



AMERICAN BOARD OF ORAL IMPLANTOLOGY/IMPLANT DENTISTRY RE-EXAMINATION APPLICATION

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 and allow 4-6 weeks for processing. Incomplete applications will result in processing delays. After your application has been approved you will receive payment options for exam fees and exam details.

I AM RE-APPLYING FOR THE FOLLOWING EXAMINATION/S.

- Check the box for Part I, Part II or both and select year exam/s previously taken. If prior to 2018, a new application will be required.

Part I Written Exam

Select year exam previously taken.

Part II Oral Exam

Select year exam previously taken.

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:

Primary Email:

OFFICE INFORMATION

Office Name:

Office Address:

City:

State/Province:

Zip/Postal Code:

Country:

Office Phone:

Office Email:



Since you last applied, has any information on this page changed?
If yes, fill out below and include copies of certificates and/or your license. If no, skip to page 4.

EDUCATION INFORMATION

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

Name of Dental School:

Location:

Date Graduated:

SPECIALTY INFORMATION

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.

Name of Institution:

Location:

Degree Obtained:

Date Graduated:

PROFESSIONAL DENTIST LICENSURE INFORMATION

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Has your license ever been revoked?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:



Only fill out this page if your education has changed since original application

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:



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:



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

After your application has been approved you will receive payment options for exam fees and exam details.

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.
- 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://www.aboi.org).