



American Board  
of Oral Implantology

Knowledge. Certification. Excellence.

## **2022 Part II Oral Examination Application**

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

Last 4 digits of SS# \_\_\_\_\_ OR 4 digits \_\_\_\_\_  
(This will be your candidate number)

### **Preferred Mailing Address:**

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 in conjunction with my Part I application

## **ABOI/ID Part II Examination: Oral Examination**

Part II of the ABOI/ID application is related to the oral examination in which you will rotate through a series of stations comprised of standardized cases developed by the ABOI/ID and a discussion of a minimum of 4 of the required cases that the candidate submitted to the ABOI/ID.

When your application is submitted you must also digitally submit your cases via WeTransfer to [diplomate@aboi.org](mailto:diplomate@aboi.org). Both application and cases are due no later than December 1 prior to the year you plan on taking the ABOI/ID oral examination. Once your application is submitted, your cases will then be reviewed and you will receive confirmation that both your application and cases have been accepted. 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. Cases may not be changed once they have been submitted to the ABOI/ID Board.

- You will be required to submit eight (8) cases in all.
- You may not use the same patient for multiple cases.
- Your cases must also be restored and functional for a minimum of one year at the time of case submission.

Required cases:

1. Edentulous mandible or maxilla with a full arch removable implant overdenture, utilizing two (2) or more implants.
2. Edentulous posterior maxilla with pneumatized maxillary sinus requiring at least 5 mm of lateral approach sinus augmentation and two (2) or more implants and its restoration.
3. Anterior maxilla with one or more root form implants and its restoration.
4. Any extraction with immediate implant placement or extraction with ridge preservation and delayed implant placement and its restoration.
5. Edentulous mandible or maxilla with four (4) or more root form implants supporting a fixed complete implant prosthesis.
6. An edentulous posterior mandible or maxillary quadrant with two (2) or more root form implants and its restoration.
7. Edentulous areas with more than two teeth missing and a deficient ridge requiring vertical or horizontal augmentation and the subsequent placement of two (2) or more root form implants and its restoration.
8. Case type to be determined by the candidate. The case **cannot** be a single tooth replacement.

The following pages will provide a guide for you while you are compiling information for case submission. Please submit the first eight (8) cases in the order listed above.

### General Information

Candidates for the ABOI/ID Diplomate examination must submit eight (8) case reports for the Part II oral examination. The candidate must have provided surgical and or restorative treatment for each of the cases that are submitted. Each case must be on a different patient and must be restored and functional (final prosthesis) for a minimum of one year **at the time of case submission**.

**Case reports are due to the ABOI/ID headquarters on or before January 15, 2022.** The applicant is responsible for ensuring that the case reports arrive on or before that date. The submitted reports become the property of the American Board of Oral Implantology/ Implant Dentistry and will not be returned.

Part of your grade is completeness of your cases. It is important to submit your very best cases with clear diagnostic photographs and radiographs.

### Case Reports

- You will be asked to develop narratives for your cases, the Board asks that they are clear and concise with little extraneous information.
- **Do not include your name, practice name and address on any documentation provided.**
- Patient names should not be shown on any of the documentation provided.
- ALL radiographs and photographs must be clearly dated and labeled what they are.
- If a CT scan has been submitted for a case, a panoramic view and representative slices of the scan may be submitted. CT scans are not required.

### How to submit your cases

- Cases must be submitted digitally via WeTransfer to [diplomate@aboi.org](mailto:diplomate@aboi.org) no later than December 1 of prior to year you plan on taking the Part II oral examination.
- Your cases should be labeled with the case number and patients initials:
  - Case 1- SM
  - Case 2- AL
- The first slide for each case should have the following information:
  - Candidate number
  - Case number
  - Patient's initials
- Complete the template in its entirety for each case
  - Do not leave any section blank
  - If you do not have the information or it does not apply, provide rationale

- Radiographs:  
**Remember to de-identify your radiographs**
  - 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
- Photographs:  
**Remember to de-identify your photos**
  - Required photos: **(post-op) Pre-Op photos are optional at this time**
    - Occlusal view of maxillary arch
    - Occlusal view of mandibular arch
    - Frontal view in maximum intercuspation position (MIP)
    - Left side in MIP
    - Right side in MIP
- 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

Please submit your application electronically to [diplomat@aboi.org](mailto:diplomat@aboi.org). The power point templates that are used for submission of your cases can be found on the ABOI website [www.aboi.org](http://www.aboi.org) or by calling the ABOI Headquarters at 312-335-8793. Completed cases must be submitted to [diplomat@aboi.org](mailto:diplomat@aboi.org) via WeTransfer on or before January 15, 2022.

## **2022 Application Policies, Fees and Deadlines**

Part I application fee                      \$500.00

Part I examination fee                      \$600.00  
(Part I examination fee waived for Route 1,2, and Fellows of AAID)

Part II examination fee                      \$1000.00  
(Oral exam/case presentations)

Applicable fees must accompany your application(s). Fees are non-refundable and must be in U.S. dollars drawn from a U.S. bank. Please make checks payable to ABOI/ID & mail to:

ABOI/ID  
211 E. Chicago Avenue, Suite 1100  
Chicago, IL 60611

We also accept Visa, Mastercard & American Express. Please find the credit card submission form on the following page.

A cancellation of \$400.00 will apply for any candidate requesting to cancel any portion of the certification exam within 45 days of the date of the scheduled examination.

The Re-Examination fee is \$400.00

Part II must be successfully completed within four years of receipt of the Part I application.

**Application and cases for the oral examination are due no later than January 15, 2022.**

Case submission is required **at the same time** of application for the oral examination. Please await confirmation from the ABOI/ID Headquarter office before scheduling travel arrangements for examination.

Examination dates vary from year to year and will be posted on the ABOI website as soon as they are available; Check <https://www.aboi.org/> for current testing dates.



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### **Credit Card Payment Submission**

Name as it appears on credit card: \_\_\_\_\_

VISA\_\_\_\_\_ MASTERCARD\_\_\_\_\_ AMERICAN EXPRESS\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code on back of card:\_\_\_\_\_Billing Zip code: \_\_\_\_\_

Amount: \_\_\_\_\_

I authorize the American Board of Oral Implantology to charge the above amount to my credit card.

Signature:\_\_\_\_\_Date: \_\_\_\_\_