

European Association of Dental Implantologists

Address of applicant:										
Full name		Date								
Full address										
Email contact _										
Forward by mail or F	AX to:									
European Association Lipowskystr. 12 D – 81373 Munich Germany office@bdizedi.org FAX +49 (0)89 720 69	of Dental Implantologists (BDI	Z EDI)								
Examination "Expert in Implantology EDA"										
Application for Accreditation										
I herewith apply for the Association).	e examination "Expert in Implar	ntology EDA" (ED	A = European Dental							
I'm qualified for	r examination as defined below	r:								
Member of BDIZ EDI		YES	NO							
Member of the following Societies/Associations	ng s:									

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I am:	Dental clinic	ian C	Oral surgeon		Maxillo-facia		al surgeon	
I fulfil tra	I fulfil training requirements of 250 hours of postgraduate education YES							NO
EDUCA	TION AND EXPER	IENCE:						
Surgery: Inserted implants			less th	nan 400	moi	re than 4	400	
		Sinus lift: Close to nerve of Advanced atrop Soft tissue augr Bone augmenta	hy of jaw: nentation:	YES YES YES YES YES		NO NO NO NO		
	odontics: tics on implants	le	ess than 150		more t	han 150		
I state th	nat I have done a m	ninimum of 10 % o	f above cited	d proced	ures.			
During 6	examination I will be	e able to present o	locumentatio	on of 10	treatme	ent case	S.	
					YES	NO		
reject m	tand that examinat y application. Furth s have been inserte	ermore, I state tha	at all images	l'II be pi				•
-	Signature of Applica	ant				Date		

After passing the exam successfully and after examination fee has been received, I will be certified "Expert in Implantology EDA".

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