

# 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 Country*

#### 4. 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*

5. Country of Licensure: \_\_\_\_\_ License #: \_\_\_\_\_

6. Specialty \_\_\_\_\_ AGD # \_\_\_\_\_

7. 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 one (1) year old from implant placement. Each patient is one case regardless of the number of implants. However, a restoration can be included as a separate case.
  - a. Candidates who place and restore implants: Each patient is one case regardless of the number of implants however a restoration can be included as a separate case.
  - b. Please provide a listing of twenty (20) successfully completed implant cases (surgery and restoration) all of which must be at least one (1) year old from implant placement. All materials should be submitted to the ICOI. There are three ways to submit your application: email to blukacs2002@yahoo.com, fax to (973) 783-1175 or mail to the ICOI Central Office.
2. Provide documentation of completion of one hundred (100) 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 Fellowship, ICOI Mastership, ICOI Diplomate or member of ICOI's Advanced Credentials Committee.
4. Submit a current Curriculum Vitae (resume).
5. **Fellowship Maintenance Requirement:**
  - All ICOI Fellows 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 Fellows must also accumulate one hundred (100) 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](http://www.icoi.org) for complete listing.

I would like to receive my award at the following ICOI meeting: \_\_\_\_\_  
***(please allow 6 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:**

**ICOI Credentials Committee**  
55 Lane Road, Suite 305  
Fairfield, NJ 07004

**Phone: 973-783-6300 Fax: 973-783-1175**  
**E-mail: [blukacs2002@yahoo.com](mailto:blukacs2002@yahoo.com)**

# IC<sup>OL</sup> Case Documentation Form

## FELLOWSHIP CANDIDATES

Name \_\_\_\_\_ Date \_\_\_\_\_

**1. Please list twenty (20) completed implant cases (per patient). All of which must be at least 1 year old on this form for Fellowship credentialing.**

- **Please note:** All candidates who restore and place implants: Please list ten (10) completed implant cases that include both surgery and restorations.
- **Practitioner candidates:** pre- and post-operative x-rays and clinical photographs of final cases are the basic requirements 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.

**2. Please use the following coding system to describe your cases:**

**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**

