



ADIA



**INTERNATIONAL
CONGRESS
OF ORAL IMPLANTOLOGISTS**

MEMBER DISTINCTION / CREDENTIALS APPLICATION

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

The **Association of Dental Implant Auxiliaries (ADIA)** is an organization dedicated to the education and advancement of every auxiliary member of the dental implant team. It is dedicated to promoting implant dentistry as a collaboration between team members where each member plays a valuable and indispensable role. The ADIA provides a vehicle for auxiliaries to advance their education and contribute to the field of implant dentistry.

The ADIA is open to all office management and clinical team members and provides continuing education, internationally, nationally and regionally. The ADIA is a component society of the **International Congress of Oral Implantologists (ICOI)**, the world's largest dental implant society.

ADIA Mission Statement

To provide outstanding continuing education and training to the entire dental implant auxiliary team thereby giving them the knowledge, confidence and skills to be an integral and indispensable member of the dental implant team.

The ADIA values every team member's contribution to implant dentistry and offers its members the opportunity to distinguish themselves by recognizing their educational and professional achievements. The ADIA offers three different levels of advanced credentials: Certified Implant Auxiliary, Advanced Certified Implant Auxiliary and Fellowship.

The distinction of being a credentialed member of the ADIA offers:

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

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 two (2) of the ADIA certification programs, within a two-year period: DHCP, DACP, PMCP OR ICCP.

ADVANCED CERTIFIED IMPLANT AUXILIARY REQUIREMENTS

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

- Attendance at two (2) of the ADIA certification programs, within a two-year period: DHCP, DACP, PMCP OR ICCP.
- Accumulation of 60 hours of Continuing Education
Continuing education units must be current (within the last 5 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 all four (4) of the ADIA certification programs: DHCP, DACP, PMCP and ICCP
- Accumulation of 80 hours of Continuing Education
Continuing education units must be current (within the last 5 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
- 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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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 _____

Email _____ Number of years membership in ADIA _____ *(Current membership 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)

