

AMERICAN BOARD OF ORAL IMPLANTOLOGY/IMPLANT DENTISTRY APPLICATION

Candidate Routes

Route 1 (Route 1 applicants must complete Part I written examination)

General Dentist

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 verified on certifying organization letterhead or copy of CE certificates specific to implant dentistry. Completion of the following programs will satisfy additional continuing education credits.

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

* AAID Fellowship will satisfy all requirement for Part I of the ABOI/ID Diplomate certification and is exempt from the Part 1 written examination

Route 2 (Route 2 applicants must complete Part I written examination)

International Applicants

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 verified on certifying organization letterhead or copy of CE certificates specific to implant dentistry. completion of the following programs will satisfy additional continuing education credits. Completion of the following programs in US or Canada will satisfy additional continuing education credits.

	1- year GPR	1-year Fellow	2-year GPR	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 (Route 3 applicants exempt from Part 1 written examination)

ADA Specialist in the US and Canada

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.

CANDIDATE INFORMATION

Please complete the information in its entirety.

Don't forget to:

Provide copies of corresponding certificates relating to the route you are applying through

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

Route you are applying under:

Route 1- General Dentist in the United States or Canada

_____ 1 Year GPR

_____ 1 Year Fellowship

_____ 2 Year GPR

_____ AAID Associate Fellow

_____ AAID Fellow

Route 2: International Dentist

_____ 1 Year GPR

_____ 1 Year Fellowship

_____ 2 Year GPR

_____ AAID Associate Fellow

_____ AAID Fellow

Route 3: Dental Specialist

_____ Periodontics

_____ Oral and Maxillofacial Surgery

_____ Prosthodontics

_____ Implantology

EDUCATION AND
LICENSURE
INFORMATION

Please complete the
information in its entirety.

Once your application is
completed, email it to:

Applications@aboi.org

Undergraduate Dental Education:

Name of Institution:

Location:

Degree Obtained:

Date Graduated:

License Information:

License Number and from where:

Expiration date:

Had your license ever been revoked?

If so, explain:

CONTINUING
EDUCATION /
SPECIALTY
CERTIFICATE

CERTIFICATES TO
PROVIDE AS AN
ATTACHMENT TO YOUR
APPLICATION:

For General Dentists and
International dentists list
your CE information here
and provide copies of
your CE certificates

GPR Residency certificate
of completion

AAID Associate Fellow or
Fellow certificate

Specialty certificate

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

Name of Program:

Number of CE hours awarded:

Name of Program:

Number of CE hours awarded:

Name of Program:

Number of CE hours awarded:

Name of Program:

Number of CE hours awarded:

Name of Program:

Number of CE hours awarded:

Name of Program:

Number of CE hours awarded:

Name of Program:

Number of CE hours awarded:

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 any and 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.

Dated: _____

Applicant’s Signature

AUTHORIZATION TO RELEASE ACADEMIC
INFORMATION FORM

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

I _____ hereby authorize the release of my private 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:



American Board
of Oral Implantology
Knowledge. Certification. Excellence.

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

Part I application fee	\$500.00
Part I examination fee (If you are exempt from taking the written exam this fee is waived)	\$600.00
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. 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 www.aboi.org 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 www.aboi.org for current testing dates.

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



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

Signature: _____

Date: _____

Email address for receipt: _____