

APPLICATION FORM

Diplomate of the Indian Board of Implantology (Diplomate IBI)

SECTION 1: PERSONAL AND PROFESSIONAL DETAILS

Full Name (as per Registration):

Date of Birth:

Gender:

Nationality:

Primary Contact Address:

City:

State:

Pin code:

Mobile Number:

Email Address:

Dental Council Registration Number:

State Dental Council:

Year of Registration:

SECTION 2: ACADEMIC QUALIFICATIONS

Please provide details of all dental qualifications:

DEGREE	INSTITUTION	UNIVERSITY	YEAR OF PASSING

The applicant must attach self-attested copies of all degree certificates and registration certificates. Any discrepancy in documentation may lead to rejection of the application.

SECTION 3: PROFESSIONAL EXPERIENCE

- Total years of clinical practice:
- Years of experience in implant dentistry:
- Current Practice Type (tick applicable):
 - Private Practice
 - Institutional Practice
 - Both
- Practice Address(es):

The applicant is required to provide a brief description of the nature of clinical work performed, with emphasis on implant-related procedures.

SECTION 4A: FELLOWSHIP STATUS (IAOI PATHWAY)

Have you been awarded Fellowship in Implantology by IAOI (FIBI-IAOI)?

Yes No

If yes, provide the following details:

- Year of Fellowship award:
- Fellowship Certificate Number:

(Please attach a copy of the certificate)

Candidates applying through the Fellowship pathway must ensure that they meet all additional Diplomate-level requirements. Fellowship alone does not guarantee eligibility for Diplomate certification.

OR

SECTION 4B: DIPLOMAT STATUS

Have you been awarded Diplomate in Implantology by any other recognized international implant organization

Yes No

If yes, provide the following details:

- Name of the organization:
- Year of Diplomate award:
- Diplomate Certificate Number:

(Please attach a copy of the certificate)

Candidates applying through the Diplomate pathway must ensure that they meet all additional Diplomate-level requirements. This alone does not guarantee eligibility for Diplomate certification.

SECTION 5: IMPLANT CLINICAL EXPERIENCE (MANDATORY)

- Total number of implants placed (Approx):
- Total number of implants restored (Approx):
- Years of independent implant practice:

The applicant must attach a verified implant logbook of 100 cases signed by the candidate, detailing procedures performed. The Academy reserves the right to audit submitted data.

SECTION 6: STRUCTURED EDUCATION AND TRAINING

- Provide details of structured implant education completed:

S. No	Course title	Institution	Duration hours	Year

- Total number of implant-related education hours:

The applicant must attach supporting certificates for all listed programs.

SECTION 7: DECLARATION OF CASE PORTFOLIO READINESS

I hereby confirm that:

- I have completed a minimum of 100 implant cases meeting the prescribed categories for Diplomate certification.

- At least 50% of the cases submitted are independently performed (mandatory for Fellowship candidates).
- All documentation is original and has not been previously submitted for certification elsewhere.

Yes No

SECTION 8: ETHICAL DECLARATION

I hereby declare that:

- All procedures submitted in my case portfolio were performed by me or under my direct supervision with primary responsibility.
- Informed consent was obtained from all patients included in the submission.
- All complications, failures, and adverse outcomes have been truthfully reported.
- No data, images, or records have been altered, fabricated, or misrepresented.

I understand that any violation of ethical standards may result in disqualification or revocation of certification.

Signature of Candidate:

Date:

SECTION 9: PROFESSIONAL REFERENCES

Provide details of two referees familiar with your implant practice:

Referee 1

Name:

Qualification:

Position/Designation:

Contact Details:

Referee 2

Name:

Qualification:

Position/Designation:

Contact Details:

Referees may be contacted by the Academy for verification of clinical competence and professional conduct.

SECTION 10: DOCUMENT CHECKLIST

The applicant must ensure submission of the following:

- Copy of BDS/MDS degree certificates
- Dental Council registration certificate
- Fellowship certificate (if applicable)
- Implant logbook
- Continuing education certificates
- Government-issued identity proof
- Recent passport-size photograph

Incomplete applications will not be processed.

SECTION 11: FINAL DECLARATION

I hereby apply for the Diplomate certification of the Indian Board of Implantology (IBI) under the aegis of the Indian Association Oral Implantologists. I confirm that I have read and understood the eligibility criteria, certification requirements, and ethical guidelines. I agree to abide by the rules and decisions of the Academy.

Signature of Candidate:

Name:

Date:

Place:

FEES STRUCTURE:

- **Application Fees:** Rs. 10,000 (To be paid at the time of submission)
- **Examination Committee Charges:** Rs. 15,000 (To be paid at the time of review)
- **Credentiailling & Award at IAOI National Conference:** Rs. 25,000 (To be paid along with the conference registration)