

Aplikacja "Umiejętność implantologiczna PSI – ekspert ds. implantologii stomatologicznej"

DANE PERSONALNE KANDYDATA

Nazwisko i imię:.....Zawód:.....

Adres zamieszkania.....

(ulica, kod pocztowy, miejscowość, województwo)

tel.:..... fax: ..... e-mail: .....

Miejsce pracy:.....

Stanowisko: .....

Data i miejsce urodzenia.....

Wykształcenie.....

Rok ukończenia studiów i nazwa uczelni .....

Stopień lub tytuł naukowy:.....

Specjalizacja.....

Nr prawa wykonywania zawodu.....

Ilość godzin odbytych szkoleń implantologicznych.....

Ilość lat doświadczenia implantologicznego.....

Zajmuję się:

- a) wszczepianiem implantów
- b) odbudową implantów
- c) wszczepianiem implantów oraz odbudową implantów

.....  
Pieczęćka

.....  
Data

.....  
Własnoręczny podpis

## **DOKUMENTACJA PRZYPADKÓW LECZENIA IMPLANTOLOGICZNEGO (MOŻNA DOŁĄCZYĆ XERO Z DOKUMENTACJI Dyplomate)**

Należy zastosować poniższy system oznaczeń do opisu przedstawianych przypadków:

### **Rodzaj implantu:**

- Implant klasyczny – IK (RF)
- Implant igłowy bikortyczny – IIB (TP)
- Implant żyłkowy – IŻ (PF)
- Implant transkortyczny – IT (TC)
- Inny – (Opis)

### **Procedury dodatkowe:**

- Sterowana regeneracja tkanek – SRT (GTR)
- Autogenny przeszczep kości – APK (ABG)
- Sinus lifting – SL (SA)
- Przeszczep tkanek miękkich – PTM (STG)
- Implantacja natychmiastowa – IN (II)
- Obciążenie natychmiastowe – ON (IL)
- Inny – (Opis)

### **Rodzaj odbudowy protetycznej:**

- Korona pojedyncza – KP (SC)
- Most stały – MS (FBR)
- Proteza nakładkowa – PN (OD)
- Proteza częściowa ruchoma – PCR (RPD)

### **Stan obecny:**

- Satysfakcjonująca funkcja – SF (SF)
- Upośledzona funkcja – UF (IF)
- Powikłanie oraz utrata implantu – PU (FR)
- Ignoruje wizyty kontrolne – IWK (LR)
- Nieznany – N (U)

	NR. IDENT. LUB INICJAŁY PACJENTA	SZCZĘKA/ ŻUCHWA	DATA IMPLANTACJI	RODZAJ IMPLANTU	LEKARZ IMPLANTUJĄCY	PROCEDURY DODATKOWE	DATA ODBUDOWY PROTETYCZNEJ	LEKARZ WYKONUJĄCY ODBUDOWĘ	RODZAJ ODBUDOWY PROTETYCZNEJ	LABORATORIUM PROTETYCZNE	STAN OBECNY
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# ICOI Diplomat Application

(TO BE TYPED OR PRINTED)

Date \_\_\_\_\_

**1. Name & Degrees** \_\_\_\_\_

*As you wish it to appear on your Diplomat certificate and medal*

**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 \_\_\_\_\_  
*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. Number of years a member of the ICOI** (*Membership is necessary.*) \_\_\_\_\_

**6. Number of years a Fellow of the ICOI** (*Fellowship status is necessary.*) \_\_\_\_\_

**7. Number of years a Master of the IPS** \_\_\_\_\_

over

**Prerequisite** Active ICOI Fellowship or IPS Mastership

**Who can apply** All members who place or restore implants.

#### **DIPLOMATE REQUIREMENTS:**

1. Provide a listing of sixty (60) completed implant cases.
  - a. *Candidates who place implants:* Your cases must include two hundred (200) or more individual implants or ancillary procedures all of which must be at least one (1) year old.
  - b. *Candidates who restore implants:* Your cases must include restoration of one hundred (100) or more implants all of which must be at least one (1) year old.
  - c. *Candidates who restore and place implants:* Your cases must include seventy-five (75) or more individual implants or ancillary procedures with restorations all of which must be at least one (1) year old.

*Please record the required cases for credentials on the ICOI Case Documentation Form for Diplomate Candidates.*
2. Document twenty (20) cases and submit with the application. The twenty cases should be detailed individually on ICOI's form as follows:
  - a. Ten (10) cases should be at least five years old and show some diversity in implant selection or ancillary procedures, restorative design and/or materials.
  - b. Ten (10) cases should be of an advanced nature such as treatment of narrow or shallow ridges or utilizing advanced restorative procedures and techniques.
  - c. *Copies of pre-operative and post-operative x-rays are the minimum requirement for case documentation.* Further documentation may include patient slides or photographs, CT scans, pre-operative evaluation and planning forms, treatment consent forms, etc. to further detail a case. All materials may be submitted digitally.

The committee will choose two (2) of the submitted cases that have been in function at least three (3) years and ask the candidate to bring those two cases as well as one recently completed complex case to the oral interview. At the oral interview, these three cases will be discussed. **Please bring only these three complete case files to your interview.**
3. Provide documentation of at least one hundred and fifty (150) continuing implant education hours in the preceding five (5) years (either attending in person or completing courses on-line). These hours may also be attained by teaching courses or seminars or by giving lectures and table clinics using a 4:1 ratio at any ICOI or IPS sponsored or co-sponsored symposia (i.e. two hour lecture equals 8 hours of CE) or a 2:1 ratio for all non-ICOI symposia.
4. Submit evidence of having completed one of the following:
  - a. Authored or co-authored at least three (3) articles or case reports on implant dentistry, one (1) of which must have been submitted or published in our ICOI publication, *Implant Dentistry*.

**or**

  - b. Presented at least three (3) lectures or tabletop presentations at implant meetings within the last five (5) years, one (1) of which must have been at an ICOI or IPS symposium.
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.

*(continued)*

**DIPLOMATE REQUIREMENTS:**

**CONTINUED**

7. Participate in a regional ICOI Diplomate examination. These will be offered during ICOI sponsored or co-sponsored symposia. A written examination will be given as well as an oral interview with examiners from ICOI's Advanced Credentialing Committee.

**8. Diplomate Maintenance Requirement:**

- All ICOI Diplomates 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 Diplomates must also accumulate one hundred fifty (150) hours or more of "implant education" within five (5) years of becoming an ICOI Diplomate. 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.

**Diplomate Processing Fee:** \$1,000.00 (U.S. Funds)

**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 processing and certificate calligraphy)*
- A separate meeting registration form and fee should be submitted indicating that you will be receiving your award at the above meeting.

**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

## DIPLOMATE CANDIDATES

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

**1. Please list sixty (60) completed implant cases on this form for Diplomate credentials.**

- **Candidates who place implants:** Your cases must include two hundred (200) or more individual implants or ancillary procedures all of which must be at least one (1) year old.
- **Candidates who restore implants:** Your cases must include restoration of one hundred (100) or more implants all of which must be at least one (1) year old.
- **Candidates who restore and place implants:** Your cases must include seventy-five (75) or more individual implants or ancillary procedures with restorations all of which must be at least one (1) year old.

**2. Document twenty (20) cases and submit with the application. The twenty cases should be detailed individually as follows:**

- a. Ten (10) cases should be at least five years old and show some diversity in implant selection or ancillary procedures, restorative design and/or materials.
  - b. Ten (10) cases should be of an advanced nature such as treatment of narrow or shallow ridges or utilizing advanced restorative procedures and techniques.
  - c. *Copies of pre-operative and post-operative x-rays are the minimum requirement for case documentation.* Further documentation may include patient slides or photographs, CT scans, pre-operative evaluation and planning forms, treatment consent forms, etc. to further detail a case. All materials may be submitted digitally.
- 3.** The committee will choose two (2) of the submitted cases that have been in function at least three (3) years and ask the candidate to bring those two cases as well as one recently completed complex case to the oral interview. At the oral interview, these three cases will be discussed. **Please bring only these three complete case files to your interview.**

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

<b>Type of Implant:</b>	<b>Ancillary Procedure(s):</b>	<b>Type of Restoration:</b>	<b>Current Status:</b>
Root form— <b>RF</b>	Guided tissue grafts— <b>GTR</b>	Single crown— <b>SCR</b>	Satisfactory function— <b>SF</b>
Small diameter— <b>SD</b>	Autogenous bone grafts— <b>ABG</b>	Fixed bridge— <b>FBR</b>	Compromised function— <b>CF</b>
Plate form— <b>PF</b>	Sinus augmentation— <b>SA</b>	Overdenture— <b>OD</b>	Failed & removed— <b>FR</b>
Subperiosteal— <b>SP</b>	Soft tissue grafts— <b>STG</b>	Partial overdenture— <b>POD</b>	Lost to recall— <b>LR</b>
	Allograft bone grafts— <b>ALG</b>	Fixed-detachable prosthesis— <b>FDP</b>	
	Alloplast bone grafts— <b>APG</b>		



