

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.
**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. Check ICOI website at www.icoi.org for complete listing.

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

A separate meeting registration form and fee will be required at the meeting where you will be receiving your award.

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: blukacs2002@yahoo.com

ICOL Case Documentation Form

FELLOWSHIP CANDIDATES

Name _____ Date _____

1. Please list twenty (20) completed implant cases or ancillary procedures 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:** a copy of a post-operative x-ray is the basic 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 |
| Small diameter— SD | Autogenous bone grafts— ABG | Fixed bridge— FBR | Compromised function— CF |
| Plate form— PF | Sinus augmentation— SA | Overdenture— OD | Failed & removed— FR |
| Subperiosteal— SP | Soft tissue grafts— STG | Partial overdenture— POD | Lost to recall— LR |
| | Allograft bone grafts— ALG | Fixed-detachable prosthesis— FDP | |
| | Alloplast bone grafts— APG | | |

