



European
Association of
Dental
Implantologists

Address of applicant:

Full name _____

Date _____

Full address _____

Email contact _____

Forward by mail or FAX to:

European Association of Dental Implantologists (BDIZ EDI)
Mühlenstr. 18
D – 51143 Cologne
Germany
office@bdizedi.org
FAX +49 (0)2203-9168-822

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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I am: Dental clinician Oral surgeon Maxillo-facial surgeon

I fulfil training requirements of 250 hours of postgraduate education YES NO

EDUCATION AND EXPERIENCE:

Surgery:

Inserted implants less than 400 more than 400

Sinus lift:	YES	NO
Close to nerve operation:	YES	NO
Advanced atrophy of jaw:	YES	NO
Soft tissue augmentation:	YES	NO
Bone augmentation:	YES	NO

Prosthodontics:

Prosthetics on implants less than 150 more than 150

I state that I have done a minimum of 10 % of above cited procedures.

During examination I will be able to present documentation of 10 treatment cases.

YES NO

I understand that examination committee will review my qualifications and vote to accept or reject my application. Furthermore, I state that all images I'll be presenting are my own and implants have been inserted and prosthetically treated by myself.

Signature of Applicant

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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