



**AMERICAN BOARD OF ORAL IMPLANTOLOGY/IMPLANT DENTISTRY CANDIDATE APPLICATION**

**Please select the appropriate route below:**

**Go to page 2 if you have previously submitted your application and passed Part I, but need to complete Part II for the first time.**

**Route 1-General Dentists (US & Canada)**

The following are pre-requisites for ABOI/ID Diplomate Certification Part I (Written Examination) \*

1. Applicant must be a DMD/DDS or equivalent
2. Continuing education (CE) totaling 670 hours specific to implant dentistry and verified on certifying organization letterhead or copies of CE certificates. Or if you are an AGD member, please submit your AGD CE transcript for verification.
3. Completion of the following programs will satisfy additional continuing education credits.

	1-year GPR or AEGD	1-year Fellow	2-year GPR or AEGD	AAID Associate Fellow	AAID Fellow*
CE Credit	100	100	200	100	200

\* AAID Fellowship will satisfy all requirements of the ABOI/ID Diplomate certification and is exempt from the Part 1 written examination.

**Route 2-International Dentists (Route 2 applicants must complete Part I written examination)**

The following are pre-requisites for ABOI/ID Diplomate Certification Part I (Written Examination)

1. Applicant must be a practicing dentist certified by a licensing board.
2. Continuing education (CE) totaling 670 hours specific to implant dentistry and verified on certifying organization letterhead or copy of CE. Or if you are an AGD member, please submit your AGD CE transcript for verification.
3. Completion of the following programs in US or Canada will provide additional continuing education credits towards the required 670 hours.

	1- year GPR or AEGD	1-year Fellow	2-year GPR or AEGD	AAID Associate Fellow	AAID Fellow
CE Credit	100	100	200	100	200

Residency	Oral Surgery	Prosthodontics	Periodontics	Implantology
CE Credit	350	350	350	350

**Route 3-ADA Specialist in the US and Canada (Route 3 applicants are exempt from Part 1 Written Examination)**

Completion of an approved hospital, university, or dental school residency training program in oral surgery, prosthodontics, periodontics, and implant dentistry will satisfy all requirements for Part I of the ABOI/ID Diplomate certification.



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EXAM AND CANDIDATE INFORMATION

**This is a fillable PDF form and not an on-line application. Save the form to your computer or print it as a paper application. Once completed, email it to [applications@aboi.org](mailto:applications@aboi.org) and allow 4-6 weeks for processing. Incomplete applications will result in processing delays. After your application has been approved and your application fee has been processed, you will receive exam fee payment information and other exam details.**

**I am applying for the following examination/s, make your selection below:**

Part I Written Exam

Part II Oral Exam

If only Part II, please specify and select from the following:

I am an AAID Fellow and Exempt from Part I

I am a Specialist in US or Canada and Exempt from Part I

I passed Part I in

**\*Previously submitted applications from up to four years ago *don't require* an application fee. Only fill out and submit pages 2, 5 and 7 of this application. Review page 3 and include any changes/updates.**

CANDIDATE INFORMATION (FOR ABOI USE ONLY)

**Name (First Middle Last):**

*Name must match two legal forms of identification.*

**Address:**

**City:**

**State/Province**

**Zip/Postal Code:**

**Country:**

**Cellphone:**

**Primary Email:**

OFFICE INFORMATION

**Office Name:**

**Office Address:**

**City:**

**State/Province:**

**Zip/Postal Code:**

**Country:**

**Office Phone:**

**Office Email:**



**EDUCATION INFORMATION-Routes 1,2 and 3**

**Dental Degree (i.e., DDS, DMD or BDS):**

**Name of Dental School:**

**Location:**

**Date Graduated:**

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**SPECIALTY INFORMATION-Route 3**

Completion of an approved hospital, university, or dental school residency training program in oral surgery, prosthodontics, periodontics, and implant dentistry will satisfy all requirements for Part I of the ABOI/ID Diplomate certification. Provide a copy of your specialty certificate.

**Name of Institution:**

**Location:**

**Degree Obtained:**

**Date Graduated:**

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**PROFESSIONAL DENTIST LICENSURE INFORMATION-Routes 1,2 and 3**

Provide a copy of professional dentist license with current expiration date.

**State/Territory:**

**License Number:**

**Expiration date:**

**Has your license ever been revoked? If so, explain:**



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670 CE Hours must be implant related. Below are examples.

- Treatment Planning
- Implant Surgery
- Periodontology
- Prosthetics
- Bone Grafting
- Soft Tissue Grafting
- Restoration
- Anesthesia
- Occlusion (non ortho related)
- Anatomy
- Computer Diagnostics
- Esthetics/Cosmetic Radiology
- Pharmacology
- Conscious Sedation
- CPR/Medical Emergency Training- can claim one time.

If you are an AGD member, you may submit a copy of your CE transcript.

If you need additional space, attach a separate document with your CE listing.

Type in your CE hours for an automated grand total.

For Route 1 and 2 applicants, list your CE coursework and provide copies of your CE certificates. Type in your hours for an automated grand total.

**Name of Program:**

**Number of CE hours awarded:**

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**Number of CE hours awarded:**

**Name of Program:**

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**Name of Program:**

**Number of CE hours awarded:**

**Grand Total:**

CERTIFICATION AND RELEASE

I, \_\_\_\_\_, hereby certify that the foregoing information is true and correct to the best of my knowledge, and I understand that my electronic signature submitted with my application shall serve as my verification of the information I submitted to ABOI and as confirmation of my identity.

I hereby agree to advise ABOI immediately in writing of any changes in my status that would amend or alter the information I have provided in my application. If the American Board of Implantology/Implant Dentistry (“ABOI”) awards me a Diplomate certification; I agree to uphold the principles and the objectives of ABOI and to abide by its bylaws.

I hereby agree to waive and relinquish all claims I may have arisen out of, or in connection with, this application, the grade or grades given to me with respect to the oral and/or written examinations administered to me by ABOI, or the decision of ABOI to issue me a Diplomate certification, or any other certification.

I hereby fully release, discharge, and exonerate ABOI, its directors, officers, members, examiners, representatives, and agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, this application, the grade or grades given to me with respect to the oral and/or written examinations administered to me by ABOI, or the decision of ABOI to issue me a Diplomate certification, or any other certification.

I hereby acknowledge and understand that the ABOI’s decision(s) whether my oral and/or written examinations qualify me for a Diplomate certification or any other certification, vest solely and exclusively in ABOI. I understand that, in the event of any dispute between ABOI and me, ABOI’s decision(s), including any decision after the completion of the appeal process set forth by ABOI, is/are final and binding.

Applicant’s Signature:

Date:



AUTHORIZATION TO RELEASE ACADEMIC  
INFORMATION FORM

**Notice:** By signing below you are authorizing the ABOI a one-time release of personal school record information from the following institution:

I, \_\_\_\_\_ hereby authorize the release of my personal transcript and professional training / academic information and records to the American Board of Oral Implantology/ Implant Dentistry and its agents.

I authorize the release of the following information:

Grade reports from all classes attended

Confirmation of completion status

Should you need to contact me regarding this authorization, I can be reached at the following phone number:

Name:

Phone:

Years attended:

Signature:

Date:



## CONFIDENTIALITY AGREEMENT

I hereby attest that I will not divulge the nature or content of any question or answer on the ABOI/ID Certification examination to any individual or entity, and I will report to the ABOI/ID Board of Examiners any solicitations and disclosures of which I become aware.

I will not remove, or attempt to remove, any ABOI/ID Examination materials, notes, or other unauthorized materials from the examination room.

I understand that failure to comply with this attestation may result in invalidation of my grades, disqualification from future examinations, and possible civil penalties and liability.

Candidate Signature:

Print Name:

Date:

APPLICATION POLICIES, FEES AND DEADLINES

**Application Fee**

\$600.00

Application fee is non-refundable and non-transferable. Once your application is approved and payment has been processed you will receive information on how to submit your exam fees along with more details regarding the exam/s.

**Exam Fees\***

Part I Written Examination Fee	\$700.00 (non-transferable)
Part II Examination Fee	\$1200.00 (non-transferable)
Re-Examination Fees	\$700 for Part I, \$1200 for Part II
Cancellation Fee, if canceled less than 30 days of the scheduled exam.	\$400.00

\*Exam Fees are non-transferable, see below for refund policy.

**Refund Policy for Exam Fees**

- To receive a full refund of the Part I and/or Part II exam fees you must contact ABOI/ID 30 days or more prior to the scheduled examination date.
- If canceled less than 30 days of the exam, a \$400.00 cancellation fee will be assessed.
- If canceled within 7 days or if a candidate is a no show, no refund will be issued.

**Exam Policies**

- Both Part's I & II must be successfully completed within four years of original application. You will have three opportunities within four years to complete the exams.
- Part II must be successfully completed within four years of passing Part I.
- If you need to re-take Part I or II, the full amount of the exam fee will be charged.
- Application deadline is **January 15** the year the examination/s will be taken.
- Case submission is required **once you have been approved** for the Oral Examination.
- All applications and case submissions become the property of the ABOI/ID and will not be returned to applicant once submitted.
- Examination dates vary from year to year and will be posted on the [ABOI website](http://aboi.org).





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Please select a payment option below:

Click on this link for a secure way to pay. <https://buy.stripe.com/7sI16O5m17pp8kE8ww>

Fill out the below form and include with your application.

Call the office at 312-335-8793 to pay over the phone.

Credit card payments are preferred, but will also accept checks.

Make Payable to: ABOI/ID

Mail to:

ABOI/ID-Applications

211 E Chicago Ave, Suite 1100

Chicago, IL 60611

CREDIT CARD PAYMENT SUBMISSION FORM

VISA

MASTERCARD

AMERICAN EXPRESS

Card Number:

Expiration Date:

CVV Code:

Billing Zip code:

I authorize the American Board of Oral Implantology to charge the \$600 application fee to my credit card:

Signature:

Date:

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211 E Chicago Avenue 1100, Chicago, IL 60611

[applications@aboi.org](mailto:applications@aboi.org)