



American Board of Oral Implantology/Implant Dentistry

211 East Chicago Avenue, Suite 750-B  
Chicago, Illinois 60611-2616  
Phone: 312-335-8793  
Fax: 312-335-9045

Application for American Board of Oral Implantology/  
Implant Dentistry Certification

**Part II Application- Case Submission/ Oral Examination**

\_\_\_\_\_  
**First**                      **MI**                      **Last**                      **Degree**

Last 4 digits of SS# \_\_\_\_\_

**Preferred Mailing Address:**

\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ @ \_\_\_\_\_

Have you passed Part I of the ABOI certification examination?

If yes, when \_\_\_\_\_

\_\_\_\_\_ I am submitting this application in conjunction with my Part I application

## Part II ABOI Application: Preparing Your Cases

Part II of the ABOI application must include a list of cases that satisfy the requirements outlined below. Once your application is approved and you are contacted to move forward in the examination process, the cases you have chosen will be the cases you will defend during this portion of the examination process.

You will be required to submit ten (10) cases in all. The first five (5) cases must comply with the following list:

Case 1: Edentulous mandible with implant support that includes – Four (4) or more root form implants which must be a minimum of 3.25mm in diameter

Case 2: A posterior quadrant in a partially edentulous mandible  
Implant support must have included a system that includes two or more root form implants which must be a minimum of 3.25mm in diameter

Case 3: A partially or fully edentulous arch requiring osseous augmentation with implant support of 2 or more root form implants which must be a minimum of 3.25mm in diameter

Case 4: Anterior maxilla with implant support that includes one or more root form implant(s) with a minimum diameter of 3.0 mm

Case 5: Edentulous maxilla OR bilateral maxillary posterior edentulous regions with implant support of four (4) or more root form implants which must be a minimum of 3.25mm in diameter

Cases 6-10 Cases 6-10 are to be selected by candidate. Note: there is no specific case type required, cases containing mini-implants (defined as less than 3.0mm in diameter) for long term prosthetic support are *not acceptable* for the purpose of the Part II examination.

Go to [www.aboi.org](http://www.aboi.org) for the powerpoint template used for case submission. No other formats will be accepted.

If you have any questions while you are compiling information to submit your cases, please contact the ABOI Headquarters directly.

## **Guidelines for submitting your cases:**

All cases are to be submitted to the ABOI Headquarters electronically, either on a CD or flashdrive in the powerpoint template provided at [www.aboi.org](http://www.aboi.org)

Please be sure to de-identify your cases which means:

- remove patients full name- use only initials
- remove your practice name from any documents provided
- remove your name from any documents provided

You may not use one patient for more than one case.

Your cases must have been fully restored for a period of at least one year at the time of application and be ones for which you have complete documentation.

The case has not been made available to another applicant for listing or use in the ABOI/ID certification application or examination

Leave corresponding dates on treatment documentation so that the case can be reviewed in the chronological order of events.

An acceptable bone graft procedure that would be admissible and fulfill the requirements for Case 3 would be: a surgical procedure performed to increase the dimensions of a potential implant site, which may include: a sinus elevation with bone grafting, an onlay block graft, etc. Placement of only synthetic or bovine bone in an extraction site is not acceptable for Case 3 submission. Additionally, an onlay graft either lateral or vertical with block or particulate grafting is acceptable if a retentive barrier is used.

### **Required Radiographs:**

- Remember to de-identify your radiographs
- Make sure dates of radiographs are present
- Required radiographs:
  - Pre-Op(s)
  - Post Surgical(s)
  - Post Prosthetic(s)
  - Image with the final restoration(s) in function for a minimum of one (1) year
- CT scans are admissible

### **Required Photographs:**

- Remember to de-identify your photos
- Required photos:
  - Occlusal view of maxillary arch
  - Occlusal view of mandibular arch
  - Frontal view in maximum intercuspation position
  - Left side
  - Right side
- For cases that involve an implant supported / retained removable prostheses:
  - Occlusal views of all implant attachment mechanisms (intra-oral)
  - Views of tissue surface areas of the removable prostheses

## Key for case submissions

<b>Key for Additional Data to be Entered in the Columns for cases being submitted</b>					
<b>Opposing dentition</b>		<b>Prosthetic restoration</b>		<b>Current status</b>	
Natural	<b>N</b>	Single freestanding implant	<b>FSI</b>	Satisfactory function	<b>S</b>
Fixed partial denture	<b>FPD</b>	Cemented prosthesis	<b>CP</b>	Impaired function	<b>IF</b>
Removable partial denture	<b>RPD</b>	Fixed detachable prosthesis	<b>FD</b>	Failed and removed	<b>FR</b>
Complete denture	<b>CD</b>	Bar overdenture	<b>BOD</b>	Lost to recall/ patient treated elsewhere	<b>LR</b>
		Overdenture, no bar	<b>O</b>	Deceased	<b>D</b>
				Unknown	<b>U</b>



