



GCOI FELLOWSHIP APPLICATION

(To be Typed or printed)

Preferred name:

(As you wish it to appear on the certificates, directories, etc)

Date of Birth: Gender: Citizenship:

Contact information:

Mailing address:

City: State/Province: Postal code:

Phone no: Email address:

Educational Background: _____

Dental school Degree(s): _____ Date of graduation: _____

Postgraduate Education (List relevant programs and institutions): _____

Years of clinical experience in dentistry: _____ Years of experience in oral implantology: _____

Current practice type (Solo,group,academic,etc): _____

Professional website or online presence(URL): _____

Country of Licensure: _____ License #: _____

Speciality: _____ AGD #: _____

Number of years a member of the GCOI(membership is Madatory) _____

Prerequisite: **Active GCOI Membership**

Who can apply: All members who place implants, restore implants and/or fabricate implant prostheses.

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FELLOWSHIP REQUIREMENTS

Live Patient and Course Credits:

- Attend a Live Patient course.
- Obtain 30 hours of course credits from GCOI affiliated centres of excellence or other approved dental implant courses.

Continuing Education (CE) Documentation:

- Submit the completed CE forms, along with a copy of the certificate of completion for the Live Patient course and other relevant courses.
- Provide any additional documentation confirming the completion of the required course hours.

Clinical Case Submissions:

- Option 1: Submit documentation for 20 completed implant cases, including detailed outlines and photos (digital or panoramic).
- Option 2: Attend GCOI affiliated centres of excellence Live Patient program, and the requirement for case submissions will be waived.

Letters of Recommendation:

Provide two letters of recommendation from current International Dental Implant Association Diplomates.

Publication:

Author or co-author an article or case report on implant dentistry.

Experience:

Practice implant dentistry for a minimum of 2 years.

Symposium Participation:

- Attend the Annual Symposium induction ceremony.
- Attend the annual symposium within 2 years of starting the Fellowship process. Additional Continuing Education:
Obtain an additional 30 hours of implant-related continuing education.

Fellowship Fee: 300 Euros

Please note: **CREDENTIALS MUST BE AWARDED AT A GCOI SPONSORED OR CO-SPONSORED SYMPOSIUM**

Check GCOI website at <https://www.globalcoi.com/> for complete listing I would like to receive my award at the following GCOI conference:



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(please allow 6 weeks for application and certificate processing)

A separate conference registration form and fee will be required at the meeting where you will be receiving your award.

Dues and payment:

Please visit our website or contact the GCOI office for current membership dues information and payment options.

Declaration:

I understand and agree to abide by the bylaws and code of ethics of the Global College of Oral Implantology, I declare that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

Please submit your completed application electronically to (email address) or by mail to **mail@globalcoi.com**

Thank you for your application! We look forward to welcoming you to the GCOI community.



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GCOI CASE DOCUMENTATION FORM

Please submit 20 completed implant cases (per patient). All of which must be at least one year old on this form for fellowship credentialing.

- Please note: All candidates who restore and place implants: Please list ten (10) completed implant cases that include both surgery and restorations.
- Practitioner candidates: pre- and post-operative x-rays and clinical photographs of final cases are the basic requirements for case documentation.
- Laboratory technician candidates: photographs or slides of completed cases on master casts or intra-orally are the minimum requirement for case documentation.

- Further documentation may include patient slides or photographs, CT scans, pre-operative evaluation and planning forms, lab and restorative work authorization forms, and/or patient treatment consent forms, etc. to further detail a case. All materials may be submitted digitally.

Please use the following coding system to describe your cases:

Type of Implant:

Root form-RF, Small diameter-SD, Plate form-PF, Subperiosteal-SP, Narrow Ridge-NRI

Type of Restoration:

Single crown—SCR, Fixed bridge—FBR, Overdenture—OD, Partial overdenture—POD, Fixed-detachable prosthesis—FDP

Current Status:

Satisfactory function-SF, Compromised function—CF, Failed & removed—FR Lost to recall—LR.

