

# DIPLOMATE APPLICATION

International Congress of Oral Implantologists



## Name & Degrees

Date \_\_\_\_\_

**I UNDERSTAND MY NAME WILL APPEAR ON MY CERTIFICATE EXACTLY AS IT IS WRITTEN BELOW** Initial \_\_\_\_\_

NAME AS IT SHOULD APPEAR ON MY CERTIFICATE

## Office Address

Practice/Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Web Address \_\_\_\_\_

## Home Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number \_\_\_\_\_

## Date and place of birth

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

## Education

Predental  
Name of College or University \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

Dental  
Name of College or University \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

Graduate  
Name of College or University \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

Country of Licensure \_\_\_\_\_ License # \_\_\_\_\_

Specialty \_\_\_\_\_ AGD # \_\_\_\_\_

Number of years a member of the ICOI (Membership is a prerequisite) \_\_\_\_\_

Number of years a Fellow of the ICOI (Fellowship status is a prerequisite) \_\_\_\_\_

Number of years a Master of the ICOI (if applicable) \_\_\_\_\_

# Diplomate Application

(continued)

## Prerequisites

Active ICOI Membership and Active ICOI Fellowship

## Who can apply

ALL members who place AND/OR restore implants. **NOTE: You must be CURRENTLY PLACING IMPLANTS to be eligible for Diplomate status.**

## Diplomate Requirements

1. Provide a listing of one hundred twenty (120) completed implant cases.
  - a. Candidates who place implants: Your cases must include one hundred twenty (120) or more individual implants all of which must be at least three (3) years old from the date the implant was restored with the final restoration and in function.
  - b. Candidates who restore and place implants: Your cases must include one hundred twenty (120) or more individual implants AND ancillary procedures with restorations all of which must be at least three (3) years old.

*Please record the required cases for credentials on the ICOI Case Documentation Form for Diplomate Candidates.*

**Please use the following coding system to describe your cases on the documentation form:**

<b>Type of Implant:</b>	<b>Ancillary Procedure(s):</b>	<b>Type of Restoration:</b>	<b>Current Status:</b>
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
Narrow ridge - NRI	Cone Beam CT Scan - CBCT	Fixed-detachable prosthesis - FDP	

2. From the one hundred twenty (120) cases documented, submit twenty (20) cases with the application. The twenty (20) cases should be detailed individually on ICOI's form as follows.
  - a. Ten (10) cases should be at least three (3) years old from the date the implant was restored (final restoration) and show some diversity in implant selection, ancillary procedures, restorative design and/or materials.
  - b. Ten (10) cases should be of an advanced nature such as treatment of a narrow/shallow ridge or utilizing advanced restorative procedures and techniques.
  - c. Fully document the twenty (20) cases. Documentation must include (1) patient photographs: pre-operative, intra-operative and post operative, (2) radiographs: pre-operative, intra-operative and post-operative, including final images of the restoration and a one-year post-operative image, (3) photographs of ancillary procedures and restoration(s), (4) CBCT scans (if applicable), (5) pre-operative evaluation and treatment planning documentation, (6) treatment consent forms, (7) other records you feel are pertinent to support the case, including a maintenance protocol. All materials should be submitted to the ICOI. There are three ways to submit your application: email to [credentials@icoi.org](mailto:credentials@icoi.org), fax to (973) 783-1175 or mail to the ICOI Central Office.
  - d. Choose two (2) of the submitted cases that have been in function (fully restored) for at least three (3) years and one (1) recently completed complex case in Keynote or Power Point format with the required documentation (noted in Section C above). Also, please be prepared to share the twenty (20) cases submitted with your application, in case the interviewer requests to review them. Credentialing committee may ask for additional cases.
3. Provide documentation of at least two hundred fifty (250) continuing education (CEU) hours in the preceding five (5) years (either attended in person or completed online). These hours may also be attained by teaching courses or seminars.

# Diplomate Application

(continued)

## Diplomate Requirements (continued)

4. Submitted evidence of having completed one of the following:
  - a. Authored or co-authored at least one (1) published article or case report on implant dentistry.
  - b. Presented at least two (2) lectures or tabletop presentations at an ICOI event within the last five (5) years.
5. Provide two (2) letters of recommendation from ICOI Diplomates or members of ICOI's Advanced Credentials Committee attesting to your knowledge of implant prosthodontics and/or implant surgery.
6. Submit a current Curriculum Vitae (resume).
7. Obtain a passing grade on a written examination taken at a Prometric testing center. Upon successful completion of the written examination, an oral examination will be scheduled via Zoom with the ICOI's Advanced Credentialing Committee. You must successfully pass both examinations in order to receive your credentials.
8. **Diplomate Maintenance Requirement:**
  - All ICOI Diplomates 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 Diplomates must also accumulate one hundred fifty (150) hours or more of "implant education" within five (5) years of becoming an ICOI Diplomate.

**I understand I must attend an ICOI event to be awarded with my credentials within 3 years of my approval date.**

**After this time, I must reapply.** Initial \_\_\_\_\_

## Diplomate Processing Fee (U.S. Funds): \$1,250.00

**Please note: CREDENTIALS MUST BE AWARDED AT AN ICOI SPONSORED OR CO-SPONSORED SYMPOSIUM.**

- 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 MUST be submitted indicating that you will be receiving your award at the above meeting.
- I understand I must register for and attend an ICOI event in order to be presented with my credentials/certificate.**

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

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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

ICOI Credentials Committee • One Bridge Plaza N, Suite 950, Fort Lee, NJ 07024

Phone: 973-783-6300 • Fax: 973-783-1175

E-mail: [credentials@icoi.org](mailto:credentials@icoi.org) • Visit [www.icoi.org](http://www.icoi.org) for complete information





