

AOIA 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

Pre dental	_____	_____	_____
	<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 AOIA(Membership is necessary.) _____

Prerequisite Active AOIA Membership

Who can apply All members who place implants, restore implants and/or fabricate implant prostheses.

FELLOWSHIP REQUIREMENTS :

1. Provide a listing of six (6) 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).**

2. Provide documentation of completion of fifty (50) 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 AOIA member

4. Submit a current Curriculum Vitae.

5. **Fellowship Maintenance Requirement:**
 - All AOIA Fellows must maintain their membership in good standing and must attend at least one AOIA sponsored or co-sponsored meeting every three (3) years.
 - All AOIA Fellows must also accumulate seventy-five (75) hours or more of "implant education" within five (5) years after becoming an AOIA 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 AOIA 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-AOIA programs.
 - c. Published implant articles in recognized journals. Each article and/or case report published in our AOIA related 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:** 400 LE **Dental Laboratory Technician:** 250 LE

Please note: Credentials MUST be awarded at an AOIA sponsored or co-sponsored symposium.

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

Payment by: Check (Make your check payable to the **AOIA**) cash MasterCard American Express

Card Number _____ Expiration Date _____

Signature _____ Date _____

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

Prpf . M . S . Elattar
32,Ahmed Abdelaziz St.,Roushdy
Alexandria , Egypt
Phone: (203) 5451277 / 0121318916
E-mail:aoia@aoiaegypt.com , financial@aoiaegypt.com ,

AOIA Case Documentation Form

FELLOWSHIP CANDIDATES

Name _____ Date _____

1. Please list six (6) 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 six (6) 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:

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

