



STUDY GUIDE FOR ASSOCIATE FELLOW AND FELLOW MEMBERSHIP EXAMINATIONS*

General Information

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

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

Associate Fellow Membership Examination

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

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

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

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

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

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

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

Part 2 (Oral/Case) Examination: The second part of the Associate Fellow Membership Examination is clinically oriented. Candidates demonstrate their knowledge of implant dentistry through five standardized cases and the reports that they submit to satisfy the case requirements for the examination. For each of the five standardized cases, candidates review a written description, a panograph and a photograph and then respond to questions related to treatment of the case. The case examination is based on the cases submitted by the candidate and follows a case presentation and discussion format.

Fellow Membership Examination

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

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

Associate Fellow Written Examination

KEY WORDS

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

Sample Written Examination Questions

1. A failing or ailing implant shows an increase in subgingival:

- A. S. Mutans.
 - B. Aerobic gram negative bacteria.
 - C. Anaerobic gram negative bacteria.
 - D. Black pigmented porphyromonas.
2. A presurgical radiographic stent with vertical radiopaque indices at the center of each tooth position identifies:
- A. The mesial-distal position of the proposed implant site.
 - B. Vital anatomical structures.
 - C. The potential emergence profile.
 - D. Radiographic distortion.
3. Lowering mechanical stress to the crestal bone-implant interface can best be accomplished by the use of:
- A. Wide diameter implants (> 4.7 mm).
 - B. Long implants (> 12 mm).
 - C. A cantilever prosthesis.
 - D. Smooth cylinder implants.

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