



GCOI MASTERSHIP APPLICATION

(To be Typed or printed)

Preferred name:

(As you wish it to appear on the certificates, directories, etc)

Date of Birth: Gender: Citizenship:

Contact information:

Mailing address:

City: State/Province: Postal code:

Phone no: Email address:

Educational Background: _____

Dental school Degree(s): _____ Date of graduation: _____

Postgraduate Education (List relevant programs and institutions): _____

Years of clinical experience in dentistry: _____ Years of experience in oral implantology: _____

Current practice type (Solo,group,academic,etc): _____

Professional website or online presence(URL): _____

Country of Licensure: _____ License #: _____

Speciality: _____ AGD #: _____

Number of years a member of the GCOI _____

Number of years a fellow of the GCOI _____

Prerequisite: **Active GCOI Membership**

Who can apply: All members who place implants, restore implants and/or fabricate implant prostheses.



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MASTERSHIP REQUIREMENTS

Submit Completed CE Forms:

Provide completed Continuing Education (CE) forms for each course attended.

Copy of Certificate of Completion:

Include a copy of the certificate of completion for each course.

Documentation of Achieved Hours:

Submit any additional documentation verifying the completion of the required 250 hours.

Submit (50) Completed Implant Cases:

Include 50 cases of comprehensive documentation, outlining each case and providing photos.

Successfully Pass the Mastership Multiple Choice and Oral Examination:

Successfully pass oral examination for Mastership.

Provide One Letter of Recommendation: Obtain a letter of recommendation from a

current GCOI Diplomate or Board member.

Submit Current Curriculum Vitae:

Provide an up-to-date curriculum vitae detailing educational and professional achievements.

Practice Implant Dentistry for at Least 3 Years:

Demonstrate a minimum of three years of active practice in implant dentistry.

Attend the Annual Symposium Induction Ceremony:

Participate in the Annual Symposium induction ceremony hosted by the GCOI.

Please use the following coding system to describe your cases on the documentation form:

Type of Implant: Root form—RF, Small diameter—SD, Plate form—PF, Subperiosteal—SP, Narrow Ridge—NRI
Type of Restoration: Single crown—SCR, Fixed bridge—FBR, Overdenture—OD, Partial overdenture—POD,
Fixed-detachable prosthesis—FDP
Current Status: Satisfactory function—SF, Compromised function—CF, Failed & removed—FR, Lost to recall—LR

Mastership Fee: 450 Euros

Please note: CREDENTIALS MUST BE AWARDED AT A GCOI SPONSORED OR CO-SPONSORED SYMPOSIUM



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Check GCOI website at <https://www.globalcoi.com/> for complete listing I would like to receive my award at the following GCOI conference:

(please allow 6 weeks for application and certificate processing)

A separate conference registration form and fee will be required at the meeting where you will be receiving your award.

Dues and payment:

Please visit our website or contact the GCOI office for current membership dues information and payment options.

Declaration:

I understand and agree to abide by the bylaws and code of ethics of the Global College of Oral Implantology, I declare that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

Please submit your completed application electronically to (email address) or by mail to mail@globalcoi.com

Thank you for your application! We look forward to welcoming you to the GCOI community.



GCOI MASTERSHIP APPLICATION- CASE DOCUMENTATION FORM

Name: _____

Date: _____

Table with columns: No, Patient's Id/Initials, Maxillary / Mandibular Arch, Date Implant(s) placed, Type Of Implant, Implant Surgical Dentist/ Implant Brand, Date of Uncov ery, Date Rest ored, Restor ative Dentis t, Type of Restoration, Dental Lab, Current status. It contains 20 empty rows for case documentation.