



European
Association of
Dental
Implantologists

Address of applicant:

Full name _____

Date _____

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Examination „Expert in Implantology EDA“

Application for Accreditation

I herewith apply for the examination „Expert in Implantology EDA“ (EDA = European Dental Association).

I'm qualified for examination as defined below:

Member of BDIZ EDI

YES

NO

Member of the following

Societies/Associations: _____

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