



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. oral/case review. 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.

I.	Basic Science	20%	30
	A. Anatomy		
	B. Biomaterials		
	C. Pharmacology		
	D. Physiology		

* Approved by the Admissions and Credentials Board, May 2, 1997, revised to April 2011.

II.	Diagnostic Examinations	21%	32
	A. Medical History and Tests		
	B. Dental History and Oral Examinations		
	C. Radiology		
	D. Diagnosis and Treatment Planning		
III.	Implant Prosthetics	19%	28
	A. Biomaterials		
	B. Biomechanics		
	C. Components		
	D. Techniques		
IV.	Implant Surgery	40%	60
	A. Presurgical Considerations		
	B. Endosseous Implants		
	C. Surgical Techniques		
	D. Augmentations and Membranes		
	E. Postoperative and Maintenance Care		
	1. Root Form Implants		
	2. Other Implant Modalities		
	a. Blades		
	b. Subperiosteal		
	c. Transosteal		
	d. Ramus Frame		

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

Xenografts

Sample Written Examination Questions

1. A failing or ailing implant shows an increase in subgingival:
 - A. S. Mutans.
 - B. Aerobic gram negative bacteria.
 - C. Anaerobic gram negative bacteria.
 - D. Black pigmented porphyromonas.

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.
