

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

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. Specialty _____ **AGD #** _____

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

over

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.

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 and certificate processing)

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 _____ Exp. Date _____ CVV No. _____

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		

