



## American Board of Oral Implantology/Implant Dentistry Candidate Application

**Please select the appropriate route below:**

**If you have submitted your application within the last 4 years, please proceed to page 2.**

### **Route 1-General Dentists (US & Canada)**

The following are pre-requisites for ABOI/ID Diplomate Certification Part I (Written Examination) \*

1. Applicant must be a DMD/DDS or equivalent
2. Continuing education (CE) totaling 670 hours specific to implant dentistry and verified on certifying organization letterhead or copies of CE certificates. Or if you are an AGD member, please submit your AGD CE transcript for verification.
3. Completion of the following programs will satisfy additional continuing education credits.

	1-year GPR or AEGD	1-year Fellow	2-year GPR or AEGD	2-year Fellow	AAID Associate Fellow	AAID Fellow*
CE Credit	100	100	200	200	100	200

\* AAID Fellowship will satisfy all requirements of the ABOI/ID Diplomate certification and is exempt from the Part 1 written examination.

### **Route 2-International Dentists (Route 2 applicants must complete Part I written examination)**

The following are pre-requisites for ABOI/ID Diplomate Certification Part I (Written Examination)

1. The applicant must be a practicing dentist certified by a licensing board.
2. Continuing education (CE) totaling 670 hours specific to implant dentistry and verified on certifying organization letterhead or copy of CE. Or if you are an AGD member, please submit your AGD CE transcript for verification.
3. Completion of the following programs in US or Canada will provide additional continuing education credits towards the required 670 hours.

	1-year GPR or AEGD	1-year Fellow	2-year GPR or AEGD	2-year Fellow	AAID Associate Fellow	AAID Fellow*
CE Credit	100	100	200	200	100	200

Residency	Oral Surgery	Prosthodontics	Periodontics	Implantology
CE Credit	350	350	350	350

### **Route 3-ADA Specialist in the US and Canada (Route 3 applicants are exempt from Part 1 Written Examination)**

Completion of an approved hospital, university, or dental school residency training program in oral surgery, prosthodontics, periodontics, and implant dentistry will satisfy all requirements for Part I of the ABOI/ID Diplomate certification.



This is a fillable PDF form and not an on-line application. Save the form to your computer or print it as a paper application. Once completed, email it to [applications@aboi.org](mailto:applications@aboi.org) for processing. Incomplete applications will result in processing delays. After your application has been approved and your application fee has been processed, you will receive exam fee payment information and other important exam details.

Have you previously applied to ABOI/ID?

**Yes**

If yes, enter the year applied. \_\_\_\_\_

- Previously submitted applications from up to four years ago, don't require an application fee.
- Fill out and submit only pages 2, 3, 6 and 8 of this application.

- No** ➤ First time applicants must fill out this application in its entirety and are required to submit any accompanying paperwork.

**Certification Exam Information**

- Applicants are now required to first take and pass Part I-Written Exam before proceeding on to Part II-Oral Exam. Both exams cannot be taken in the same year.

**I am applying to take the following ABOI/ID certification examination:**

Part I Written Exam

- If you are re-applying, please enter the year exam previously taken. \_\_\_\_\_

Part II Oral Exam

- If you are re-applying, please enter the year exam previously taken. \_\_\_\_\_
- If you selected only Part II, please specify from the following:  
**Route 1**-I am an AAID Fellow and Exempt from Part I.

**Route 3**-I am a Specialist in US or Canada and Exempt from Part I.

I previously passed Part I-Written Exam, please enter the year. \_\_\_\_\_

Candidate Information (for ABOI use Only)

Name (First Middle Last): \_\_\_\_\_

Name must match two legal forms of identification used at PearsonVue testing centers.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Office Information

Office Name: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip code/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Office Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_



## Education Information-Routes 1,2 and 3

A copy of your degree is required with your application.

Dental Degree (i.e., DDS, DMD or BDS): \_\_\_\_\_

Name of Dental School: \_\_\_\_\_

Location: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

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## Specialty Information-Route 3

Completion of an approved hospital, university, or dental school residency training program in oral surgery, prosthodontics, periodontics, and implant dentistry will satisfy all requirements for Part I of the ABOI/ID Diplomate certification. A copy of your specialty certificate is required.

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

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## Professional Dentist Licensure Information-Routes 1,2 and 3

A copy of your professional dentist license with the current expiration date is required.

State/Territory: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Has your license ever been revoked? If so, explain:



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of Oral Implantology

670 CE Hours must be implant related. Below are examples:

- Anatomy
- Anesthesia
- Bone Grafting
- CPR/Medical
- Emergency Training-  
can claim one time.
- Computer
- Conscious Sedation
- Diagnostics
- Esthetics/Cosmetic
- Implant Surgery
- Occlusion (non ortho related)
- Periodontology
- Pharmacology
- Prosthetics
- Radiology
- Restoration
- Soft Tissue Grafting
- Treatment Planning

If you are an AGD member, you may submit a copy of your CE transcript.

If you need additional space, attach a separate document with your CE listing.

Type in your CE hours for an automated grand total.

For Route 1 and 2 applicants, list your CE coursework and provide copies of your CE certificates. Type in your hours for an automated grand total.

**Name of Program:**

**Number of CE hours awarded:**

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**Name of Program:**

**Number of CE hours awarded:**

**Grand Total:**



Certification Release

I, \_\_\_\_\_, hereby certify that the foregoing information is true and correct to the best of my knowledge, and I understand that my electronic signature submitted with my application shall serve as my verification of the information I submitted to ABOI and as confirmation of my identity.

I hereby agree to advise ABOI immediately in writing of any changes in my status that would amend or alter the information I have provided in my application. If the American Board of Implantology/Implant Dentistry (“ABOI”) awards me a Diplomate certification; I agree to uphold the principles and the objectives of ABOI and to abide by its bylaws.

I hereby agree to waive and relinquish all claims I may have arisen out of, or in connection with, this application, the grade or grades given to me with respect to the oral and/or written examinations administered to me by ABOI, or the decision of ABOI to issue me a Diplomate certification, or any other certification.

I hereby fully release, discharge, and exonerate ABOI, its directors, officers, members, examiners, representatives, and agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, this application, the grade or grades given to me with respect to the oral and/or written examinations administered to me by ABOI, or the decision of ABOI to issue me a Diplomate certification, or any other certification.

I hereby acknowledge and understand that the ABOI’s decision(s) whether my oral and/or written examinations qualify me for a Diplomate certification or any other certification, vest solely and exclusively in ABOI. I understand that, in the event of any dispute between ABOI and me, ABOI’s decision(s), including any decision after the completion of the appeal process set forth by ABOI, is/are final and binding.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Authorization to Release Academic Information Form

**Notice:** By signing below, you are authorizing the ABOI a one-time release of personal school record information from the following institution:

I, \_\_\_\_\_ hereby authorize the release of my personal transcript and professional training / academic information and records to the American Board of Oral Implantology/ Implant Dentistry and its agents.

I authorize the release of the following information:

- Grade reports from all classes attended
- Confirmation of completion status

Should you need to contact me regarding this authorization, I can be reached at the following phone number:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Years attended: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Confidentiality Agreement

I hereby attest that I will not divulge the nature or content of any question or answer on the ABOI/ID Certification examination to any individual or entity, and I will report to the ABOI/ID Board of Examiners any solicitations and disclosures of which I become aware.

I will not remove, or attempt to remove, any ABOI/ID Examination materials, notes, or other unauthorized materials from the examination room.

I understand that failure to comply with this attestation may result in invalidation of my grades, disqualification from future examinations, and possible civil penalties and liability.

Candidate Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_





## Application & Exam Fees and Policies Information

### **Application Fee**

\$600.00

- Application fee is a one-time non-refundable and non-transferable.
- **Application deadline is December 1, the year before the examination/s will be taken.**
- Once your application is approved and your application fee has been processed you will receive information on how to submit your exam fee along with more details regarding the exam/s.

Please select a payment option below for the \$600 application Fee:

Credit or debit card. Click on this secure payment link.

<https://buy.stripe.com/7sI16O5m17pp8kE8ww>

Phone in with credit/debit card payment. Call the office at

312-335-8793.

Pay by Check

Make Payable to:

ABOI/ID Mail to:

ABOI/ID-Applications

211 E. Chicago Ave, Suite 1100

Chicago, IL 60611

### Exam Fees\*

Part I Written Examination Fee	\$700.00 (non-transferable)
Part II Examination Fee	\$1200.00 (non-transferable)
Re-Examination Fees	\$700 for Part I, \$1200 for Part II
Cancellation Fee, if canceled less than 30 days of the scheduled exam.	\$400.00

\*Exam Fees are non-transferable, see below for refund policy.

### Refund Policy for Exam Fees

- To receive a full refund, you must contact ABOI/ID 30 days or more prior to the scheduled examination date.
- If canceled less than 30 days of the exam, a \$400.00 cancellation fee will be assessed.
- If canceled within 7 days or if a candidate is a no show, no refund will be issued.

### Exam Policies

- NEW for 2025- Approved candidates are now required to first take and pass Part I-Written Exam before proceeding on to Part II-Oral Exam. Both exams cannot be taken in the same year.
- Both Part's I & II must be successfully completed within four years of original application. You will have three opportunities to complete both parts of the exam within four years.
- Part II must be successfully completed within four years of passing Part I.
- If you need to re-take Part I or Part II, the full amount of the exam fee will be charged.
- **Case submissions for the Oral Examination are due no later than January 15<sup>th</sup>**, the year of the exam.
- All applications and case submissions become the property of the ABOI/ID and will not be returned to applicant once submitted.
- Examination dates vary from year to year and will be posted on the [ABOI website](http://aboi.org).