



ADIA



INTERNATIONAL
CONGRESS
OF ORAL IMPLANTOLOGISTS

MEMBER DISTINCTION / CREDENTIALS APPLICATION

MISSION

The Association of Dental Implant Auxiliaries (ADIA) is a component society of the International Congress of Oral Implantologists (ICOI). As the number of implant practices in the world grows and develops, there is a need for auxiliaries to do the same. A goal of our association is to introduce education related to implants into your practice or increase your implant practice as a "team". Our main purpose is to develop educational criteria and training for certification and provide an organized vehicle for auxiliaries to contribute to the field of oral implantology/implant dentistry.

Having the distinction as a credentialed member of the ADIA can offer you:

- Higher level of skill which benefits your career, your patients, your practice and your profession
- Confidence in your capabilities as an auxiliary
- Public recognition of professional achievement
- Higher professional status and distinction among your peers
- Satisfaction of advanced education
- Value to your implant team
- Access to special programs and benefits offered only to credentialed members

Categories for application:

- **MANAGEMENT**
- **CLINICAL**
 - Surgical
 - Prosthetic
 - Hygiene

ALL CREDENTIALLED MEMBERS MUST MAINTAIN CURRENT ADIA MEMBERSHIP.

To maintain fellowship status, you must attend one meeting every 3 years after being accepted as an ADIA Fellow.

CERTIFIED IMPLANT AUXILIARY REQUIREMENTS

To be eligible for **Certified Status** the applicant must show proof of:

- Attendance at one (1) of the following: DHICP, DAICP, PMICP **OR** Dental Team Implant Certification Program

ADVANCED CERTIFIED IMPLANT AUXILIARY REQUIREMENTS

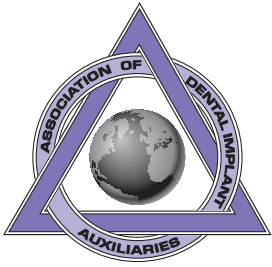
To be eligible for **Advanced Certified Status** the applicant must show proof of:

- Attendance at two (2) of the following: DHICP, DAICP, PMICP **OR** Dental Team Implant Certification Program
- Accumulation of 80 hours of Continuing Education
Continuing education units must be current (within the last 7 years)
75% of the required hours must be directly related to implant dentistry
- Two years of active membership immediately prior to application
- Attendance at one (1) ICOI/ADIA Symposium in the two years immediately prior to application

FELLOWSHIP REQUIREMENTS

To be eligible for **Fellowship Status** the applicant must show proof of:

- Attendance at each of the following: DHICP, DAICP **AND** PMICP
- Attendance at The ADIA's Implant Coordinator Training Program
- Accumulation of 120 hours of Continuing Education
Continuing education units must be current (within the last 7 years)
75% of the required hours must be directly related to implant dentistry
- Two years of active membership immediately prior to application
- Attendance at one (1) ICOI/ADIA Symposium in the two years immediately prior to application
- Submission of one (1) article for publication in the ADIA newsletter **OR** performance of one (1) table clinic at any ICOI/ADIA Symposium
- One (1) activity within the implant field, for example: publication, lecture, community activity related to implant dentistry, production of an office form or brochure related to implant dentistry
(Please submit proof of this activity.)



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ASSOCIATION OF DENTAL IMPLANT AUXILIARIES



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APPLICATION FOR CERTIFICATION CATEGORY (CHECK ONE)

MANAGEMENT **CLINICAL:** Surgical Prosthetic Hygiene

NAME: *(As you wish it to appear on membership certificates, the internet directory, etc.)*

First _____ Initial(s) _____ Last _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Telephone () _____ Fax () _____ Date of Birth _____

Office Address _____

City _____ State _____ Zip _____

Number of years membership in ADIA _____ *(Current membership is required.)*

PROFESSIONAL ACTIVITY

(If more than one activity, indicate percentage of time allocated to each.)

Private Practice *(please specify type ie: General Practitioner, Specialty, etc)* _____ %

School _____ %

Research Institution _____ %

Other _____ %

EDUCATION

College _____ Degree _____ Year _____

School _____ Certificate/Degree _____ Year _____

School _____ Certificate/Degree _____ Year _____

BOARDS

State, Regional, National _____ Certificate/License No. _____ Year _____

State, Regional, National _____ Certificate/License No. _____ Year _____

(OVER)

CONTINUING EDUCATION

Attach a separate sheet and use the following format:

TOPIC	SPONSORING ORGANIZATION	DATE	NUMBER OF HOURS
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HOSPITAL / UNIVERSITY APPOINTMENTS

ACTIVITIES WITHIN THE IMPLANT FIELD

(Publications, lectures, etc.)

ENCLOSE TWO LETTERS OF RECOMMENDATION

(Letters must be from professionals within the implant field)

1. Name _____

2. Name _____

EVALUATE MY APPLICATION FOR THE FOLLOWING LEVEL(S):

(see page 2)

APPLICATION FEE

- | | |
|---|-------|
| <input type="checkbox"/> Certified Implant Auxiliary | \$ 50 |
| <input type="checkbox"/> Advanced Certified Implant Auxiliary | \$100 |
| <input type="checkbox"/> Fellowship | \$150 |

AMOUNT ENCLOSED: \$ _____

PAYMENT

- Check (please make check payable to ADIA)
- Visa Mastercard American Express

Card Number _____ Expiration Date _____

Signature _____ Date _____

Return this application with your payment in U.S. funds to:

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

ADIA, Lynn Mortilla, Executive Director • 8558 Hawbuck Street • Trinity, Florida 34655
p: (727) 642-3280 • f: (267) 295-8509 • LDTRDH@aol.com