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## Application for Fellowship

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**PLEASE COMPLETE THE FOLLOWING INFORMATION (BOTH FRONT AND BACK);  
ENCLOSE ALL SUPPORTING DOCUMENTS; AND MAIL TO THE ADDRESS LISTED  
AT THE BOTTOM OF THE NEXT PAGE**

*Please type:*

Name of applicant: \_\_\_\_\_  
*Last*
*First*
*Initial*
*Degree(s)*

Mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### **QUALIFICATIONS**

What year did you join the Academy of Osseointegration? \_\_\_\_\_

Check the year(s) you attended an Annual Meeting of the Academy of Osseointegration:

2009 2008 2007 2006 2005 2004 2003 2002 2001 2000 1999 1998 1997 1996  
 1995 1994 1993 1992 1991 1990 1989 1988 1987 1986 1985

Check the year(s) you presented an invited paper (lecture) at an Annual Meeting of the Academy:

2009 2008 2007 2006 2005 2004 2003 2002 2001 2000 1999 1998 1997 1996  
 1995 1994 1993 1992 1991 1990 1989 1988 1987 1986 1985

Check the year(s) you presented an abstract-based poster, table clinic, oral presentation, or clinical innovation:

2009 2008 2007 2006 2005 2004 2003 2002 2001 2000 1999 1998 1997 1996  
 1995 1994 1993 1992 1991 1990 1989 1988 1987 1986 1985

Check the year(s) you served as a moderator at an Annual Meeting:

2009 2008 2007 2006 2005 2004 2003 2002 2001 2000 1999 1998 1997 1996  
 1995 1994 1993 1992 1991 1990 1989 1988 1987 1986 1985

Have you ever organized a regional meeting?      Yes              No

Have you ever presented at a regional meeting?      Yes              No

Please complete 2<sup>nd</sup> page

Have you published a scientific article on dental implants in the *International Journal of Oral and Maxillofacial Implants* or other peer-review journals?\*

Yes How many total? \_\_\_\_\_ \*Please provide references and photocopies/reprints.

No

Have you published a textbook or textbook chapter on implant dentistry?\*

Yes How many total? \_\_\_\_\_ \*Please provide references and photocopies/reprints.

No

**CONTRIBUTIONS**

Have you ever served as an officer of the Academy of Osseointegration? Yes No

If yes, please indicate the following:

OFFICE	YEARS SERVED

Have you served as a director of the Academy of Osseointegration? Yes No

If yes, indicate the years you served: \_\_\_\_\_

Have you served on a committee of the Academy of Osseointegration? Yes No

If yes, please indicate the following (attach separate sheet if necessary):

COMMITTEE (include designation of and years as Chair)	YEARS SERVED

**PLEASE ENCLOSE THE FOLLOWING:**

- A completed application form
- Your current curriculum vitae
- Reprint/photocopies of implant related publication
- Any materials to document participation in the Academy from 1984–1988 (*especially meeting attendance*).

Return this form and supporting documents by **November 16, 2009** to:

**Academy of Osseointegration  
Membership Department  
85 West Algonquin Road, #550  
Arlington Heights, IL 60005**

**Telephone:** 847. 439.1919 or 800.656.7736  
**Email:** academy@osseo.org

**Fax:** 847.439.1569 or 800.416.7736  
**Web site:** www.osseo.org