

AMERICAN BOARD OF ORAL IMPLANTOLOGY/IMPLANT DENTISTRY PART II ORAL EXAMINATION APPLICATION

CANDIDATE INFORMATION

Please complete the information in its entirety.

Once your application is completed, email it to:

Applications@aboi.org

Name Choose a 4-digit candidate number: Address City State/Province

Postal Code

Country

Email address

Phone Number

Have you passed Part I of the ABOI certification examination?

If yes, when _____

_____I am submitting this in conjunction with my Part I application

American Board of Oral Implantology/Implant Dentistry 211 E Chicago Avenue, Chicago, Il 60611

PART II ORAL EXAM CASE DETAILS

Once your application is completed, email it to:

Applications@aboi.org

Cases must be sent via WeTransfer to: Applications@aboi.org 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.

General Information

Candidates for the ABOI/ID Diplomate oral examination must submit eight (8) case reports. 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 January 15 the year the examination takes place. 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. Cases must be submitted utilizing WeTransfer. Please do not mail cases to the ABOI Headquarters.

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.
- <u>Do not include your name, practice name and address on any documentation</u> <u>provided.</u>
- 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 Applications@aboi.org
- Your cases should be labeled with the case number and patients initials:
 - Case 1- SM

O 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

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The power point templates that are used for submission of your cases can be found on the ABOI website <u>www.aboi.org</u> or by calling the ABOI Headquarters at 312-335-8793. Completed cases must be submitted to <u>Applications@aboi.org</u> via

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 mechanism (intra oral)
- Views of tissue surface areas of the removable prostheses

Please submit your application electronically to <u>Applications@aboi.org</u>.

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APPLICATION POLICIES, FEES AND DEADLINES

Part I application fee	\$500.00
Part I examination fee (If you are exempt from taking the writt	\$600.00
(if you are exempt from taking the write	en exam uns ice is warved)

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>U.S. dollars</u> drawn from a U.S. bank. Payment for fees must be paid by credit card utilizing the credit card payment form provided in this application.

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 deadlines will be posted on the ABOI website on a yearly basis. Go to <u>www.aboi.org</u> to confirm dates.

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 <u>www.aboi.org</u> for current testing dates.

Please email completed application and accompanying paperwork to applications@aboi.org



CREDIT CARD PAYMENT SUBMISSION FORM

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 America card.	an Board of Oral Implant	ology to charge the above amount to my credi	it
Signature:			
Date:			
Email address for receip	pt:		

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