

Knowledge. Certification. Excellence.

## American Board of Oral Implantology/Implant Dentistry Examiner Application

Thank you for your interest in being an examiner for the American Board of Oral Implantology/ Implant Dentistry.

To be considered as an examiner you must have been a Diplomate for at least 3 years and in good standing with the ABOI/ID.

**Regardless of whether you have served as an examiner in the past**, you must complete this application and submit it to the ABOI Headquarters.

- Examiners will be chosen on a yearly basis with no term specified to service as an examiner. No examiner shall serve for more than ten (10) years however in the case of an emergency, it will be at the discretion of the Part II Examination Chair to appoint an examiner.
- Examiners are not compensated for their service as an examiner to the ABOI/ID. Examiners are
  reimbursed for their travel expenses and other reasonable expenses that are outlined in the ABOI/ID
  reimbursement policy.
- Complete a confidentiality agreement, conflict of interest and disclosure forms provided by the ABOI/ID.
- To continue service as an examiner, you must resubmit an application every three (3) years.

Please complete the ABOI/ID examiner application form and send it to the ABOI/ID headquarters with a 2" X 2" photograph (the photo must be a hard copy photograph) and your CV.

Applicants that are not selected may re-apply by contacting the ABOI/ID Headquarters office each year for re-submission of their application.

Please mail or email your application to:

American Board of Oral Implantology/Implant Dentistry 211 E. Chicago Avenue, Suite 1100 Chicago, Il 60611 applications@aboi.org

Applications must be received no later than October 15

Incomplete applications will not be considered

## ABOI/ID Examiner Application

Application for American Board of Oral Implantology/Implant Dentistry 211 East Chicago Avenue, Suite 1100 Chicago, Illinois 60611-2616 Phone: 312-335-8793

| First            | MI                           | Last                | Degree                                    |     |
|------------------|------------------------------|---------------------|---|-----|
|                  |                              |                     |   |     |
| referred Mailing | Address                      |                     |   |     |
|                  |                              |                     |   |     |
| City             | State                        |                     | Zip Code                                  |     |
|                  |                              |                     |   |     |
| Country          |                              |                     |   |     |
|                  |                              |                     |   |     |
| nail address:    |                              |                     |   |     |
| I ai             | m a Diplomate in good star   | nding for the past  | three (3) years                           |     |
|                  | nave attached my CV          |                     | \   |     |
|                  | X 2" photograph              |                     |   |     |
| I h              | nave read and understand the | ne parameters set f | Forth by the ABOI/ID to be an examination | ner |
|                  |                              |                     |   |     |
|                  |                              |                     |   |     |
| gnature          |                              |                     | Date                                      |     |