Applicant's address:					
Full name:					BDIZ ED ★★★
Full address:					Brudernshad der implantskjolsk tiliges Zuhaltet in trops Brugean Association of benefit implantskylist Brugean Association of benefit implantskylist
<u></u>					
E-mail:					Date:
Forward by mail or fax to:					
European Association of Dental Im	plantologists (BDIZ	EDI)			
Mühlenstr. 18					
51143 Köln					
Germany					
office@bdizedi.org Fax: +49 2203 9168822					
Tux. 143 2203 3100022					
C	ertification exa Applic		A Expert in Importance accreditation		,
I hereby apply for the EDA Expert i	n Implantology cert	ification e	exam (EDA = Europ	ean Dental As	sociation).
I am qualified for this exam as defi	ned below:				
Member of BDIZ EDI	□ yes		□no		
Member of the following Societies	/Associations:				
I am:	□ an oral surged		□ a maxillofacial	surgeon	
I meet the training requirement of	250 hours of postg	raduate e	ducation.	□ 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:	_ 450		_ 450		
Implant-supported restorations: During the exam, I will be able to I	□ less than 150 present documentat	ion for 10	☐ 150 or more treatment cases.	□ yes	□ no
I understand that the examination	board will review r	my qualifi	cations and vote to	accept or rej	ect my application. Furthermore,
I declare that all images I present a					
Applicant's signature					Date

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