

MASTERSHIP 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

Pre dental
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) _____

Mastership Application

(continued)

Prerequisites

Active ICOI Membership and Active ICOI Fellowship

Who can apply

ALL members who restore implants or fabricate implant prostheses.

Mastership Requirements

1. Provide a listing of eighty (80) completed implant cases (each patient is one case regardless of the number of implants) all of which must be at least 2 years old from the date the restoration was delivered to the patient. From the eighty (80) cases documented on ICOI's Case Documentation Form for Mastership, submit twenty (20) of these cases with the application. Credentialing committee may ask for additional cases.

Practitioner candidates:

- Mandatory (1) pre-operative, (2) intra-operative and (3) post-operative radiographs and clinical photographs of the final cases submitted are required for case documentation. Additional records are recommended. Please make sure all radiographs are dated.
- Laboratory Technician candidates: photographs of completed cases on master casts or intra-orally are required for case documentation. Additional records are recommended.
- Further documentation may include other photographs, CT/CBCT scans, facial scans, pre-operative evaluation and treatment planning forms, lab and restorative work authorization forms, and/or patient consent forms, etc. to further detail a case. All materials should be submitted to the ICOI. There are three ways to submit your application: email to credentials@icoi.org, fax to (973) 783-1175 or mail to the ICOI Central Office.
- **Please use the following coding system to describe your cases on the documentation form:**

Type of Implant:

Root form - RF
Small diameter - SD
Plate form - PF
Subperiosteal - SP
Narrow ridge - NRI

Type of Restoration:

Single crown - SCR
Fixed bridge - FBR
Overdenture - OD
Partial overdenture - POD
Fixed-detachable prosthesis - FDP

Current Status:

Satisfactory function - SF
Compromised function - CF
Failed & removed - FR
Lost to recall - LR

2. Provide documentation of completion of at least one hundred fifty (150) continuing implant education (CEU) hours in the preceding five (5) years (either attended in person or completed on-line). These hours may also be attained by teaching courses or seminars.
3. Providing a letter of recommendation from a current ICOI Master or ICOI Diplomate or member of ICOI's Advanced Credentials Committee.
4. Submit evidence of having presented at least two (2) tabletop or poster presentations within the last five (5) years at an ICOI event.
5. Submit a current Curriculum Vitae (resume).
6. **Mastership Maintenance Requirement:**
 - All ICOI Masters 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 Masters must also accumulate one hundred fifty (150) hours or more of "implant education" within five (5) years after becoming an ICOI Masters.

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 _____

Mastership Application

(continued)

Mastership Processing Fee (U.S. Funds): \$600.00

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 • Visit www.icoi.org for complete information

