

EAO Certificate in Implant-based Therapy **Guidance for** applicants





Welcome and introduction

Thank you for your interest in the EAO's Certificate in Implant-based Therapy. The certificate has been developed to raise standards of oral implant-based therapy across Europe. Obtaining the certificate is a prestigious achievement that demonstrates you are competent to perform basic and advanced implant treatments.

Certification is open to any dentist or maxillofacial surgeon worldwide – not just members of the EAO. Completing the Certification Programme is an achievable goal for anyone who is suitably qualified.

The Certificate in Implant-based Therapy supports the EAO's core aim of improving standards of education, clinical practice and patient care in implant-based therapy. It is the only Europe-wide standardised assessment of skills and expertise within the field of implant-based therapy. Certification provides a way of recognising the skills and expertise of dentists practising in this field.

Certification from the EAO demonstrates to your patients and colleagues that you are committed to providing high-quality implant treatments. Successful applicants are presented with their certificate by the EAO's President during an award ceremony at the annual scientific meeting in front of an audience of their peers.

Practitioners who have been awarded the certificate will be able to include a special logo designed by the EAO on their business cards, stationery and marketing materials (as long as this is permitted under local law). Attaining the certificate will provide a benchmark demonstrating your skills and expertise in implant-based therapy across Europe.

We look forward to welcoming you to the Certification Programme. If you have any questions about the application process, please email info@eao.org.



Step 1: getting started and submitting your case studies

How to apply

Applications for the EAO's Certification Programme will open on 4 March and close on 4 June 2019. The first part of the application is completed online.

The following items are required for Step 1. They must be received by the closing date of 4 June.

- six illustrated case studies, which must cover the full spectrum of implantology (more details are provided on the following pages)
- a CV with signatures from two supervisors
- evidence of appropriate training (including 250 hours experience gained in the field of implantology)
- a signed statement to confirm that you were in charge of the surgical/prosthetic treatment described in your case studies
- a theoretical outline of the part of the treatment that you did not perform
- an application fee of €500 (candidates who complete stage 1 successfully will be asked to pay a further €1,000)

To begin your application, register online by visiting **eao.certification.org**. This will enable you to upload the documents required for Step 1.

Candidates who successfully complete stage 1 will be invited to sit a multiple choice examination and an oral examination during the EAO's 2019 annual scientific meeting, held on 26–28 September in Lisbon. Candidates who pass the examinations will receive their certificate from the EAO's President during an award ceremony in front of an audience of their peers. Please note that you will have to register to the congress in order to take the exams.

Case studies: an overview

To demonstrate your clinical capabilities, you must submit six case studies during Step 1 of the certification application process. It is important you understand what these case studies should include and how they should be presented.

A PDF template has been provided that will enable you to record details of each of your cases systematically. You can download the template by clicking **here**.

Details of the accompanying photographs you must supply are listed below. You can view an example of the type of photographs that are required to illustrate your case studies by clicking **here**.

Case studies: content

You are required to submit six case studies:

- i. two showing a single tooth replacement, one in the aesthetic zone
- ii. two edentulous cases*
- iii. two partially dentate cases*

*ii) or iii) must present at least one fixed restoration with >2 implants

Each case study must contain the items listed below:

- a full history of the case, including an assessment of the patient's wishes, expectations and motivation (details of what is required are included in the PDF template, along with space for responses)
- an extraoral and intraoral clinical examination including evaluation of oral health supported by pictures (examples of typical extraoral and intraoral views are provided in the example case study and detailed in the list below)



- a radiographic examination oral and extraoral (OPG), CT or CBCT and software programme analysis, if necessary (samples are provided in the example case study and detailed in the list below)
- study casts/documentation supported by pictures
- special tests such as haematologic tests, blood cell counts etc., if indicated
- diagnosis and prognosis concerning the overall case and each individual tooth (details of what is required are included in the PDF template, along with space for responses)
- detailed description of treatment plan, as well as possible alternative strategies (details of what is required are included in the PDF template, along with space for responses)
- photographic documentation of surgical phase
- photographic documentation of prosthetic phase, including end results
- a follow-up of at least six months

Photographs and radiographs to accompany your case studies

Relevant clinical photographs form an important part of your case study submission. Your photos cannot be added to the PDF template, and instead you must gather these and provide them separately.

Here is a list of the pictures and radiographs that are required, with details of how they should be taken

Extraoral and intraoral clinical examination

- 1. Pre-operative photo analysis
 - a. En-face view of lower third of face
 - b. En-face view (smiling) of lower third of face
 - c. Right lateral of lower third of face
 - d. Right lateral (smiling) of lower third of face
 - e. Left lateral of lower third of face
 - f. Left lateral (smiling) of lower third of face

Positions **c through f** are only required if treatment has the potential to alter patient's profile view

g. Intraoral photographs – occlusal view (if necessary, use a mirror)

- h. Intraoral photographs lateral view (if necessary, use a mirror)
- i. Intraoral photographs additional views (optional)
- j. Photographs of casts

Radiographic examination

- 2. Pre-operative radiographs
 - a. Intraoral radiographs
 - b. Orthopantomogram

c. Relevant cone beam CT or multislice CT images For **2b** and c radiographic markers/stents must be used indicating the implant position when anatomical structures (nasal floor, sinus floor, infra-alveolar nerve (N. alveolaris inferior) can be encountered during insertion)

- 3. Post-operative radiographs
 - a. Intraoral radiographs (assessment of bone level)
 - b. Orthopantomogram

Photographic documentation of surgical phase and prosthetic phase

4. Intra-operative/during treatment

No standard views are required here, but it is expected that crucial steps during treatment are documented (e.g. defect exposure, augmentation placed, implant placed, wound closure). The same applies for prosthodontic treatment.

Photographic documentation of end results

- 5. Post-treatment photo analysis
 - a. En-face view of lower third of face
 - b. En-face view (smiling) of lower third of face
 - c. Right lateral of lower third of face
 - d. Right lateral (smiling) of lower third of face
 - e. Left lateral of lower third of face
 - f. Left lateral (smiling) of lower third of face



Positions **c through f** are only required if treatment has the potential to alter patient's profile view

- g. Intraoral photographs occlusal view (if necessary, use a mirror)
- h. Intraoral photographs lateral view (if necessary, use a mirror)
- i. Intraoral photographs additional views (optional)
- j. Photographs of casts

Six months follow-up photo analysis

6. Post-treatment photo analysis

- a. En-face view of lower third of face
- b. En-face view (smiling) of lower third of face
- c. Right lateral of lower third of face
- d. Right lateral (smiling) of lower third of face
- e. Left lateral of lower third of face
- f. Left lateral (smiling) of lower third of face Positions **c through f** are only required if treatment has the potential to alter patient's profile view
- g. Intraoral photographs occlusal view (if necessary, use a mirror)
- h. Intraoral photographs lateral view (if necessary, use a mirror)
- i. Intraoral photographs additional views (optional)

How to submit your case studies

Once you have created a profile and paid the application fee, you will be able to start your online submission. The screen shot on the next page shows how the online submission site works.

Before you start uploading your case studies, ensure that you have gathered all the information required. You must prepare a PDF containing the photos required for each category of images for each case study (see the next page for more details).





Screen shot showing the online application system

There is space to add a short introduction describing each case study

Most of the supporting information for your cases should be compiled using the interactive **PDF template**

For each category of pictures required, please prepare and upload a single PDF document

You can save your work at any time and log back in at a later date to complete your application. You can click 'Next' to go to the next page, even if you have not uploaded any files

EAO Certificate in Implant-based Therapy Application, stage 2 of 8

You are logged in as Test applicant separ

Case study 1: single tooth replacement

Before completing this section please refer to the Guidance for applicants PDF

General Introduction

Initial situation

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Treatment

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Final examination (at least 5 months after treatment)

Final photos and radiographs lone PDF containing all supporting pictured

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Guidance for applicants PDF



Step 2: preparing for the multiple choice examination

Well done! You have now reached Step 2 of the Certification Programme. This involves preparing for the multiple choice examination. The examination is held once a year at the EAO's annual scientific meeting.

On the following pages you will find the body of knowledge that underpins the multiple choice exam. You can prepare for the examination by ensuring that you understand the concepts and subjects described below.

During the exam, you will be asked to answer 50 questions which will be selected at random from a pool of 120. You will need to score 60 per cent in the multiple choice examination to pass.

Please note that the multiple choice exam will be held on Wednesday afternoon, 25 September, before the congress starts.

a. The theoretical basis of implant-based therapy

The candidate shall be able to demonstrate knowledge of theoretical and clinical implant-based therapy.

Anatomy

The candidate shall have a detailed knowledge of orofacial anatomical structures, including the mandible, maxilla and related structures and shall be familiar with anatomical features of the head and neck, including vascular and nerve paths as well as patterns of bone resorption.

Pathology

The candidate shall have a detailed knowledge of:

- extraoral and systemic pathologies affecting implant-based therapy
- intraoral hard and soft tissue diseases affecting implant-based therapy
- plaque and periodontal inflammatory diseases interfering with implant-based therapy
- infection control before implant-based therapy

Biomechanics

The candidate shall have a detailed knowledge of:

- bone structures
- implant components
- implant design and surfaces, material selection and surface properties
- interaction between soft/hard tissue and implant surface
- load distribution of implants and effect of load on the implant – bone interface
- load distribution to combinations of implants and natural teeth



Physiology and histology

The candidate must be aware of cell function, bone marrow stem cells, cell-matrix interaction, bone response to implant placement, roles of cytokines and growth factors, wound healing, osseointegration, and soft tissue reaction.

Applied dental materials

The candidate shall have a detailed knowledge of:

- implant components materials
- impression materials
- restorative materials for immediate, early and definitive loading

Applied pharmacology

The candidate shall have a detailed knowledge of local analgesics, pain control and antibiotics as well as drugs that could jeopardising the outcome of implant therapy. Possible interactions between systemic medications.

Radiology

- the candidate shall have a detailed knowledge of oral imaging techniques and associated software
- the candidate shall be able to diagnose normal and pathological structures on intraoral and extraoral radiographs of the jaws and the surrounding bone structures
- the candidate must be aware of regulations relating to ionising radiation and of the detrimental effect of ionising radiation on healing and remodelling of the bone tissue

Biostatistics

The candidate must be trained in basic medical statistics.

b. Clinical assessment skills

For the patient presenting with an established or anticipated need for oral rehabilitation, the candidate shall be able to record the following data:

Medical history

- the candidate shall elicit and record a comprehensive medical and oral history and understand the relevance of that information to the individual case
- the candidate shall evaluate the risk factors due to diseases or medications

CLINICAL EXAMINATION

The candidate shall proceed to:

- 1. An extraoral examination
- 2. An intraoral examination
- 3. An evaluation of remaining dentition, including periodontal status
- 4. An evaluation of restorations
- 5. An examination of oral mucosa
- 6. An evaluation of residual alveolar ridges
- 7. An evaluation of aesthetic requirements
- 8. An analysis of occlusion and its relevance in relation to the proposed treatment

INVESTIGATIONS

The candidate shall recognize the need for appropriate further medical or local investigations and will be able to request and interpret them. The candidate shall write a report of the findings to the general dentist and the house doctor.

DIAGNOSIS

The candidate shall collate and interpret the information gathered in the history and examination process understanding the interface between implant-based therapy and other medical or dental disciplines and establish a correct diagnosis.

PROGNOSIS

The candidate shall establish the prognosis of the remaining dentition and of the proposed rehabilitation by means of implants.

CONCLUSIONS

The candidate shall be able to communicate clearly to the patient and/or referring doctor and/or dentist, verbally and in writing, the findings of the examination, the diagnosis and the treatment options, including the risk of complications.

EVIDENCE

The candidate shall show an awareness of the current literature relating to different treatment options considered including oral implants to offer his patients evidence-based solutions.

TREATMENT PLANNING

The candidate shall produce a comprehensive treatment planning considering all options for oral functional rehabilitation and the preventive, functional, aesthetic, psychological and financial requirements involved for the patient.



PROSTHETICS

- the candidate shall be aware of the fact that prosthetic care for the patient is an integral part of the total treatment sequence
- the candidate shall have an understanding of the differences between fixed and removable prosthesis, screwed and cemented ones, provisional and definitive rehabilitation
- the candidate shall have a thorough knowledge of the different materials used for the prosthetic reconstruction
- the candidate shall evaluate the advantages and disadvantages of the different prosthetic solutions for the patient's benefit
- the candidate shall have an understanding of occlusion to avoid undue stress concentration on the implants

RADIOLOGY

The candidate shall have a thorough knowledge of different radiological and other imaging technique needed for the case he/she has to treat and the concomitant radiation doses to achieve a proper diagnosis and treatment plan.

SURGERY AND LOADING

According to the medical history, the analysis of the risk factors, the local conditions and the radiological analysis, the candidate shall consider and recommend the timing of implant placement and reconstruction and have an understanding of the current evidence in relation to the different types of implant and implant placement techniques.

INFORMED CONSENT

The candidate shall be able to understand and evaluate discrepancies between patient's expectations and complaints or therapeutic limitations.

The candidate shall be able to explain to the patient the phases of the treatment as well as the possible complications to obtain the valid consent for the proposed treatment.

EVALUATION OF COMPLEX CASES

The candidate shall recognise cases of a complexity that are beyond his/her competence, understand the range of treatment options and provide or refer for appropriate allied treatment and re-evaluate prior to rehabilitation by means of oral implants.

c. Practical procedures

For the patient requiring implant-based therapy, the candidate shall be able to understand and/or carry out the treatment with respect to the following data:

RECORDS

The candidate shall obtain sufficient case-related records to mount and evaluate study casts and prescribe diagnostic wax-ups.

DIAGNOSTIC WAX-UPS

The candidate shall demonstrate an understanding of the diagnostic wax-up in the construction of radiographic and surgical guides and order appropriate radiographic templates and prescribe and interpret appropriate radiographs.

SURGICAL PLANNING

The candidate shall plan in detail the placement of oral implants and be able to transfer that information to the surgical procedure via the use of appropriate guides, even software planning and guided surgery when needed.

SURGERY

The candidate shall be able to:

- select the appropriate form of analgesia and manage patient anxiety such as by sedation
- maintain infection control and follow an appropriate aseptic surgical protocol
- have a detailed knowledge of the design of appropriate muco-periosteal flaps as well as an awareness of flapless surgery and other advanced surgical procedures
- carry out surgical implant placement. This may involve alveolar ridge augmentation for the repair of small dehiscences and fenestration defects
- understand the principles of hard and soft tissue handling and wound closure, including basic wound healing principles



BONE EVALUATION

The candidate shall have an understanding of the different methods to determine bone characteristics, bone defects and how to manage them.

GRAFTING AND BARRIER MEMBRANES

The candidate shall understand the different types of grafting materials and barrier membranes used for minor augmentation and their application to rehabilitation by means of implants.

POST-SURGERY

The candidate shall provide post-operative care and advice including the prescription of analgesia, antiseptics and antibiotics as appropriate.

The candidate shall document the surgical procedure in details.

The candidate shall demonstrate an understanding of the management of intra-operative and post-operative complications.

RECONSTRUCTION

The candidate shall understand and/or carry out the following treatment with respect to restoring oral implants:

- provisional reconstructions
- abutment selection
- impression techniques
- jaw registration
- laboratory prescription
- prosthetic try-in and adjustment
- final prosthesis delivery and fit

OUTCOME ASSESSMENT

The candidate shall assess the outcome of implant therapy with respect to function, aesthetics and peri-implant health.

MAINTENANCE

The candidate shall plan and implement an appropriate maintenance and re-evaluation programme while recognising and managing complications during restorative treatment and throughout the maintenance programme.



d. Further reading

- Agliardi, E., Pozzi, A., Stappert, C., Benzi, R., Romeo, D. & Gherlone, E. (2012) Immediate fixed rehabilitation of the edentulous maxilla: a prospective clinical and radiological study after 3 years of loading. *Clinical Implant Dentistry and Related Research,* doi: 10.1111/j.1708-8208.2012.00482.x.
- Alsaadi, G., Quirynen, M., Komárek, A. & van Steenberghe, D. (2008) Impact of local and systemic factors on the incidence of late oral implant loss. *Clinical Oral Implants Research* **19**:670–676.
- Becker, W. (2000) Osteoporosis and implant failure: an exploratory case-control study. *Journal of Periodontology* **71**:625–631.
- Bombonato-Prado, K., Brentegani, L., Thomazini, J., Lachat, J. & Carvalho, T. (2004) Alcohol intake and osseointegration around implants: a histometric and scanning electron microscopy study. *Implant Dentistry* **13**:238–244.
- Cosyn, J., Eghbali, A., De Bruyn, H., Collys, K., Cleymaet, R. & De Rouck, T. (2011) Immediate single-tooth implants in the anterior maxilla: 3-year results of a case series on hard and soft tissue response and aesthetics. *Journal of Clinical Periodontology* 38:746–753.
- Cosyn, J., Hooghe, N. & De Bruyn, H. (2012) A systematic review on the frequency of advanced recession following single immediate implant treatment. *Journal of Clinical Periodontology* **39**:582–589.
- Degidi, M., Nardi, D., Piattelli, A., & Malevez, C. (2012) Immediate loading of zygomatic implants using the intraoral welding technique: a 12-month case series. *The International Journal of Periodontics & Restorative Dentistry* **32**:154–161.
- Esposito, M., Grusovin, M., Achille, H., Coulthard, P. & Worthington, H. (2009) Interventions for replacing missing teeth: different times for loading dental implants. *Cochrane Database of Systematic Reviews*, doi: 10.1002/14651858.CD003878.pub4.

- Franci, M., Fini, M., Giavaresi, G. & Ottani, V. (2005) Peri-implant osteogenesis in health and osteoporosis. *Micron* **36**: 630–644.
- Friberg, B., Ekestubbe, A., Mellström, D. & Sennerby, L. (2001) Brånemark implants and osteoporosis: a clinical exploratory study. *Clinical Implant Dentistry and Related Research* 3:50–56.
- Fuegl, A., Tangl, S., Keibl, C., Watzek, G., Redl, H. & Gruber, R. (2011) The impact of ovariectomy and hyperglycemia on graft consolidation on rat calvaria. *Clinical Oral Implants Research* 22: 524–529.
- Fürhauser, R., Florescu, D., Benesch, T., Haas, R., Mailath, G. & Watzek, G. (2005) Evaluation of soft tissue around single-tooth implant crowns: the pink esthetic score. *Clinical Oral Implants Research* **16**:639–644.
- Hämmerle, C. H. F. & Quirynen, M. (2009). The second EAO Consensus Conference 19–22 February 2009, Pfäffikon, Schwyz, Switzerland. *Clinical Oral Implants Research*, doi: 10.1111/j.1600-0501.2009.01789.x.
- Hämmerle, C. H. F., Quirynen, M. & Klinge, B. (2012). The 3rd EAO consensus conference, 15–18 February 2012, Pfäffikon, Schwyz, Switzerland. *Clinical Oral Implants Research*, doi: 10.1111/j.1600-0501.2012.02559.x.
- Hämmerle, C. H. F. & van Steenberghe, D. (2006). The first EAO consensus conference 16–19 February 2006, Pfäffikon, Schwyz, Switzerland. *Clinical Oral Implants Research*, doi: 10.1111/j.1600-0501.2006.01364.x.
- Horváth, A., Mardas, N., Mezzomo, L., Needleman, I. & Donos, N. (2012) Alveolar ridge preservation. A systematic review. *Clinical Oral Investigation*, [Epub ahead of print].
- Jung, R., Zaugg, B., Philipp, A., Truninger, T., Siegenthaler, D. & Hämmerle, C. (2012) A prospective, controlled clinical trial evaluating the clinical radiological and aesthetic outcome after five years of immediately placed implants in sockets exhibiting periapical pathology. *Clinical Oral Implants Research*, doi: 10.1111/j.1600-0501.2012.02491.x.



- Kopman, J., Kim, D., Rahman, S., Arandia, J., Karimbux, N. & Fiorellini J. (2005) Modulating the effects of diabetes on osseointegration with aminoguanidine and doxycycline. *Journal* of *Periodontology* **76**: 614–620.
- Kwon, P., Rahman, S., Kim, D., Kopman, J., Karimbux, N. & Fiorellini J. (2005) Maintenance of osseointegration utilizing insulin therapy in a diabetic rat model. *Journal of Periodontology* 76: 621–626.
- McCracken, M., Lemons, J., Rahemtulla, F., Prince, C. & Feldman, D. (2000) Bone response to titanium alloy implants placed in diabetic rats. *The International Journal of Oral & Maxillofacial Implants* **15**: 345–354.
- Nevins, M., Karimbux, N., Weber, H., Giannobile, W. & Fiorellini, J. (1998) Wound healing around endosseous implants in experimental diabetes. *The International Journal of Oral & Maxillofacial Implants* **13**: 620–629.
- Oates, T., Huynh-Ba, G., Vargas, A., Alexander, P. & Feine, J. (2011) A critical review of diabetes, glycemic control, and dental implant therapy. *Clinical Oral Implants Research,* doi: 10.1111/j.1600-0501.2011.02374.x.

- Romanos, G. & Nentwig, G. (2009) Immediate functional loading in the maxilla using implants with platform switching: five-year results. *The International Journal of Oral & Maxillofacial Implants* 24:1106–1112.
- Salvi, G & Brägger, U. (2009) Mechanical and technical risks in implant therapy. *The International Journal of Oral & Maxillofacial Implants* **24**:69–85.
- Tosun, T., Karabuda, C. & Cuhadaroglu, C. (2003) Evaluation of sleep bruxism by polysomnographic analysis in patients with dental implants. *The International Journal of Oral & Maxillofacial Implants* **18**:286–292.
- Weng, D., Stock, V. & Schliephake, H. (2011) Are socket and ridge preservation techniques at the day of tooth extraction efficient in maintaining the tissues of the alveolar ridge? *European Journal of Oral Implantology* **4**:59–66.
- Zitzmann, N., Krastl, G., Hecker, H., Walter, C. & Weiger, R. (2009) Endodontics or implants? a review of decisive criteria and guidelines for single tooth restorations and full arch reconstructions. *International Endodontic Journal* **42**:757–774.



Step 3: the oral examination

Now you're almost there! Having successfully completed Steps 1 and 2, you are now ready for the final part of the certification process: the oral examination.

For the oral examination, you will have to prepare a PowerPoint / Keynote presentation of all six cases so that they can be discussed with the committee. You will be asked specific questions about the case studies you have submitted.

If you successfully complete the oral examination, you will receive your certificate during the meeting at an awards ceremony presided over by the EAO's President.

Please note that you have to register to the congress in advance if you wish to participate. Early bird registration will be available from April 2019 until 25 June, and you can register online **here**.



Overview of the certification process and checklist

On the following pages you will find full details about how to obtain certification from the EAO. A brief checklist is included below to enable you to ensure you have gathered and submitted everything you need.

to ensure you have gathered and submitted everything you need.
prepare your six case studies (Step 1)
when you are sure that your cases are ready, register online (you may register from 4 March 2019 onwards)
□ pay your application fee of €500
Then upload the following items to the EAO website (closing date of 4 June 2019) using the online application system:
your six case studies
photographs to support your case studies
a CV with signatures from two supervisors
 evidence of appropriate training (including 250 hours experience gained in the field of implantology)
a signed statement confirming that you were in charge of the surgical/ prosthetic treatment described in your case studies
Your documents will be assessed by the Certification Committee, and providing your case studies and supporting documents meet the criteria for certification, you will be invited to sit a multiple choice examination and take part in an oral examination at the EAO annual scientific meeting, which takes place on 26–28 September in Lisbon. In readiness for this, you should:
familiarise yourself with the body of knowledge that underpins the multiple choice examination (Step 2)
review your case studies in preparation for the oral examination
pay the balance of your certification fee (€1,000)
On passing the examinations, you will receive your certificate!



EAO Certificate in Implant-based Therapy

Terms and conditions

1. Definitions

The **Certification Committee** is a group composed of at least four people, all members of EAO, who are responsible for organising examinations for the certification programme. They coordinate the three steps of the application process.

The **Examination Committee** is a group of EAO members selected by the Certification Committee to examine candidates for the certification during an oral examination. Each Examination Committee is composed of at least two members, of whom one is an EAO member and one is a member of the Certification Committee. Depending on the number of candidates, there can be several Examination Committees.

Examiners are the people who make up the Examination Committees.

The **multiple choice examination** is a type of written examination chosen by the EAO to evaluate candidates applying for certification. Candidates are provided with a list of questions with five possible answers to each. They need to select the most appropriate answer.

2. Application criteria

A. General requirement

The Certification Programme is open to any dentist or maxillofacial surgeon worldwide, providing they fulfil the other requirements. Candidates do not need to be members of the EAO.

B. Degree

The candidate shall hold an academic degree from an accredited dental school recognised by the ministry of health and the government of their own country.

C. Theoretical and clinical training

The candidate shall be able to demonstrate 250 hours of theoretical (60%) and clinical (40%) training¹.

D. Experience

The candidate shall have at least five years of experience in dentistry (earliest application five years after attaining dental degree).

E. Cases

The candidate shall present six different treated cases.



3. Application process

- applications will be accepted from 4 March; all documents must be submitted to the EAO office by 4 June
- the EAO office will confirm if the application is complete or incomplete
- applicants will be informed in July about the status of their application (accepted/refused)

4. Application fees²

Registration fee: EUR 500 – payable when the case studies are submitted

Examination fee: EUR 1,000 – payable following acceptance of the application

5. Application acceptance/refusal

A. Information provided by the EAO office

The EAO office will inform candidates by email whether their application has been accepted or refused. The reasons for any refusal will be documented.

B. Means of appeal

There is no means of appeal. Decisions by the Certification and Examination Committees are final and definitive. By signing the application form, the candidate agrees not to pursue any legal action against the EAO regarding its decision.

6. Resubmitting an incomplete or unsuccessful application

A. If the candidate's initial application is incomplete

- a. The candidate may complete it and resubmit it before the deadline of 4 June
- b. If the application is not resubmitted before the deadline, the applicant may apply again the following year

B. If the applicant fails the multiple choice examination

a. They may resit the examination as often as they wish. However, further examination fees will be payable

C. If the applicant succeeds at the multiple choice stage but fails the oral examination

- a. The written examination is valid for three years
- b. The candidate can retake the oral examination up to three times using the same cases. However, further examination fees will be payable
- c. After the three years, candidates who have not passed the oral examination will need to reapply for certification using new case studies

D. Evaluation of oral examination

- a. Prior to the oral examination the six cases will be scored
- b. Following a review of the cases by the Examination Committee, candidates whose cases are deemed suitable will be invited to take the oral examination. If the cases do not meet the criteria outlined on pages 2 and 3 they will be deemed unsuitable and the candidate will not be invited to sit the oral examination. In this case the Examination Committee will provide feedback on its decision. The candidate will be asked to present new cases the following year



7. Recertification

The Certificate is valid for ten years. After ten years, a recertification process is available. Recertification only involves an oral examination. Should candidates fail the recertification examination, they may resit it as many times as they like (the examination will be held once a year).

Notes:

- Clinical training is defined as supervised implant surgery, surgical assistance, life courses, human and/or animal cadaver courses, clinical training in prosthetic procedures given by universities, scientific societies or private courses with credits in Europe and all over the world. The accompanying 'Body of knowledge' document describes the knowledge the candidate should have acquired and which is examined during the assessment
- 2. Fees are non-refundable