Faculty Member

EXPERIENCE IN IMPLANT DENTISTRY
Implant continuing education hours in last 3 years: _____________
Experience in implant dentistry:  ☐ less than 10 cases   ☐ 25–50 cases   ☐ more than 100 cases
Involvement with implant dentistry:  ☐ Surgery   ☐ Prosthetics   ☐ Periodontics/Maintenance   ☐ Technology
☐ Academic   ☐ Other ____________________________________________

HOW DID YOU LEARN ABOUT THE ICOI?
☐ Member referral (specify) __________________________________________  ☐ E-mail   ☐ Internet  ☐ Direct mail
☐ Publication   ☐ Course __________________________________________  ☐ Other __________________________________________

AGD # _____________________
License # ____________ Country of Licensure ________________
ANNUAL MEMBERSHIP DUES INCLUDE:

- E-Learning at Dental-users.com/ICOI: videos, tutorials, webinars, recorded lectures and more
- Multiple national and international implant symposia (member discounts)
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(Please check the appropriate category)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ANNUAL MEMBERSHIP DUES</th>
<th>Valid for 12 months</th>
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<tbody>
<tr>
<td>CATEGORY I</td>
<td>Dental Practitioner</td>
<td>$350.00</td>
</tr>
<tr>
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**TOTAL AMOUNT ENCLOSED** $ __________

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- MasterCard
- Visa
- American Express

Card # ___________________________ Exp. Date ___________ CVV No. ___________

Signature ___________________________ Date ___________ Billing Zip Code ___________

RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

55 Lane Road, Suite 305, Fairfield, NJ 07004 • Phone: 973-783-6300 / 800-442-0525 • Fax: 973-783-1175 membership@icoi.org • Visit www.icoi.org for complete information

FOR MEMBERSHIP QUESTIONS, PLEASE CALL TOLL-FREE 1-800-442-0525
NAME: (As you wish it to appear on membership certificates, the internet directory, etc.) License # (if applicable) _________________

First _______________________________ Initial(s) ___________ Last ____________________________ Degree(s) __________________

Home Address ____________________________________________________________________________________________________

City _______________________________________ State ____________________  Zip _________________  Country _______________

Telephone _______________________________ Fax _________________________________ Date of Birth _______________________

Personal E-mail __________________________

Practitioner’s Name ________________________________

Office Address ____________________________________________________________________________________________________

City _______________________________________ State ____________________  Zip _________________  Country _______________

Telephone______________________________ Fax _________________________________ E-mail _____________________________

EDUCATION:

High School ______________________________ Degree ______________ Date ______________

College ________________________________ Degree ______________ Date ______________

Graduate ______________________________ Degree ______________ Date ______________

PLEASE LIST ANY ADDITIONAL FORMAL TRAINING/EDUCATION:
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________

DENTAL EXPERIENCE:

• How many years have you worked in the dental field? _________________

• What is your present position? _________________

• Do you now or have you ever worked in a facility associated with dental implants? □ Yes □ No

• If yes, how many years? _________________ Position _________________
ASSOCIATION OF DENTAL IMPLANT AUXILIARIES is a component society of the International Congress of Oral Implantologists. As the number of dental implant practices in the world grows and develops, there is a need for auxiliaries to do the same. A goal of our association is to introduce education related to implants into your practice or increase your implant practice as a “team.” The main purpose of the ADIA is to develop educational criteria and training for certification and to provide an organized vehicle for auxiliaries to contribute to the field of oral implantology/implant dentistry.

PLEASE LIST OTHER PROFESSIONAL SOCIETIES OF WHICH YOU ARE CURRENTLY A MEMBER. INCLUDE YOUR INVOLVEMENT (E.G. MEMBER, SPEAKER, OFFICER, ETC.):

Organization _________________________________________ Offices held __________________________________________________

Organization _________________________________________ Offices held __________________________________________________

Organization _________________________________________ Offices held __________________________________________________

BENEFITS INCLUDE:

• Continuing Education Units
• Certification Programs
• ADIA Webinars
• Access to archive of implant dentistry articles
• ICOI’s Digital Glossary of Implant Dentistry, a comprehensive guide to implant terminology
• ADIA’s Guide to Simplifying Implant Dentistry – a digital handbook
• Newsletters and digital journals
• Discounted tuition to all ADIA and ICOI sponsored programs
• Mentoring by experienced professionals in the field of implant dentistry
• ICOI/ADIA website membership listing at icoi.org
• Lecturing and publishing opportunities
• A network of colleagues to associate with and share experiences

ANNUAL MEMBERSHIP DUES: $50.00

PAYMENT:

☐ Check (please make check payable to ICOI)
☐ Visa    ☐ Mastercard    ☐ American Express

Card No. _________________________________ Exp. Date ________ CVV No. ______________

Signature ___________________________________________ Date _______________________

Return this application with your payment in U.S. funds to:

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

ADIA, Dr. Avi Schetritt, Executive Director  •  55 Lane Road, Suite 305, Fairfield, New Jersey 07004
phone: (973) 783-6300 / (800) 442-0525  •  fax: (973) 783-1175  •  membership@icoi.org
Membership Application

INTERNATIONAL Membership

Last Name / Surname __________________________________________ Date of Birth mm / dd / yy  □ Male □ Female

First __________________________________________ Middle Name / Initial(s) ________ Degrees _________________________

Practice/Business Name __________________________________________________________________________________________

Office Address: __________________________________________ Suite __________________

City/Province __________________________ State _________ Country ______________ Postal Code __________

Telephone __________________________ Fax __________________________ E-mail________________________

Web Address http://www.____________________________________________________

Specialty _________________________________________________________________________________ Boarded? □ Yes □ No

License # ___________________________________________________________________________ Country of Licensure ______________________

□ Generalist □ Oral & Maxillofacial Surgeon □ Periodontist □ Prosthodontist □ Endodontist

□ Lab Technician □ Industry Personnel □ Military Personnel □ Full-Time Faculty Member

INTERNATIONAL MEMBERSHIP DUES - Valid for 12 months

International dues vary from country to country, depending on economic conditions. For specific dues information, please E-mail the ICOI Central Office at membership@icoi.org.

□ Dentist: $275 □ Full-Time Faculty: $150 (please attach copy of ID) □ Laboratory Technician: $150

Dues Amount: $ ____________

Name of Affiliate Society (if applicable): _________________________________________________________________

PAYMENT INFORMATION □ MasterCard □ Visa □ American Express

We accept MasterCard, Visa and American Express payments via facsimile. Please complete the following and fax this form to: (973) 783-1175.

Card # __________________________ Exp. Date ____________ CVV # ____________

Signature ________________________________________________________________________________________

You may also send payment in U.S. dollars on an international money order, a postal money order or a check drawn on a U.S. bank.

RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

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member@icoi.org • Visit www.icoi.org for complete information

FOR MEMBERSHIP QUESTIONS, PLEASE CALL TOLL-FREE 1-800-442-0525
ICOI’s primary mission to serve the public has always been achieved by globally educating all implant team members with the highest quality of practical and scientific education...be it prosthetic, surgical, technical or auxiliary education.