STUDY GUIDE FOR ASSOCIATE FELLOW AND FELLOW MEMBERSHIP EXAMINATIONS*

General Information

This Study Guide has been prepared to help applicants for both Associate Fellow and Fellow membership prepare for their examinations.

In preparation for each examination, the Admissions and Credentials (A & C) Board recommends that candidates study the scientific literature and textbooks in the field of implant dentistry. The A & C Board does not publish a recommended reading list since it would be continually subject to additions and deletions as literature in the implant dentistry field changes.

Associate Fellow Membership Examination

The Associate Fellow examination has two parts: Part 1 is a written examination and Part 2 is an oral examination that includes five standardized cases and the candidate’s three reports that they submit to satisfy the case requirements for the examination. During this examination, the candidates must demonstrate entry-level knowledge of implant dentistry.

Part 1 (Written) Examination: The written portion of the Associate Fellow examination includes 150 multiple-choice items. Each test item is a question, a statement or an incomplete statement followed by four possible answers. The candidate selects the one best answer. A candidate’s score is based on the number of correct answers entered on his or her answer sheet. There is no penalty for guessing. Four hours are allotted for the written examination.

Preparation for the Part 1 Examination: In preparing for the examination, the A & C Board suggests that candidates study current textbooks and periodicals. A list of key words that are used in the test questions, and sample questions that will enable candidates to become familiar with the written examination’s format are provided on pages 3 and 4.

Outline for Part 1 Examination: The 150 items on the examination are distributed among four categories. These categories, the percentage of items assigned to each category, and the topics within the categories are listed below.

<table>
<thead>
<tr>
<th>I. Basic Science</th>
<th>20%</th>
<th>30</th>
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<tbody>
<tr>
<td>A. Anatomy</td>
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<td>B. Biomaterials</td>
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<td>C. Pharmacology</td>
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<td>D. Physiology</td>
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* Approved by the Admissions and Credentials Board, May 2, 1997, revised to April 2011.
Part 2 (Oral/Case) Examination: The second part of the Associate Fellow Membership Examination is clinically oriented. Candidates demonstrate their knowledge of implant dentistry through five standardized cases and the reports that they submit to satisfy the case requirements for the examination. For each of the five standardized cases, candidates review a written description, a panograph and a photograph and then respond to questions related to treatment of the case. The case examination is based on the cases submitted by the candidate and follows a case presentation and discussion format.

Fellow Membership Examination

The Fellow examination has two parts: an oral/case examination, which includes review of submitted cases, and presentation of professional/leadership credentials. During the oral/case examination, candidates must demonstrate in-depth, advanced knowledge of all phases of implant treatment.

Oral/Case Examination: Advanced implant techniques are emphasized in the oral/case examination, which is clinically oriented. Candidates demonstrate their knowledge of implant dentistry through five standardized cases and the reports that they submit to satisfy the case requirements for the examination. For each of the five standardized cases, candidates review a written description, a panograph and a photograph and then respond to questions related to treatment of the case. The case examination is based on the cases submitted by the candidate and follows a case presentation and discussion format.

Associate Fellow Written Examination

KEY WORDS
Ailing implants
Allografts
Alloplasts
Analgesics
Anaphylactic shock
Angiogenesis
Antibiotic action
Anticoagulants
Antifungal medication
Antihypertensive medication
Antibiotic reactions
Autogenous grafts
Avulsed teeth
Blade implants
Blood coagulation
Blood dyscrasia
Bone composition
Bone density
Bone expansion
Bone grafting
Bone healing
Bone interface
Bone loading
Bone loss
Bone morphogenic protein
Bone overheating
Bone physiology
Burning tongue
Cantilever mechanics
Cardiopulmonary resuscitation
Cephalometric radiographs
Connective tissue
Denture complications
Edentulism effects
FDA classifications
Force distribution
Guided bone regeneration
Healing response
Healing times
Host response
Hyperbaric chamber
Immediate loading
Implant components
Implant complications
Implant contamination
Implant contraindications
Implant design
Implant exposure
Implant fracture
Implant materials
Implant occlusion
Implant overdentures
Incisal guidance
Incisions
Infections
Infammation
International Normalization Ratio (INR)
Load transfer
Load-bearing design
Local anesthetics
Long-term success
Mechanical strength
Medical conditions
Membrane complications
Metallurgical interactions
Mini-implants
Modulus of elasticity
Occlusal forces
One-piece implants
Oral anatomy and associated structures
(muscles, innervations, spaces and circulation (vascular) system
Oral pathology
Orantral fistula
Osseointegration failure
Osteocytes
Osteoconduction
Osteogenesis
Osteoinduction
Osteotomes
Osteotomies
Panoramic radiograph
Passivation
Periodontal disease
Periodontal microflora
Plate-form implants
Postoperative infections
Presurgical template
Prophylactic antibiotics
Prosthodontic diagnosis
Radiographic magnification
Radiographic findings
Radiographic techniques
Ramus-frame implants
Reformatted tomograms
Resorbable membrane
Retromolar pad
Root-form implants
Screw loosening
Screw retention
Second-stage surgery
Sedation
Shear force
Sinus anatomy
Space infections
Subperiosteal implants
Surface texture
Surgical risks
Suture materials
Suture techniques
Tensile strength
Tissue closure
Titanium properties
Tomograms
Tongue evaluation
Torque
Trigeminal nerve
Wolff's Law
Wound healing
Xenografts

Sample Written Examination Questions

1. A failing or ailing implant shows an increase in subgingival:
2. A presurgical radiographic stent with vertical radiopaque indices at the center of each tooth position identifies:

   A. The mesial-distal position of the proposed implant site.
   B. Vital anatomical structures.
   C. The potential emergence profile.
   D. Radiographic distortion.

3. Lowering mechanical stress to the crestal bone-implant interface can best be accomplished by the use of:

   A. Wide diameter implants (> 4.7 mm).
   B. Long implants (> 12 mm).
   C. A cantilever prosthesis.
   D. Smooth cylinder implants.

**Answers:** 1. c; 2. a; 3. a.