DEMYSTIFYING THE AAID CREDENTIALING EXAMINATIONS: INCREASING YOUR CHANCES FOR SUCCESS
## WHAT’S THE DIFFERENCE BETWEEN AAID ASSOCIATE FELLOW AND FELLOW?

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ASSOCIATE FELLOW</th>
<th>FELLOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure</td>
<td>✓ Licensed dentist</td>
<td>✓ Licensed dentist</td>
</tr>
<tr>
<td>Educational Requirements</td>
<td>✓ 300 hrs (within the past 12 years) at least one course must be participatory</td>
<td>✓ 400 hrs (within the past 12 years)</td>
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<tr>
<td></td>
<td>✓ Or graduation from a full time periodontal, oral and maxillofacial surgery, or prosthodontics program</td>
<td>✓ Attended one AAID educational course or meeting within 2 years</td>
</tr>
<tr>
<td>Membership Requirement</td>
<td>✓ AAID member in good standing</td>
<td>✓ AAID member in good standing</td>
</tr>
<tr>
<td>Experiential Requirement</td>
<td>none</td>
<td>✓ 5 or more years of practice in implant dentistry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Full knowledge of both surgical and prosthetic phases of implant treatment</td>
</tr>
<tr>
<td>Case Requirements</td>
<td>✓ Three (3) cases</td>
<td>Fifty (50) cases total</td>
</tr>
<tr>
<td></td>
<td>1. Single Tooth</td>
<td>✓ Present 10 cases at exam</td>
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<tr>
<td></td>
<td>2. Edentulous segment of two (2) or more adjacent teeth</td>
<td>1. Three (3) complete arch cases</td>
</tr>
<tr>
<td></td>
<td>3. Candidate’s choice of:</td>
<td>2. One (1) unilateral (Kennedy Class II)</td>
</tr>
<tr>
<td></td>
<td>a. Edentulous arch</td>
<td>or bilateral (Kennedy Class I) partially edentulous posterior maxilla</td>
</tr>
<tr>
<td></td>
<td>b. Immediate placement in maxillary anterior segment (i.e. cuspid to cuspid)</td>
<td>3. Two (2) cases that show management of bone deficiencies</td>
</tr>
<tr>
<td></td>
<td>c. a horizontal onlay graft</td>
<td>4. Four (4) cases, candidate’s choice</td>
</tr>
<tr>
<td></td>
<td>d. a vertical onlay graft</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. a lateral wall sinus graft</td>
<td></td>
</tr>
<tr>
<td>Induction</td>
<td>✓ Attend induction at next AAID Annual Business meeting</td>
<td>✓ Attend induction at next AAID Annual Business meeting</td>
</tr>
<tr>
<td>Examination</td>
<td>Two part exam</td>
<td>Oral/Case Exam</td>
</tr>
<tr>
<td></td>
<td>✓ Written Exam</td>
<td>✓ Review five (5) standardized cases</td>
</tr>
<tr>
<td></td>
<td>150 multiple choice questions</td>
<td>✓ Present ten (10) cases</td>
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<tr>
<td></td>
<td>✓ Oral/Case Exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(to be completed within 4 years of written part)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review five (5) standardized cases and present three cases</td>
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</tbody>
</table>

**AF vs F CHART**

- **ASSOCIATE FELLOW**
  - General Information . . . . 2
  - Part 1 Written . . . . . . . . 3
  - Part 2 Oral . . . . . . . . . 5
  - Applications . . . . . . . . .
    - Part 1 . . . . . . . . . 6
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**FINE PRINT**
The Admissions and Credentials Board adheres rigidly to the requirements listed in this book. Failure to comply may result in the candidate’s not being admitted to the examination. Making false statements on the application or during the oral examination is immediate grounds for permanent rejection of a candidate’s application or revocation of voting membership after it is granted.

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ASSOCIATE FELLOW

GENERAL INFORMATION

REQUIREMENTS FOR THE ASSOCIATE FELLOW MEMBERSHIP EXAMINATION*

**ARE YOU READY TO BEGIN?**

☑ Dedicated to providing the best possible dental implant treatment to your patients?
☑ Experienced in surgical placement of dental implants and/or the replacement of teeth?
☑ Licensed as a dentist?
☑ Completed at least 300 hours of postdoctoral or continuing education related to implant dentistry in the past 12 years?

**THE EXAMINATION PROCESS:**

☑ Part 1 Exam (written): 150 multiple choice examination to demonstrate knowledge of implant dentistry
☑ Part 2 Exam (oral/case): Demonstrate competency in implant dentistry through 5 standardized cases discussion (oral exam) and the presentation and review of the candidate’s own patient cases (case exam)

**ONCE ELECTED:**

☑ Attend the next AAID Business Meeting to be inducted as an Associate Fellow.
☑ Maintain an Associate Fellow credential by attending at least one of every three consecutive AAID annual scientific meetings.
☑ Keep your membership in good standing

**GENERAL INFORMATION**

The examination for Associate Fellow membership consists of two (2) parts; Part 1 is a written examination and Part 2 includes an oral examination and the defense of clinical treatment cases.

The Admissions and Credentials Board adheres rigidly to the requirements listed below. Making false statements on the application or during the oral examination is immediate grounds for permanent rejection of a candidate’s application or revocation of membership after membership is granted.

**EDUCATIONAL REQUIREMENTS**

Applicants must be licensed dentists who have completed at least 300 hours of postdoctoral or continuing education in implant dentistry within the past twelve (12) years that included at least one course with a participatory format. These course hours must be listed on the application form for Part 1 (written) of the examination. The 300 hours must be divided between the sciences related to implant dentistry and clinical implant education. The science component should include internal medicine, anatomy, histology, pathology, pharmacology, bone physiology, immunology, radiology, and dental materials.

Education in clinical implantology and related courses must include various implant modalities. Suggested clinical subjects are: root-form, plate-form, subperiosteal, and ramus frame implants; grafts; occlusion; oral and maxillofacial surgery; prosthetics; and periodontics. Effective improvement in implant dentistry and related education.

September 1, 2019, the continuing education submitted must include at least 75 hours with a participatory format.

Graduation from a full time periodontal, oral and maxillofacial surgery, or prosthodontics program fulfills the educational requirement for either the Associate Fellow or Fellow examination.

**Part 1 (written)**

The Part 1 (written) examination is designed to assess knowledge of the basic science and "entry-level" knowledge and understanding of implant dentistry principles and the ability to apply these principles in a clinical situation. Candidates have four hours to complete the 150 multiple-choice questions on the examination.

Candidates for Associate Fellowship must receive a passing score on the Part 1, i.e., the written examination, before applying to taking Part 2, which is the oral/case examination.

**Part 2 (oral/case)**

Part 2 includes an oral examination and the defense of three cases that meet the criteria specified in the Associate Fellow Case Reports section (page 5). For the oral examination, candidates review a written description, a panograph and a photograph for five (5) standardized cases and then respond to questions related to treatment.

The case examination is based on the cases submitted by the candidate and follows a case presentation and discussion format. Each candidate must present three (3) cases on three (3) different patients for in-depth discussion with the examiners. The candidate must have provided surgical and/or restorative treatment for each of the submitted cases. The cases presented for the examination must include implants that are at least 3 mm in diameter and must have been in function for at least one year by the beginning of the examination period.

The oral/case examination must be completed successfully within four years after passing the Part 1 (written) examination; and candidates for the oral/case examination must be general members of the Academy in good standing.

**Examination Options**

Those who have passed Part 1 of the Associate Fellow examination have the option of taking the oral/case examination for either Associate Fellow or Fellow membership. In deciding which option to select, the candidate should carefully consider whether they meet all the requirements for the examination.

**Induction**

The AAID Board of Trustees elects new credentialed members, based on the recommendation of the Admissions and Credentials Board, which conducts the membership examinations. As specified in the Bylaws, all newly elected credentialed members must attend the next AAID Annual Business Meeting during which they are introduced to the voting membership and ceremoniously inducted. This is the final requirement that candidates who are elected must meet to become credentialed members of the Academy.

*Adopted September 1997; latest revision, May 2017*
PART 1 (WRITTEN)

The Part 1 (written) examination is designed to assess knowledge of the basic science and "entry-level" knowledge and understanding of implant dentistry principles and the ability to apply these principles in a clinical situation.

APPLYING FOR THE EXAMINATION

Part 1 of the examination can be taken in either a print (paper and pencil) or computer-based format. Both formats are available in the United States and only the computer-based format is available in other countries. The computer-based examination is given at Pearson Vue testing centers, which are located throughout the world.

The Associate Fellow examination is given in English. Candidates for whom English is not their primary language may request thirty (30) additional minutes at the time of application. An English-speaking candidate who has a previously diagnosed and documented disability such as dyslexia or attention deficit disorder may also request thirty (30) additional minutes, provided the request and appropriate documentation are provided at the time of application.

Applications for the Part 1 (written) examination and the $1,050 application fee must be received in the AAID Headquarters Office by the deadline specified for the examination that you wish to take. This schedule is posted at www.aaid.com; or contact the AAID Headquarters Office. The application fee is non-refundable. All payments must be in U. S. dollars.

WRITTEN EXAM INFORMATION

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. Four hours are allotted for the written examination. Test results are mailed as soon as possible after the completion of the testing period, typically within four to six weeks. If the candidate lives outside the United States, the results will be sent by e-mail. Exam results are distributed as pass/fail.

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 follow:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Questions</th>
</tr>
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<tbody>
<tr>
<td>I. Basic Science</td>
<td>20%</td>
<td>30</td>
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<tr>
<td>A. Anatomy</td>
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<td></td>
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<tr>
<td>B. Biomaterials</td>
<td></td>
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<tr>
<td>C. Pharmacology</td>
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<tr>
<td>D. Physiology</td>
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<td></td>
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<tr>
<td>II. Diagnostic Examinations</td>
<td>21%</td>
<td>32</td>
</tr>
<tr>
<td>A. Medical History and Tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Dental History and Oral Examinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Radiology</td>
<td></td>
<td></td>
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<tr>
<td>D. Diagnosis and Treatment Planning</td>
<td></td>
<td></td>
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<tr>
<td>III. Implant Prosthetics</td>
<td>19%</td>
<td>28</td>
</tr>
<tr>
<td>A. Biomaterials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Biomechanics</td>
<td></td>
<td></td>
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<tr>
<td>C. Components</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Techniques</td>
<td></td>
<td></td>
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<tr>
<td>IV. Implant Surgery</td>
<td>40%</td>
<td>60</td>
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<tr>
<td>A. Presurgical Considerations</td>
<td></td>
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<tr>
<td>B. Endosseous Implants</td>
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<tr>
<td>C. Surgical Techniques</td>
<td></td>
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<tr>
<td>D. Augmentations and Membranes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Postoperative and Maintenance Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Root Form Implants</td>
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<tr>
<td>2. Other Implant Modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Blades</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Subperiosteal</td>
<td></td>
<td></td>
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<tr>
<td>c. Transosteal</td>
<td></td>
<td></td>
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<tr>
<td>d. Ramus Frame</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Candidates for Associate Fellowship must receive a passing score on the Part 1, i.e., the written examination, before applying to taking Part 2, which is the oral/case examination.

Those who have passed Part 1 of the Associate Fellow examination have the option of taking the oral/case examination for either Associate Fellow or Fellow membership. In either case, the oral/case examination must be completed successfully within four years after passing the Part 1 (written) examination, and candidates for the oral/case examination must be members of the Academy in good standing to apply.

The AAID credential certifies to the public that the doctor is the expert they say they are.

Timothy Hacker, DDS, FAAID, DABOI/ID
Bartlett, TN
FREQUENTLY ASKED QUESTIONS ABOUT THE PART 1 EXAMINATION

ABOUT THE APPLICATION

Q: What education is valid to apply for the examination?
A: The AAID accepts most ADA CERP and AGD PACE provider courses completed within the past twelve (12) years. The 300 hours must be divided between the sciences related to implant dentistry and clinical implant education. The science component should include internal medicine, anatomy, histology, pathology, pharmacology, bone physiology, immunology, radiology, and dental materials. At least one course should be of a participatory format (e.g., hands-on courses.)

Education in clinical implantology and related courses must include various implant modalities. Suggested clinical subjects are: root-form, plate-form, subperiosteal, and ramus frame implants; grafts; occlusion; oral and maxillofacial surgery; prosthetics; and periodontics.

An implant continuum is NOT required.

Q: How should my name appear on the application?
A: Put your legal name on the application. (If your name is different in the AAID membership database, also specify that name on your application.) Then use this same name when you register for the examination. At the testing centers, you will be required to show two forms of identification that include the same name that you put on your application or you will not be admitted into the testing room.

ABOUT THE COMPUTER-BASED FORMAT

Q: On my application, should I request that my computer-based examination be scheduled on a specific day and at a particular test center?
A: No, specify the time period during which you wish to take the examination, e.g., December 5 - 9, 2016. The AAID’s role in the appointment process is to give Pearson Vue a list of the persons that are authorized to schedule for the AAID examination. Each applicant must make his or her own appointment after receiving their candidate ID from the AAID.

Q: How can I obtain information about the locations of testing centers?
A: Visit the Pearson Vue Website to see which centers offer the AAID exam worldwide http://pearsonvue.com/mra/locate/.

Q: When can I register (make an appointment) for my examination?
A: Registration for the exam opens three months before the examination period begins. The confirmation letter you receive from the AAID will include the date registration opens. You may register on or after that day by contacting Pearson Vue. The exam authorization is valid only for the specific testing period for which you are registered.

Q: Must my application process be complete, with all fees paid, before I can schedule a testing appointment?
A: Yes. Your application must have been accepted and all fees paid before you can schedule your exam.

Q: How do I schedule my examination?
A: When your application is accepted, the AAID’s Director of Credentialing will send you a letter that includes the information that you need to make an appointment at the Pearson Vue test site of your choice. If you live outside the United States, you will receive this letter by e-mail. Therefore, be sure to put your e-mail address on your application.

You can register for the examination by either telephone or online. According to Pearson Vue, the phone center offers the most up-to-date information, the greatest site availability and more extensive service.

Pearson Vue has three regional phone centers: Americas, Asia-Pacific and Europe, Middle East, Africa. The letter that you will receive from the AAID will include the telephone number for the phone center that you should call, when the center is open and the time zone in which the center is located.

Q: I am unable to attend my examination. How do I reschedule?
A: As per AAID policy, a candidate for the written examination may be rescheduled one time without charge; a $75 administrative fee will be charged each additional rescheduling request. If you have made an appointment at a Pearson Vue testing center, you must cancel 24 hours prior to the appointment or a $300 no show fee is applied to reschedule.

Credentialed members are dentists that have advanced training and skill sets. This group continues to raise the bar for younger dentists that will eventually set standards themselves in the future.

Daniel Domingue, DDS, FAAID, DABOI/ID
Lafayette, LA
The Part 2 (oral/case) examination is clinically oriented. For the oral examination, candidates review a written description, a panograph and a photograph for five (5) standardized cases 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.

Each candidate must submit and present three (3) cases on three (3) different patients for in-depth discussion with the examiners for Part 2 (oral/case) of the examination.

**APPLYING FOR THE EXAMINATION**

The candidate must receive a passing score on the Part 1 (written) examination before applying to take the second part, which is an oral/case examination. The oral/case examination must be completed successfully within four (4) years after passing the Part 1 (written) examination; and candidates for the oral/case examination must be members of the Academy in good standing.

The Part 2 (oral/case) examination is only given in English. Therefore, candidates for whom English is not their primary language are urged to evaluate carefully their ability to take an oral examination in English. If needed, an interpreter may be requested on the application form. The interpreter will be supplied by the AAID, and the candidate will be responsible for the cost of this service, which will be based on the prevailing rate at the time of the examination and must be paid at least 30 days before the examination date.

The oral/case part of the Associate Fellow examination is given in Chicago once a year, usually in late April or early May, and the application deadline each year is February 1. Candidates must list the cases they will present for examination in their application for Part 2 (oral/case) of the examination.

Applications for Part 2 (oral/case) of the examination must be received by February 1. A $250 nonrefundable processing fee is required with the application.

When applications for the examination are received in the Headquarters Office, each candidate is issued an examination number. Candidates must use their assigned number to identify all materials submitted for the examination.

Case reports are due in the Headquarters Office 45 days before the examination period begins. These case reports must be submitted in electronic format and must follow the Guidelines for Case reports, last revision, May 2016. The applicant is responsible for ensuring that the case materials arrive by that date; therefore, use of a delivery process that allows verification of receipt in the Headquarters Office is recommended.

After the report submission deadline, the applicants whose case reports have been received in the Headquarters Office will be notified of the specific date and time of their examinations.

The submitted reports become the property of the American Academy of Implant Dentistry and will not be returned.

**CASE REQUIREMENTS**

The candidate must have provided surgical and/or restorative treatment for each of the submitted cases. These three (3) cases must include implants that are at least 3 mm in diameter and are fully restored with a final prosthesis of the candidate’s choice.

Each case must be on a different patient and must be complete with the final prosthesis in function for at least one year by the beginning of the examination period. DO NOT SUBMIT CASES OF LESS THAN ONE YEAR IN FUNCTION. Function is measured from the date of the final prosthesis to the first day of the examination period.

Candidates for the Associate Fellow examination must submit the following three cases:

Case 1: Single tooth

Case 2: Edentulous segment of two (2) or more adjacent teeth with a minimum of two implants

Case 3: Candidate’s choice of:

a) An edentulous arch
   The presence of non-clinically relevant impacted teeth is acceptable, e.g., horizontally or bony impacted third molars. If root-form or plate-form implants are used, the case must include a minimum of four (4) implants.

b) Immediate placement of one or more implants in the maxillary anterior segment, i.e., cuspid to cuspid.

c) A horizontal onlay graft of at least 1 cm in ridge length that results in a net increase of ridge width of at least 3 mm facial to lingual and includes a minimum of one (1) implant.

d) A vertical onlay graft, which is at least 1 cm in ridge length, that increases the vertical height of the ridge at least 2 mm superior to inferior and includes a minimum of one (1) implant.

e) Lateral wall sinus augmentation which results in an increase of at least 5 mm height and includes a minimum of one (1) implant.

For each case, candidates are required to submit 1) a written report, 2) photographs, 3) radiographs, and 4) a patient release form as specified in the Case Report Guidelines (pages 22-29). A template for each required file (written report, photographs, radiographs, and patient release form) is posted on the Academy’s website (www.aaid.com) in the Credentialing section.

Failure to comply with the case report guidelines, including the radiographs, photographs and medical histories, will greatly affect the candidate's case report score. Making false statements on the application or during the oral examination is immediate grounds for permanent rejection of a candidate's application or revocation of voting membership after it is granted.
APPLICATION FOR ASSOCIATE FELLOW MEMBERSHIP
PART 1: WRITTEN EXAMINATION

Complete the application and return it and the $1,050 application fee to the AAID Headquarters Office for receipt by the deadline specified in the schedule for the written examination that you wish to take. (The schedule is posted at www.aaid.com or contact the AAID Headquarters Office.)

EXAM PREFERENCE: For which examination format and date (period) are you applying?
If you have a disability that would require alternative testing arrangements or additional time, attach a brief explanation:

- Print form on ____________________________________________ in ____________________________________________________
  Date City in the United States or Canada

- Pearson Vue Testing Center ______________________________ exam period.
  Dates

CANDIDATE INFORMATION:

1. Name ________________________________________________________________________________________________________________
   First Middle Last Degree

2. Office Address ____________________________________________________________
   No. Street Suite
   City State Zip Country
   Telephone Fax E-Mail Address

3. Home Address ____________________________________________________________
   No. Street Suite
   City State Zip Country
   Telephone Fax E-Mail Address

4. Date of Birth _____________________ 5. Place of Birth _____________________

6. Dental Education

   Name of institution Location Date Degree

7. Other Professional Education (e.g., Graduate School, Medical School, Residency)

   Name of institution Location Date Degree

   Name of institution Location Date Degree

8. Specialty Board Certification

   Board __________________ Year
   Board __________________ Year

9. Post-doctoral education or continuing education in oral implantology and related subjects. (Use additional sheet(s) if necessary.) Applicants who did not complete an AAID MaxiCourse® must submit proof of attendance for each course listed. AAID MaxiCourse® graduates must provide the following information: (a) starting and ending dates of the MaxiCourse®, (b) the name of the program and the name of the sponsoring institution, (c) total number of hours of instruction and (d) the MaxiCourse® director's name. Note: The subject matter code refers to the listing after each table, not the Academy of General Dentistry (AGD) codes.
EDUCATION: Non-AAID courses must submit verification of attendance for each course.

a. Sciences Related to Implant Dentistry

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Title of Course</th>
<th>Sponsoring Institution</th>
<th>Subject Matter Code*</th>
<th>Total Hrs./Participation Hrs</th>
<th>Instructor</th>
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b. Clinical Implantology and Related Course

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Title of Course</th>
<th>Sponsoring Institution</th>
<th>Subject Matter Code*</th>
<th>Total Hrs./Participation Hrs</th>
<th>Instructor</th>
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Subject Matter Codes:
*BS - Basic Science  IM - Implant Modalities  P - Prosthetics  PM - Practice Management  CME - Clinical/Medical Exams  O - Occlusion  Per - Periodontics  S - Surgery  G - Grafting

APPLICATION DEADLINES, FEES AND POLICIES

The Associate Fellow Examination has two parts: written and oral/case. The $1,050 application fee, which is nonrefundable, covers both parts of the examination. A $250 fee will be charged to process the application for the Part 2 (oral/case) examination.

Submit the completed Part 1 (written) application for receipt at American Academy of Implant Dentistry c/o Delaware Place Bank, 190 E. Delaware Place, Dept. #350, Chicago, IL 60611 by the deadlines announced for the examination format that you have chosen:

- Print examinations: thirty (30) days before the examination date
- Computer-based examinations: four (4) months before the first day of the examination period

Candidates must pass the written examination before applying for the oral/case part. The oral/case examination is given in Chicago once each year, typically in early May; that application deadline is February 1.

Those who pass Part 1 of the Associate Fellow examination have the option of challenging either Associate Fellow or Fellow membership examination (see Fellow Requirements for details). In either case, the oral/case examination must be completed successfully within four years after passing the Part 1 (written) examination; and candidates for the oral/case examination must be general members of the Academy in good standing.

ACCEPTANCE OF CONDITIONS FOR APPLICATION

I certify that I have read the Requirements for the Associate Fellow Membership Examination and that the information in this application is true and correct in all material respects.

Date

Signature of Applicant

PAYMENT

Include payment of $1,050. If you pay by check, the payment must be in United States dollars and must be drawn on a United States bank. Make checks payable to American Academy of Implant Dentistry. If you pay by wire transfer, attach a copy of the receipt from the bank; and your name MUST appear on the receipt.

☐ Check enclosed

☐ Receipt is attached for Wire Transfer from

________________________________________________________
Name of Bank

Charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Account #

Exp. Date Security Code

Signature

Name on Credit Card (Please Print)
# Application for Associate Fellow Membership

## Part 2: (Oral/Case) Examination

Submit a copy of the application and payment for the $250 nonrefundable application processing fee to the AAID Headquarters Office for receipt by **February 1**. If you are retaking the examination, also submit the $400 reexamination fee. All requested information must be provided in detail and in such form that the data can be verified. Type or print all information in English. **Requests for interpreters MUST be made at the time of application for the examination.** Before submitting this application, make a copy for your files.

When did you pass Part 1 (written) of the Associate Fellow examination? ____________

Have you taken the oral/case part of the examination before? Yes _____ No _____ If yes, when? ____________

Do you require an interpreter? Yes _____ No _____ If yes, for which language? ____________

1. Name ______________________________________________________________________________

First  Middle  Last  Degree

2. Office Address _______________________________________________________________________________________________________

No.  Street  Suite  

City  State  Zip  Country  

Telephone  Fax  E-Mail Address

3. Home Address _______________________________________________________________________________________________________

No.  Street  Suite  

City  State  Zip  Country  

Telephone

4. Date of Birth _____________________

5. **List countries, states and/or territories in which you are licensed to practice dentistry.** Give acquisition dates and license numbers.

<table>
<thead>
<tr>
<th>Country, State or Territory</th>
<th>Date</th>
<th>License Number</th>
</tr>
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<tbody>
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</table>

b. Have you ever had a license to practice dentistry revoked or suspended? Yes____ No____

If yes, attach a detailed explanation.

c. Is any action pending with respect to your license to practice dentistry? Yes____ No____ If yes, explain.

6. In the following table, provide the information requested for each case you will submit for the examination. These cases must meet the requirements described in the *Requirements for Associate Fellow Membership Examination*.

<table>
<thead>
<tr>
<th>Type of Case</th>
<th>Date of Insertion</th>
<th>Implant</th>
<th>Prosthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Single tooth</td>
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<tr>
<td>2. Edentulous segment of two or more adjacent teeth</td>
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<tr>
<td>3. The option selected for the third case (Choose one)</td>
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<tr>
<td>— An edentulous arch</td>
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<tr>
<td>— Immediate placement of one of more implants in the maxillary anterior segment</td>
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<tr>
<td>— An onlay horizontal graft</td>
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<tr>
<td>— An onlay vertical graft</td>
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<tr>
<td>— Lateral wall sinus augmentation</td>
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</table>
ACCEPTANCE OF CONDITIONS FOR APPLICATION

Knowledge of Requirements and Accuracy of Information
I certify that I have read the Requirements for the Associate Fellowship Membership Examination and that I am a current member of the Academy in good standing. I also certify that the information in this application is true and correct in all material respects.

I acknowledge and understand that if any information provided for the A & C Board’s consideration is found to be false or misleading in any respect, the AAID in its sole discretion may terminate my membership.

I also understand that my case reports will become the property of the American Academy of Implant Dentistry.

Membership Pledge
I agree to uphold the following membership pledge of the AAID:

I hereby declare, as a condition of membership, that I am in agreement with the purpose, standards, and objectives of the American Academy of Implant Dentistry.

I will honor its bylaws and will refrain from any activity that will violate the public trust and confidence in the Academy.

I solemnly promise to maintain a privileged respect for the dignity of my patients and to make a continuing effort to perfect my knowledge of implant dentistry.

I pledge to abide by the ethical constraints of my profession and the Academy. I will endeavor to encourage the scientific study of Implant Dentistry and seek to advance the free exchange of ideas and information to better serve my fellow man.

Authorization and Release
I hereby grant the Admissions and Credentials (A & C) Board of the American Academy of Implant Dentistry and/or its authorized representatives permission to make general inquiries and to obtain information from any source, including my patients whose cases are used in the examination process, concerning my professional standing, reputation, skill, character and fitness as it deems appropriate.

I release and hold harmless the AAID and its authorized representatives from any and all liability relating to any such good faith inquiry made pursuant to my application for Associate Fellowship membership in the American Academy of Implant Dentistry.

I further release and hold harmless anyone responding, in good faith, to any such inquiry made by the A & C Board or its authorized representatives.

Date

Signature of Applicant

APPLICATION DEADLINES AND FEES
Applications and fees for Part 2 (oral/case) of the Associate Fellowship examination must be submitted to the American Academy of Implant Dentistry c/o Delaware Place Bank, 190 E. Delaware Place, Dept. #350, Chicago, IL 60611, by February 1.

There is a $250 nonrefundable fee to process EACH application for the Part 2 (oral/case) examination. If an applicant is taking the Part 2 (oral/case) examination for the first time, this is the only fee required with this application. If you are retaking the Part 2 (oral/case) examination, submit payment for $650 ($250 for the processing fee and $400 for the reexamination fee).

Payments by check must be in United States dollars and drawn on a United States bank. Make checks payable to the American Academy of Implant Dentistry. If paying fees by wire transfer, attach a copy of the receipt from the bank and YOUR name MUST appear on the receipt.

Interpretation services for the oral/case examination are available upon request AT THE TIME OF APPLICATION. (See Page 1 of this application.) The candidate will be responsible for all related fees. The fees will be based on the prevailing rates. Candidates will be notified of the fee and payment for the services must be received in the Headquarters Office before the examination date.

PAYMENT OF APPLICATION PROCESSING FEE
Include payment of $250. If retaking Part 2, include payment of $650.

Check enclosed

Receipt is attached for Wire Transfer from

Name of Bank

Charge my: □ Visa □ MasterCard □ Discover □ American Express

Account #

Exp. Date Security Code

Signature

Name on Credit Card (Please Print)

SCHEDULING REQUESTS
If you would like to be scheduled on a specific day within the examination period or on the same day as another applicant, the request MUST be made at the time of application; and the reason for the request MUST be specified. The Admissions and Credentials Board will endeavor to honor such requests but does NOT guarantee that they will be granted.

In the space below, state your scheduling request and explain the reason for the request.

________________________________________________________________________

________________________________________________________________________
**FELLOW REQUIREMENTS FOR THE FELLOW MEMBERSHIP EXAMINATION**

<table>
<thead>
<tr>
<th>ARE YOU READY TO BECOME A FELLOW OF THE AAID?</th>
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<tbody>
<tr>
<td>✓ Licensed as a dentist?</td>
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<tr>
<td>✓ An AAID member in good standing?</td>
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<tr>
<td>✓ Passed Part 1 (written) examination or currently an Associate Fellow?</td>
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<tr>
<td>✓ Completed at least 400 hours of postdoctoral or continuing education related to implant dentistry?</td>
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<tr>
<td>✓ Experienced with 5 or more years in the practice of implant dentistry?</td>
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<td>✓ Fully knowledgeable of both surgical and prosthetic phase of implant treatment to patients?</td>
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<tr>
<td>✓ Attended an AAID Annual Conference, or district meeting in the past two years?</td>
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<td>✓ Completed at least 50 cases of dental implant treatment?</td>
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<tr>
<th>THE EXAMINATION PROCESS:</th>
<th>GENERAL INFORMATION</th>
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<tr>
<td>Oral/case examination demonstrating competency in all phases of implant dentistry cases, through five (5) standardized cases and in-depth discussion of ten (10) of one's own patient cases, including placing dental implants in challenging situations and in patients with jawbone deficiencies, among others</td>
<td>The Fellow Membership examination has two parts: an oral examination, which includes a review of five (5) standardized cases and questions related to treatment of the standardized case and a defense of the candidates' submitted cases.</td>
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<th>ONCE ELECTED:</th>
<th>MEMBERSHIP AND EXPERIENTIAL REQUIREMENTS</th>
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</thead>
<tbody>
<tr>
<td>• Attend at least one of every three (3) consecutive AAID annual scientific meetings.</td>
<td>Any member who is an Associate Fellow of the Academy in good standing, has five or more years of experience in the practice of implant dentistry, and provides the surgical and/or prosthetic phases of implant treatment is eligible for election as a Fellow. In addition, those who have passed Part 1 (written) of the Associate Fellow examination have the option of taking the oral/case examination for either Associate Fellow or Fellow membership, provided they meet the requirements for the option selected.</td>
</tr>
<tr>
<td>• Keep your membership in good standing.</td>
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</table>

**EDUCATIONAL REQUIREMENTS**

All applicants for Fellowship must have completed at least a total of 400 hours of continuing education in implant dentistry, i.e., 100 hours in addition to the 300 hours required for Associate Fellow membership, must be divided between the sciences related to implant dentistry and clinical implant education. The science component should include internal medicine, anatomy, histology, pathology, pharmacology, bone physiology, immunology, radiology, and dental materials.

Education in clinical implantology and related courses must include various implant modalities. Suggested clinical subjects are: root-form, plate-form, subperiosteal, and ramus frame implants; grafts; occlusion; oral and maxillofacial surgery; prosthetics; and periodontics.

Additionally, applicants must have attended an annual scientific session or educational course offered by the AAID or one of its districts within the two years before the examination. Proof of attendance must be submitted with the application.

*Adopted May 1999; last revision, May 2017*
ORAL EXAMINATION
The Fellow examination includes an oral examination and the defense of cases. For the oral examination, candidates review a written description, a panograph and a photograph for five (5) standardized cases and then responds to questions related to treatment.

Each candidate must have completed dental implant treatment of at least fifty (50) cases (arches) that meet the criteria specified in the Fellow Case Requirements section (page 12). From these fifty (50) cases, the applicant will select ten (10) cases on ten (10) different patients to present for in-depth discussion with the examiners. These ten (10) cases must include implants and be fully restored with a final prosthesis.

The applicant must be able to defend both the surgical and prosthetic treatment for these ten (10) cases.

Cases in which implants of less than 3 mm in diameter are used as definitive therapy do not satisfy the requirements of the examination and should not be submitted. All cases presented for examination must have been in function for at least one year by the beginning of the examination period.

“The AAID offers the only credentials that have been deemed ‘bona fide,’ ‘rigorous’ and ‘objectively verifiable’ in both federal and state court decisions. No other organization can make that statement.”
Richard J. Mercurio, DDS, FAAID, DABOI/ID
Lincroft, NJ
EXAMINATION

For the Fellow examination, candidates review a written description, a panograph and a photograph for five (5) standardized cases 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.

APPLYING FOR THE EXAMINATION

Applications must be received in the AAID Headquarters Office by February 1, either by mail, email or fax. The application fee of $1,050 must be included with the application unless the applicant has opted to take the Fellow examination instead of Part 2 of the Associate Fellow examination. In that case, the $250 application processing fee is required with the Fellow application. The fee to retake the Fellow examination is $400. Fees are nonrefundable. All payments must be in U.S. dollars.

When applications for the examination are received in the Headquarters Office, each candidate is issued an examination number. Candidates use their assigned number to identify all materials submitted for the examination.

EXAMINATION INFORMATION

The Fellow examination is only given in English. If needed, an interpreter will be permitted for the oral/case examination. The interpreters will be supplied by the AAID, with the applicant being responsible for the cost of this service. The fee for translation services will be based on the prevailing rate at the time of the examination and must be paid at least 30 days before the examination date.

Each Fellow candidate must have completed dental implant treatment of at least fifty (50) arches. From these fifty (50) cases, the candidate must submit ten (10) cases for in-depth discussion with the examiners. The candidate must have performed both the surgical and prosthetic treatment for each of these ten cases. Candidates must list the cases that they will present on their Fellow application. For the other forty (40) cases, the following must be listed in the application: patient name, current address and telephone number. Each case must be on a different patient and must be complete with the final prosthesis in function for at least one year by the beginning of the examination period.

Case reports are due in the Headquarters Office 45 days before the examination period begins. The applicant is responsible for ensuring that the case materials arrive by that date; therefore, use of a delivery process that allows verification of receipt in the Headquarters Office is recommended. Applicants will be notified of the specific date and time of their examinations after their case reports are received in the Headquarters Office.

The submitted reports become the property of the American Academy of Implant Dentistry and will not be returned.

CASE REQUIREMENTS

Each Fellow candidate must submit and present ten (10) cases on ten (10) different patients for presentation to the examiners. The candidate must have provided both the surgical and prosthetic treatment for these ten (10) cases. All cases presented for the examination must include implants that are at least 3 mm in diameter and have been in function for at least one year by the beginning of the examination period. Function is measured from the date of the final prosthesis to the first day of the examination period.

The ten (10) cases for presentation at examination must meet the following criteria:

✓ Three (3) complete arch cases on edentulous arches, one (1) of which demonstrates a totally implant-supported (no soft tissue support) prosthesis for a patient with severe atrophy. If root-form or plate-form implants are used, the case must include a minimum of four (4) implants. A transosteal implant must have four (4) permucosal sites to qualify as a full-arch case. The intramucosal insert, endosteal bone pin or augmentation modalities are not acceptable for the edentulous arch case requirement.

✓ One (1) unilateral (Kennedy Class II) or bilateral (Kennedy Class I) edentulous posterior maxilla, replaced with two (2) or more root-form implants without teeth between the implants.

✓ Two (2) cases that show management of bone deficiencies.

✓ The remaining four (4) cases are of the candidate’s choice.

Three (3) of the ten (10) cases must have been completed within one year of the examination date (i.e. 12 months – 23 months) and seven (7) of the ten (10) cases must have been in function for at least two (2) years by the examination date (i.e. 24 months or more).

CASE REPORTS

Candidates are required to submit a 1) written report, 2) photographs, 3) radiographs, and 4) patient release form as specified in the Case Report Guidelines (pages 22 - 29) for the following three cases:

Case 1: One (1) edentulous case with an implant-supported prosthesis (i.e., no tissue support) for a patient with severe atrophy.

Case 2: One (1) unilateral (Kennedy Class II) or bilateral (Kennedy Class I) edentulous posterior maxilla, replaced with two (2) or more root-form implants without teeth between the implants.
Case 3: One (1) case of the candidate’s choice.

For Case 4 – Case 10, candidates are required to document each case with radiographs. For each of the seven cases, candidates submit 1) radiographs and 2) a patient release form (page 30).

A template for each required file (written report, photographs, radiographs, and patient release form) is posted on the Academy’s website (www.aaid.com) in the Credentialing section. These templates are also available on a CD upon request to the Headquarters Office.

The case reports must be submitted in electronic format. Each report must conform to the Case Report guidelines (pages 22-29.)

Submit all case reports on one CD-ROM or memory stick, which includes a folder for each case type, labeled as appropriate, e.g., edentulous case. Place a label on the CD-ROM or memory stick that includes the candidate’s examination number only.

In addition to the CD-ROM or memory stick that includes the ten (10) reports, provide a print copy of the patient release form for each case report.

Failure to comply with the case report guidelines, including the radiographs, photographs and medical histories, will greatly affect the candidate's case report score.

“By pursuing and gaining the bona fide credentials offered by the AAID, we know we are doing our best for the welfare of our patients.”

David Gimer, DDS, FAAID, DABOI/ID
Iowa Falls, IA
APPLICATION FOR FELLOWSHIP MEMBERSHIP

Submit the application, attachments and the appropriate fee to the Headquarters Office. Also make a copy of the application for your files. All requested information must be provided in detail and in such form that the data can be verified. Applications must be received in the Headquarters Office by February 1. Type or print all information in English.

Are you an Associate Fellow of the AAID? Yes _____ No _____ If yes, in what year were you inducted? ___________________________

If no, specify the year that you passed Part 1 (written) of the Associate Fellow examination. ___________________________

Have you taken Part 2 of the Associate Fellow exam? Yes _____ No _____ If yes, in what year? ___________________________

Have you taken the Fellowship Examination before? Yes _____ No _____ If yes, in what year? ___________________________

Do you require an interpreter? Yes _____ No _____ If yes, for which language? ___________________________

1. Name ___________________________________________________________________________________________

   First          Middle            Last          Degree

2. Office Address ___________________________________________________________________________________

   No.                  Street                  Suite

                              City            State            Zip            Country

                              Telephone                  Fax                  E-Mail Address

3. Home Address ___________________________________________________________________________________

   No.                  Street                  Suite

                              City            State            Zip            Country

                              Telephone

4. Date of Birth __________________________5. Place of Birth ___________________________________________

6. Dental Education

   Name of institution          Location          Year          Degree

7. Postdoctoral Education in Dentistry

   Name of Institution          Location          Type of Program          Year          Degree

   Name of Institution          Location          Type of Program          Year          Degree

8. Specialty Board Certification

   Name of Board          Year

   Name of Board          Year
9. Document at least 100 hours of continuing education in oral implantology and related subjects that you have completed within the past twelve (12) years that is beyond the 300 hours required for Associate Fellow membership. (Use additional sheet(s) if necessary.) Proof of attendance must be submitted.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Title of Course</th>
<th>Sponsoring Institution</th>
<th>Subject Matter Code*</th>
<th>Total Hrs. / Participation Hrs</th>
<th>Instructor</th>
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*BS – Basic Science       E - Endodontics       ML - Medical/Legal       O - Occlusion
Per – Periodontics     P - Prosthetics       S - Surgery

10. Document attendance at an educational session or basic educational course offered by the American Academy of Implant Dentistry at either the national or district level, no more than two (2) years prior to taking the examination. Proof of attendance must be submitted.

11. a. List the countries, states and/or territories in which you are licensed to practice dentistry. Give acquisition dates and license numbers.

<table>
<thead>
<tr>
<th>Country, State or Territory</th>
<th>Date</th>
<th>License Number</th>
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b. Have you ever had a license to practice dentistry revoked or suspended? Yes _____ No _____ If yes, attach a detailed explanation.

c. Is any disciplinary action pending with respect to your license to practice dentistry? Yes _____ No _____ If yes, attach a detailed explanation.

12. List all locations where you have practiced dentistry during the past ten years. If you did not maintain your own office, list the institutions or dentists by whom you were employed. Indicate the length of time spent at each location. (Attach additional sheet(s) if necessary.)

<table>
<thead>
<tr>
<th>Institution or Dentist</th>
<th>Address</th>
<th>From</th>
<th>To</th>
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15
13. Which phase(s) of implant dentistry do you perform?  _____ Surgical  _____ Restorative

14. PROFESSIONAL ORGANIZATION ACTIVITIES

a. Do you hold Fellowship in the Academy of General Dentistry?  Yes _____  No _____ If yes, when was your Fellowship conferred? ________

b. Do you hold Mastership in the Academy of General Dentistry?  Yes _____  No _____ If yes, when was your Mastership conferred? ________

15. OTHER

a. Implant Study Group Membership.

<table>
<thead>
<tr>
<th>Name of Study Group</th>
<th>Location</th>
<th>Meeting Schedule</th>
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</table>

b. Dental or Medical School Faculty Appointment.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Title</th>
<th>Date From/To</th>
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C. Hospital Staff Privileges.

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<tr>
<th>Name of Hospital</th>
<th>Location</th>
<th>Type of Privileges</th>
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16. In the following table, provide information about the ten (10) cases that you will present for examination. For each case, place an “x” in each column that applies. Note: These cases must meet the requirements described in the *Requirements for the Fellow Membership Examination* and be ones for which you provided both the surgical and prosthetic phases of treatment.

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Complete Arch Case (Min. 3)</th>
<th>Posterior Maxilla (Min. 1)</th>
<th>Bone Deficiency (Min. 2)</th>
<th>Completed Within 1 Year (Min. 3)</th>
<th>In Function 2 Years or More (Min. 7)</th>
<th>Written Report and Photographs</th>
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</thead>
<tbody>
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<td>1.</td>
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17. List 40 additional implant cases that you have completed. Include each patient’s current address and telephone number. Obtain permission from each patient for the Admissions and Credentials Board to contact them about their cases. Documentation of their permission is not required.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Address</th>
<th>Telephone Number</th>
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<tbody>
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ACCEPTANCE OF CONDITIONS FOR APPLICATION

Knowledge of Requirements and Accuracy of Information
I certify that I have read the Requirements for the Fellow Membership Examination and that the information in this application is true and correct in all material respects.

I acknowledge and understand that if any of the foregoing information is found to be false or misleading in any respect, the AAID in its sole discretion may terminate my membership.

I also understand that my case reports will become the property of the American Academy of Implant Dentistry.

Authorization and Release
I hereby grant the Admissions and Credentials (A & C) Board of the American Academy of Implant Dentistry and/or its authorized representatives permission to make general inquiries and to obtain information from any source, including my patients whose cases are used in the examination process, concerning my professional standing, reputation, skill, character and fitness as it deems appropriate.

I release and hold harmless the AAID and its authorized representatives from any and all liability relating to any such good faith inquiry made pursuant to my application for Fellow membership in the American Academy of Implant Dentistry.

I further release and hold harmless anyone responding, in good faith, to any such inquiry made by the A & C Board or its authorized representatives.

__________________________________________________________
Date
__________________________________________________________
Signature of Applicant

APPLICATION DEADLINES, FEES, AND POLICIES
Applications and fees for the Fellow examination must be submitted to the American Academy of Implant Dentistry c/o Delaware Place Bank, 190 E. Delaware Place, Dept. #350, Chicago, IL 60611, by February 1.

The application fee of $1,050 is nonrefundable. The fee to retake the Fellow examination is $400.

If you have passed Part 1 of the Associate Fellow examination and have not yet taken the Part 2 (oral/case) examination, a $250 processing fee is required with this application. If you took the Part 2 (oral/case) examination but did not pass, and have elected to take the Fellow examination instead of retaking Part 2 of the Associate Fellow examination, submit payment for $650 ($250 for the processing fee and $400 for the reexamination fee). The processing fee is nonrefundable.

Payments by check must be in United States dollars and drawn on a United States bank. Make checks payable to the American Academy of Implant Dentistry. If paying fees by wire transfer, attach a copy of the receipt from the bank and YOUR name MUST appear on the receipt.

Interpretation services for the oral/case examination are available upon request AT THE TIME OF APPLICATION. (See Page 1 of this application.) The candidate will be responsible for all related fees. The fees will be based on the prevailing rates. Candidates will be notified of the fee and payment for the services must be received in the Headquarters Office before the examination date. Payments by check must be in United States dollars and drawn on a United States bank.

PAYMENT OF EXAMINATION FEES
If paying by check, make check payable to the American Academy of Implant Dentistry; payment must be in United States dollars and must be drawn on a United States bank.

Submit payment in the amount of $____________ .

☐ Check enclosed

☐ Receipt is attached for Wire Transfer from

__________________________________________________________
Name of Bank

Charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Account #

Exp. Date Security Code

Signature

Name on Credit Card (Please Print)

SCHEDULING REQUESTS
If you would like to be scheduled on a specific day within the examination period or on the same day as another applicant, the request MUST be made at the time of application; and the reason for the request MUST be specified. The Admissions and Credentials Board will endeavor to honor such requests but does NOT guarantee that they will be granted.

In the space below, state your scheduling request and explain the reason for the request.

__________________________________________________________

Interpretation services for the oral/case examination are available upon request AT THE TIME OF APPLICATION. (See Page 1 of this application.) The candidate will be responsible for all related fees. The fees will be based on the prevailing rates. Candidates will be notified of the fee and payment for the services must be received in the Headquarters Office before the examination date. Payments by check must be in United States dollars and drawn on a United States bank.
This Study Guide has been prepared to help applicants for both Associate Fellow and Fellow membership prepare for their examinations.

Associate Fellow: During the Part 1 (written) examination, the candidates must demonstrate entry-level knowledge of implant dentistry. A list of key words that are used in the test questions and sample questions demonstrating the written examination’s format are provided.

In the Part 2 (oral/case) examination, the candidates demonstrate basic understanding of dental implant procedures and display clinical judgment.

Fellow Examination: Advanced implant techniques are emphasized in the oral/case examination, which is clinically oriented. Applicants must demonstrate full knowledge of both the surgical and prosthetic phases of treatment.

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.

**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 coatings
Implant complications
Implant components
Implant contamination
Implant contraindications
Implant design
Implant exposure
Implant fracture
Implant materials
Implant occlusion
Implant overdentures
Incisal guidance
Incisions
Infections
Inflammation
International Normalization Ratio (INR)
Lasers
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
Oroantral fistula
Osseointegration failure
Osteocytes
Osteoconduction
Osteogenesis
Osteoinduction
Osteotomes
Osteotomies
Panoramic radiograph
Passivation
Periodontal disease
Periodontal microflora
Plate-form implants
Postoperative infections
Premaxillary augmentation
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
Torus
Trigeminal nerve
Wolff’s Law
Wound healing
Xenografts

* Approved by the Admissions and Credentials Board, May 1997; last revision, April 2011.
Sample Questions for Associate Fellow Written Examination

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

4. Which of the following radiograph provide a good image for the
   evaluation of the maxillary sinus for implant placement?
   a. Intraoral occlusal film
   b. Cephalometric film
   c. Water's View image
   d. Long cone transantral periapical film

5. A Serial Tomogram section taken in the mandible in the area of the
   second bicuspid could resemble a radiolucent shape similar to a figure 8. This image is most likely:
   a. The mental foramen
   b. The anterior superior loop of the mandibular canal
   c. Two separate mandibular canals
   d. The Incisive canal

6. One aspect of combination syndrome is:
   a. Atrophic tuberosity
   b. Super-erupted mandibular anterior teeth
   c. Retracted mandible
   d. Increased vertical dimension

7. The incisal guidance of the articulator is the mechanical equivalent of the:
   a. Horizontal condylar guidance and plane occlusion.
   b. Bennett Shift.
   c. Envelope of lateral excursion.
   d. Vertical and horizontal overlap of the anterior teeth.

8. The rationale for a full thickness flap at the time of implant placement
   surgery is to:
   a. Stimulate connective tissue growth.
   b. Maintain blood supply and prevent bone resorption over the
      implant.
   c. Avoid dehiscence over the implants and maintain attached gingiva.
   d. Expose the bone into which implants will be placed.

9. Polyglycolide acid (PGA) resorbable suture material resorbs by:
   a. Hydrolysis
   b. Inflammation
   c. Chemotaxis
   d. Anachoresis

10. With increasing length, the flexure of a fixed partial denture increases:
    a. Linearly
    b. Exponentially
    c. Geometrically
    d. Logarithmically

11. Which of the following MOST affect the biomechanical transfer of
    load from an endosseous implant to the surrounding bone?
    a. major-minor diameter at screw threads
    b. Surface area of interface
    c. Implant length
    d. Abutment-Implant connection design

12. Platform switching is best described as an abutment that is:
    a. The same diameter as the implant platform.
    b. Larger than the implant platform
    c. Smaller than the implant platform
    d. Used with conical implant

13. The best method to eliminate 100 percent of microorganisms from
    heat-sensitive surgical templates is:
    a. Steam sterilization
    b. Glutaraldehyde
    c. 70 percent ethanol immersion
    d. 3 percent hydrogen peroxide

14. The implant dentist has placed an endosseous implant in a site with a
    mid-crestal incision and wants the sutures to be intact for three to five
    days. Therefore, which of the following suture materials would the
    dentist select?
    a. Chromic gut
    b. Plain gut
    c. Polyglycolic acid
    d. Polytetrafluoroethylene

15. When performing a lateral approach sinus augmentation, an important
    anatomical structure to be aware of would be:
    a. The anterior nasal spine
    b. The posterior superior alveolar artery
    c. The naso–lacrimal canal
    d. The descending palatine artery

16. An edentulous patient with healthy appearing soft tissue complains of
    a burning tongue and palate. In considering this person as a
    prospective dental implant patient, which of the following would be
    of concern to the dentist?
    a. Leukoedema
    b. Oral moniliasis
    c. Xerostomia
    d. Pernicious anemia

Answers: 1.c, 2.a, 3.a, 4.c, 5.b, 6.b, 7.d, 8.d, 9.a, 10b, 11.b, 12.c, 13.c, 14.b, 15.b, 16.d
GENERAL INFORMATION

Case reports for both the Associate Fellow and Fellow examinations are due in the Headquarters Office 45 days before the examination period begins. The applicant is responsible for insuring that the case materials arrive by that date; therefore, use of a delivery process that allows verification of receipt in the Headquarters Office is recommended (e.g. DHL, UPS, FedEx, etc.). As noted in the Applying for the Examination section, candidates use their examination number to identify all materials submitted for the examination. Candidates will receive this number after his or her application for the examination is received in the AAID Headquarters Office.

The case reports must be submitted in electronic format. A template for each required file (written report, photographs, radiographs, and patient release form) is posted on the Academy’s website (www.aaid.com) in the Credentialing section. These templates are also available on a CD upon request to the Headquarters Office.

Submit all reports on one PC formatted CD-ROM or one memory stick (USB flash drive), which includes a folder for each case type, labeled as appropriate, e.g., single tooth case. Submit a print copy of the patient release form; do NOT include the patient release form in the electronic case report. On the CD or memory stick label, include the candidate’s examination number only.

The candidate’s name and office name and address must not appear anywhere in the reports except on the patient release form. Also, the patient’s address should NOT appear in the report.

Subperiosteal Cases: Candidates who are presenting a subperiosteal implant case must bring the bone model from either the direct bone impression or CT scan to the examination. Do not submit these models with the case reports.

Study Models: During the case presentations, the candidate may use study models, but they are not required. Candidates who plan to use study models should bring them to the examination. Do not submit study models with the case reports.

Failure to comply with the case report guidelines, including the radiographs, photographs and medical histories, will greatly affect the candidate's case report score.

The submitted reports become the property of the American Academy of Implant Dentistry and will not be returned.

ASSOCIATE FELLOW CASE SUBMISSION

Associate Fellow candidates must submit three (3) case reports for Part 2 (oral/case) of the examination as specified in The Requirements for Associate Fellows (page 5). The candidate must have provided surgical and/or restorative treatment for each of the submitted cases. All cases presented for the examination must include implants that are at least 3 mm in diameter and have been in function for at least one year by the beginning of the examination period.

DO NOT SUBMIT CASES OF LESS THAN ONE YEAR IN FUNCTION. Function is measured from the date of the final prosthesis to the first day of the examination period.

Each electronic case report must include the following three files: written report, photographs and radiographs. Associate Fellow candidates should submit the following for each case:

- Written Report
- Photographs
- Radiographs
- Release of Information Form, signed by the patient (Provide a print copy of this form.)

Electronic files submitted should be organized as follows:

The candidate's examination number must be used to identify case reports and all supporting documentation. Candidate numbers are assigned by the AAID after the application has been reviewed and accepted. A template for each required file (written report, photographs, radiographs, and patient release form) is posted on the Academy’s website (www.aaid.com) in the Credentialing section. These templates are also available on a CD upon request to the Headquarters Office.

FELLOW CASE SUBMISSION

Fellow candidates must submit the ten (10) cases as specified in the Case Requirements for Fellow Membership (page 12). The applicant must have full knowledge of both the surgical and prosthetic treatment for each of these ten cases. The candidate must have provided surgical and/or restorative treatment for each of the submitted cases.

All cases presented for the examination must include implants that are at least 3 mm in diameter and have been in function for at least one year by the beginning of the examination period. Three (3) of the ten (10) cases must have been completed within one year of the examination date (i.e. 12 months – 23 months) and seven (7) of the ten (10) cases must have been in function for at least two (2) years by the examination date (i.e. 24 months or more).
For Cases 1 – 3, each report must include 1) a written report, 2) photographs, 3) radiographs, and 4) a patient release form. For Case 4 – Case 10, candidates are required to submit 1) radiographs and 2) a patient release form. Fellow candidates should submit the following:

1. For the edentulous case with an implant-supported prosthesis (i.e., no tissue support) for a patient with severe atrophy:
   - Written Report
   - Photographs
   - Radiographs
   - Release of Information Form, signed by the patient (Provide a print copy of this form.)

2. For the unilateral (Kennedy Class II) or bilateral (Kennedy Class I) edentulous posterior maxilla, replaced with two (2) or more root-form implants without teeth between the implants:
   - Written Report
   - Photographs
   - Radiographs
   - Release of Information Form, signed by the patient (Provide a print copy of this form.)

3. For the Candidate’s Choice Case:
   - Written Report
   - Photographs
   - Radiographs
   - Release of Information Form, signed by the patient (Provide a print copy of this form.)

4. Additional Seven Cases:
   - Radiographs
   - Release of Information Form, signed by the patient (Provide a print copy of this form.)

A template for each required file (written report, photographs, radiographs, and patient release form) is posted on the Academy’s website (www.aaid.com) in the Credentialing section. These templates are also available on a CD upon request to the Headquarters Office.

FREQUENTLY ASKED QUESTIONS

Q: The insertion dates for the implants and the prosthesis for each of my cases were included in my application for the oral/case examination. Therefore, do I need to include these dates in my case reports?
A: Yes. The dates of treatment must be included.

Q: From what date is the "one year in function" requirement calculated for an edentulous case in which one of the four root-form implants failed?
A: The prosthesis must have been in function for one year after the failed implant was replaced.

Q: What is the interpretation of "edentulous posterior maxilla?"
A: Free-ended. There is nothing distal to the tooth (teeth) replaced by the implant.

Q: What is the superstructure?
A: The superstructure is a prosthesis that attaches to implant abutments.

In the JOI Glossary of Terms, the definition of superstructure also states "or an intermediary casting called a mesostructure." The following definition for mesostructure was found on the internet:

A mesostructure is an intermediate superstructure that is a series of splinted copings, each of which fits over an implant abutment or natural tooth and over which fits the completed prosthetic appliance.

Q: Is the "one-year-in-function" requirement calculated from the time that the temporary or permanent prosthesis was placed?
A: The "one-year-in-function" requirement is based on the time that the permanent prosthesis was placed.

Q: Does a four-unit bridge (mandibular left lateral incisor to mandibular right lateral incisor) that is anchored by two implants qualify as an edentulous segment or must the implants themselves be adjacent?
A: Yes. A case that is anchored by two implants qualifies as an edentulous segment of two or more adjacent teeth.

Q: Do onlay graft cases include ridge split cases?
A: If the dentist is effectively “splitting the ridge” and doing an interpositional graft and obtaining the net change horizontally (or vertically for that matter), the case would be accepted for the examination.

Q: I have been unable to recall a patient for photos to complete the case reports. Can I change to a different patient of the same case type?
A: Yes. Make changes in writing to the AAID office by the deadline for the case reports. Submit which case type has changed and the new dates of insertion for the implant and prosthesis.
**WRITTEN REPORT**

Written narrative reports that meet the criteria listed in this section are required for three cases of both the Associate Fellow and Fellow examinations. In each report, the arch that was treated must be specified; and the teeth must be identified by name, not number. The written narrative reports must include all of the pertinent information included in the outline below. If an abbreviation is used in the narrative (prose) reports, it must be explained the first time that it is used in the narrative report.

The candidate’s name and office name and address must not appear anywhere in the reports except on the patient release form. Also, the patient’s address should NOT appear in the report.

The case reports must be submitted in electronic format on either a PC formatted CD-ROM or a memory stick (USB flash drive). Submit a print copy of the patient release form; do NOT include the patient release form in the electronic case report.

Failure to comply with the case report guidelines, including the radiographs, photographs and medical histories, will greatly affect the candidate's case report score.

**CREATING THE WRITTEN REPORT**

Download and save the written report template, available at [www.aaid.com](http://www.aaid.com) in the Case Report Resources under the Credentialing tab. These templates are also available on a CD upon request to the Headquarters Office.

On page 1, type your examination number and the patient’s initials and choose the case type from the pull down menu. On page 2, insert a scanned copy of the medical history, which has the patient’s signature, by doing the following: (1) click on the sample history and (2) go to INSERT picture and insert a scanned image file of the patient’s medical history. Be sure that the scanned copy is LEGIBLE and does NOT contain candidate’s name, office name, or address. Repeat the same process on page 3 to insert a consent for treatment form.

Beginning on page 4, there are headings for each section of the Case Report Outline. The content that must be included in each section is described in the grey shaded area, which is under the section heading. The content descriptions match the case report outline in the next section. Begin typing the report text in the grey shaded area where your text will write over the content description. To move to the next section of the report, hit TAB. When the written report is completed, label it “Written Report” and save in the appropriate case folder as described in the Case Reports - General Information (page 22.).

**CASE REPORT OUTLINE**

Candidates must develop written narrative (prose) reports for each of the three (3) cases that include the pertinent information listed in the following outline.

**I. Patient Examination**

**A. History**

1. Chief complaint
2. Secondary complaint(s), if applicable
3. Health history when the implant(s) was placed, which has the patient's signature (Either scan in the health history or provide a print copy with the electronic report. If the health history is not in the English language, an English translation must also be submitted.)
4. Laboratory findings (e.g., CBC, SMA, PTT, INR), if applicable
5. Current medications

**B. Clinical examination**

1. Existing dentition
2. Adjacent soft tissues
3. Periodontal charting, if applicable
4. Lip line
5. Temporomandibular joint function
6. Parafunctional habits
7. Hard and soft tissue anatomy of edentulous areas
8. Other findings

**C. Radiographic examination**

1. Findings
2. Limitations

**D. Preoperative diagnosis**

E. Patient consent form for treatment with the patient’s signature (Either scan in the health history or provide a print copy with the electronic report.)

**II. Development of the Treatment Plan**

**A. Treatment goals**

1. Patient desires
2. Functional
3. Esthetic
4. Hygiene
5. Limitations
   a. Medical conditions
   b. Physical
   c. Psychological

**B. Evaluation of existing natural dentition**

1. Crown - root ratio
2. Periodontal condition
3. Abutment suitability
4. Alignment
5. Restorative needs

**C. Interarch relationships**

1. Occlusion
2. Jaw relation
3. Temporomandibular joint function
D. Evaluation of edentulous ridge
1. Amount of resorption
2. Soft and hard tissue anatomy
   a. Deficiencies
   b. Limitations
3. Suitability for implant(s)

E. Prosthetic restoration selection
1. Advantages
2. Disadvantages
3. Alternatives
4. Rationale

F. Hard and soft tissue modifications
1. Grafts
2. Osteoplasties
3. Gingivoplasties

G. Implant selection rationale
1. Type
2. Number
3. Placement position(s)

III. Surgical and Prosthetic Report
A. Surgical procedures (written, detailed surgical operative report that includes treatment dates)
   1. Type and amount of anesthesia
   2. Instruments and materials used
   3. Suture type and technique
   4. Surgical and postoperative complications
B. Prosthetic procedures (written, detailed operative report, step-by-step, how used and why; include treatment dates)
   1. Materials used (as applicable)
      a. Impression
      b. Die
      c. Model
      d. Transfer
      e. Abutment
      f. Restorative
      g. Cementation
   2. Techniques
      a. Preparation
      b. Impression
      c. Bite registration
      d. Temporization
      e. Articulation (e.g., hinge, face bow, semi-adjustable)
   3. Prosthetic delivery
      a. Evaluation of fit
      b. Occlusion/adjustment
      c. Placement
   4. Follow-up

IV. Clinical Résumé
A. Comparison of preoperative and postoperative diagnoses
B. Type of patient instructions given (e.g., preoperative, postoperative, diet, temporization, prosthetic)
C. Complications
D. Patient acceptance and prognosis

FREQUENTLY ASKED QUESTIONS

Q: Can the patient's name and other personal information, e.g., telephone number, appear on the health history included in my case report?
A: The patient's name can appear on the health history. However, the city, state, telephone number and, when applicable, the country should not appear in the report.

Q: If the applicant did not place the implant(s), must the consent form for implant placement be included in the case report?
A: No. But explain the irregularity in the written report for this case.

Q: What information should be included in the report with respect to pre- and post-diagnosis?
A: The pre-op diagnosis would include either partial edentulism or fully edentulous with a description of the ridge or implant site as to bone width height and density. The post diagnosis would be what was achieved with the procedure. The implant site should be presented in the context of the entire arch[es] as this will affect the final outcome, i.e., vertical dimension and inter-occlusal space as well as oral habits.

Q: How does the Board interpret the requirement that the pre- and post-operative diagnoses should be compared in the case report?
A: If something unforeseen surfaced during treatment, the post-operative diagnosis would be different and should be included in the report. If not, the pre- and post-operative diagnoses would be the same.

Q: Are health histories disclosing the patient's name and address to be included in the case reports?
A: The patient's health history is to be included in the case reports; however, his or her address should be blocked out.

Q: If an oral surgeon placed the implants, what should the candidate submit for the surgical report section of the case report?
A: The candidate should submit the surgeon's report as well as his/her overview since it is assumed that the candidate had direct control about where the implants were placed and the number and brand of implants used.
Post-completion photographs that meet the criteria listed in this section and show clearly the views listed below are required for the three written case reports for both the Associate Fellow and Fellow examinations. These photographs must clearly depict the soft tissue relationship to the implant prosthesis. The tooth (teeth) of interest must be shown in each of the photographs.

All photographs must be of good quality (diagnostic value) and should be made with a digital camera with a SRL lens of the macro type and a ring flash. (You may use a digital camera without an SRL lens and a ring flash; however, such photos often are not of diagnostic value.)

Cheek retractors must be used for all intraoral photos, and a high quality side view mirror must be used for all posterior and occlusal views.

All visual images presented in the photographs must be in their natural state and must not have been altered by a graphics editing program such as Adobe Photoshop.

Do not submit any photographs that are not required.

STANDARD PHOTOGRAPHS. Post-completion photographs that clearly show the views listed below are required for each case:
1. Centric occlusion, right
2. Centric occlusion, left
3. Anterior Centric
4. Anterior Protrusive
5. Lateral view of left working
6. Lateral view of right working
7. Occlusal maxillary
8. Occlusal mandibular

ADDITIONAL PHOTOGRAPHS REQUIRED (by case type)
A. Single tooth
   • Standard photographs only
B. Edentulous segment of two or more adjacent teeth
   • Standard photographs only
C. Immediate placement of one or more implants in the maxillary anterior segment cases (13 photos total)
   • Standard photographs
   • Plus five additional photographs:
     1. Frontal view of proposed immediate site in the aesthetic zone prior to extraction.
     2. Occlusal view of the proposed immediate site prior to immediate implant placement.
     3. Frontal view of the proposed immediate site prior to immediate implant placement.
     4. Occlusal view of the immediately placed implant.
     5. Frontal view of immediate provisional (e.g. fixed or removable partial denture, Essix, Maryland bridge, or healing abutment).

D. Edentulous cases (8 – 11 photos total)
   • Standard photographs
   • Cases that include a removable prosthesis, three additional photographs are required
     1. Occlusal view of the superstructure without the removable prosthesis in place.
     2. Frontal view of the superstructure without the removable prosthesis in place.
     3. View of the intaglio (tissue side) surface of the removable prosthesis

E. Graft cases (14 photos total)
   • Standard photographs
   • Plus six additional photographs
     1. Pre-surgical occlusal view showing the atrophic ridge
     2. Pre-surgical facial (lateral) view showing the atrophic ridge
     3. Immediate post-surgical occlusal view
     4. Immediate post-surgical facial (lateral) view
     5. Occlusal view of healed site, typically 4 - 6 months after ridge augmentation and pre-implant placement
     6. Facial (lateral) view of healed site, typically 4 - 6 months after ridge augmentation and pre-implant placement

TEMPLATE FOR PHOTOGRAPHS
Download and save the photograph template, available at www.aaid.com in the Case Report Resources section under the Credentialing tab. For each case, type the information specified in the bracketed text of the slide.

All of the photo views required by case are listed on the opening slide(s).

The next slide provides the template for each photograph. In the slide sorter view or the side bar on the left, duplicate slide, and repeat until you have inserted enough slides for each of the required photos.

Only place one photo per slide.

Name the file by case type and “Photographs” and save in the appropriate case folder (e.g. Single Tooth Photographs)

FREQUENTLY ASKED QUESTIONS
Q: For cases that include a removable prosthesis, a post-completion photograph of the superstructure is required. Where should the superstructure be when the photo is made?
A: The superstructure should be in the mouth for this photograph. A photo on the model is not acceptable.

Q: For cases that include a removable prosthesis, two additional photographs are required: (1) a post-completion photograph of the superstructure and (2) a photograph of the implants without the prosthesis in place. When should the photograph have been made?
A: The Board's preference is a photo that shows the implants before the superstructure was attached. However, if you did not make a photo of the case at that time and the bar is cemented or screw-retained, make a photo without the prosthesis in place.

All photographs must comply with applicable patient privacy laws.
Immediate Placement in Maxillary Anterior

Additional photographs and case examples can be found online at www.aaid.com.

* Indicates Standard photographs required for all case types
Radiographs that meet the criteria listed in this section and show clearly the views listed below are required for all case reports submitted for both the Associate Fellow and Fellow examinations. All radiographs must be of diagnostic quality and have minimal distortion, and bone levels must be obvious.

A template for each file is posted on the Academy’s website (www.aaid.com) in the Credentialing section. These templates are also available on a CD upon request to the Headquarters Office.

Radiographs of the following views must be submitted with each case report.
1. Presurgical panograph or a full-mouth radiographic series.
2. Post-surgical (within one week of surgery) panograph or a post surgical periapical radiograph for a single-tooth-implant
3. Post-prosthetic (with prosthesis or bar superstructure in place); either panographic or periapical radiographs are acceptable
4. Completed case radiograph (taken within 12 months of the candidate’s oral/case examination date.) Either a panograph or a full-mouth radiographic series is acceptable.

For grafting cases, two additional radiographs are required:
5. Cross sectional cone beam radiograph of the augmentation site BEFORE the augmentation’s placement
6. Cross sectional cone beam radiograph of the augmentation site AFTER the augmentation’s placement

If a CT scan has been made for a case, a panoramic view and representative slices of the scan may be submitted, using the same procedure. Please note that CT scans are not required.

CREATING RADIOGRAPHS AND CT SCANS
Download and save the radiograph template, available at www.aaid.com in the Case Report Resources section under the Credentialing tab. Open the template for radiographs in Microsoft PowerPoint. For each case, type the information specified in the bracketed text of the slide.

On the first slide, all the radiographs that are required for each case are listed. In slide 2, insert the candidate’s examination number, the patient’s initials, and the case type. Slide 3 provides the template for the required radiographs In the slide sorter view or the side bar on the left, right click on this slide, then choose duplicate slide, and repeat until you have inserted enough slides for each of the required radiographs.

On slide 3 and subsequent slides, type the view and date that the radiograph was taken, as appropriate. To insert a radiograph, Only place one radiograph per slide.
FREQUENTLY ASKED QUESTIONS

Q: Can post-surgical periapical radiographs be submitted instead of an immediate post-surgical panograph for cases that include multiple implants?
A: If the periapical radiographs were made before the abutments were seated, they may be included in lieu of the panograph. Also include a panograph with the abutments in place. Make a note in your written report about why you did not submit the post-surgical panograph as specified.

Q: Is a photograph of a radiograph acceptable?
A: Yes. Since the Board accepts digital radiographs, a photograph of a radiograph is acceptable.

Q: Is a panograph required for the case of an edentulous segment of two or more adjacent teeth?
A: No, a periapical radiograph is acceptable provided it shows both (or all) teeth.

Q: Should the denture be in place for the post-prosthetic radiograph?
A: No. For a removable overdenture, the post-prosthetic radiograph should show the bar, the overdenture attachment abutment or superstructure without the denture in place. For more information about photographs required for cases that include a removable prosthesis see page 26.

Q: Can the post-prosthetic and complete case x-ray be the same film as long as it is taken within twelve months of the exam?
A: Yes, the post-prosthetic and completed case x-ray can be the same film as long as it is taken within twelve months of the exam and the case has been in function for one year. However, two copies of the film should be provided: one labeled post-prosthetic and the other labeled completed case.

Q: For one of my cases I have a CT scan but do not have a presurgical panograph or a full-mouth radiographic series. What should I submit?
A: Submit the 3-D rendering and a cross section of each of the implants.

Q: Can a CT scan be substituted for the presurgical panograph or a full-mouth radiographic series that is specified in the Radiographs section of the case report guidelines?
A: Yes

Q: Some years ago I placed an implant-supported overdenture for an elderly patient and followed the case for four years before she died. My clinical documentation includes all of the required photographs and radiographs except for a radiograph taken within 12 months of this year's examination period. Can I use the case for the required edentulous arch case?
A: Yes, the case can be used provided the candidate has radiographs that document the overdenture was in place for at least one year. However, the candidate will need to obtain authorization from the patient’s next of kin to use the dental records.

“Being credentialed through the AAID tells my patients that I am passionate about implant dentistry and am well qualified to perform implant dentistry.”
Jason Kim, DDS, FAAID, DABOI/ID
Flushing, NY
AUTHORIZATION FOR RELEASE OF PATIENT RECORDS AND MATERIAL

_________________________________________
Doctor's Name

_________________________________________
Address

_________________________________________
CityStateZip

You are hereby authorized to utilize and/or release all or portions of my dental records or other materials as prepared by you in connection with clinical evaluation, treatment and care, without limitation, for the purpose of sharing the same with other dental practitioners for demonstration, training or other professional scientific purpose.

_________________________________________ __________________________________________________
Witness Patient Signature

___________________________ __________________________________________________
Date Patient Name

__________________________________________________
Address

__________________________________________________
City State Zip

Country

Return this form to the doctor named above.

AC108.1 Rev 6/95
SOURCE MATERIAL:

REQUIREMENTS FOR THE ASSOCIATE FELLOW MEMBERSHIP EXAMINATION
Adopted September 1997; latest revision, October 2017

GUIDELINES FOR CASE REPORTS FOR ASSOCIATE FELLOW MEMBERSHIP
Approved by the Admissions and Credentials Board, September 1997; revised to September 2016.

REQUIREMENTS FOR THE FELLOW MEMBERSHIP EXAMINATION
Adopted May 1999; last revision, May 2017

GUIDELINES FOR CASE REPORTS FOR FELLOW MEMBERSHIP
Approved by the Admissions and Credentials Board, September 1997; last revision, May 2016.