



Applicant's address:

Full name:

Full address:

.....

.....

E-mail:

Date:

Forward by mail or fax to:

European Association of Dental Implantologists (BDIZ EDI)
Mühlenstr. 18
51143 Köln
Germany

office@bdizedi.org

Fax: +49 2203 9168822

**Certification exam: EDA Expert in Implantology
Application for accreditation**

I hereby apply for the EDA Expert in Implantology certification exam (EDA = European Dental Association).

I am qualified for this exam as defined below:

Member of BDIZ EDI yes no

Member of the following Societies/Associations:

I am: a dental clinician an oral surgeon a maxillofacial surgeon

I meet the training requirement 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: yes no

Advanced atrophy of the jaw: yes no

Soft-tissue augmentation: yes no

Bone augmentation: yes no

Prosthodontics:

Implant-supported restorations: less than 150 150 or more

During the exam, I will be able to present documentation for 10 treatment cases. yes no

I understand that the examination board will review my qualifications and vote to accept or reject my application. Furthermore, I declare that all images I present are my own and that the implants have been inserted and prosthetically restored by me.

.....
Applicant's signature

.....
Date

Having successfully passed the exam and paid the requisite fee, I will be certified as EDA Expert in Implantology.