

MASTER OF DENTAL IMPLANTOLOGY

DELEGATE APPLICATION

MASTER DEGREE OF DENTAL IMPLANTOLOGY

Registration Form – Application for Enrolment and Prescreening

Thank you for your interest in the Master of Dental Implantology program. Due to the competitive nature of this program, a prescreening process is required to ensure candidates meet the eligibility criteria for this comprehensive degree program. Upon submission, our committee will review your information and, if you meet the initial requirements, will send you the details of an eligibility exam. Completion of this exam is a prerequisite for enrollment into the program.

Additional Information

Please attach your transcripts and any relevant certificates with this form.

Personal Details

Full Name _____

Phone Number _____

Email Address _____

Year of Graduation _____

Residency Program (if any) _____

Dental College _____

University _____

GPA (Grade Point Average) _____

Applicant Questionnaire

European Academy of Implant Dentistry

DELEGATE APPLICATION

Program Objectives and Professional Motivation

Primary reason for enrolling in this program
(Select one)

- Foundational training in implant dentistry
- Expansion of existing implant practice
- Management of advanced or complex implant cases
- Academic, teaching, or research-oriented career development
- Practice differentiation and professional advancement

Secondary objectives (optional)

(Max 150 words)

Please specify any additional professional or academic goals relevant to your enrolment.

Clinical Experience and Professional Practice

Years of independent clinical practice

- Less than 2 years
- 2–5 years
- 6–10 years
- More than 10 years

Primary clinical setting

Select all that apply)

- Private practice
- Group or corporate practice
- Hospital-based practice
- Academic or university clinic

Previous dental implant placement experience

- No prior implant placement
- 1–20 cases
- 21–50 cases
- More than 50 cases

DELEGATE APPLICATION

Implant experience details (optional)

(Max 100 words)

Please indicate implant systems used and general case complexity.

Surgical Skills and Clinical Competence

Procedures personally performed

(Select all that apply)

- Simple extractions
- Surgical extractions
- Flap elevation and closure
- Suturing
- Ridge preservation procedures
- Exposure of submerged implants
- Soft tissue management around implants

Highest level of surgical complexity personally performed

(Select one)

- Non-surgical procedures only
- Basic oral surgery (extractions, flaps, suturing)
- Implant placement in straightforward cases
- Moderately complex implant cases (limited augmentation)
- Advanced implant or regenerative procedures

Brief clinical description (optional)

(Max 100 words)

Please describe the most complex surgical procedure you have personally performed.

DELEGATE APPLICATION

Postgraduate Education and Advanced Training

Completion of a residency or structured postgraduate program

- No
- Yes — General Practice Residency (GPR)
- Yes — Advanced Education in General Dentistry (AEGD)
- Yes — Hospital-based residency
- Yes — Other (please specify): _____

Specialty or advanced clinical training completed
(Select all that apply)

- None
- Endodontics
- Orthodontics
- Periodontics
- Prosthodontics
- Oral and Maxillofacial Surgery
- Other (please specify): _____

Continuing education relevant to implant dentistry

(Max 100 words)

Please list any implant-related courses, certifications, or advanced training completed.

Academic Readiness and Learning Commitment

Experience with structured academic assessment
(Select all that apply)

- Written examinations
- Case-based assessments
- Evidence-based or literature-driven coursework
- Academic presentations or publications

DELEGATE APPLICATION

Program commitment

Do you confirm your ability to meet the academic, clinical, and time commitments required for successful completion of the program?

- Yes
- No

Program Financing and Administrative Considerations

Method of program financing

- Self-funded
- Bank loan
- Institutional or third-party funding

Documentation requirements

Will you require official documentation (e.g., acceptance letter, tuition invoice, enrollment confirmation) for financing or administrative purposes?

- Yes
- No

Entrance Examination and Admission Process

Eligibility for the online entrance examination

- Yes
- No

Admission acknowledgment

Do you understand that admission to the program is contingent upon successful completion of the entrance examination and fulfillment of all academic and administrative requirements?

- Yes
- No

DELEGATE APPLICATION

Applicant Declaration

I hereby certify that the information provided is accurate and complete to the best of my knowledge. I understand that misrepresentation or omission of information may affect my eligibility for admission.

Applicant Name: _____

Signature: _____

Date: _____

Application Submission

The completed and signed application form is to be returned via email to info@implantologymasters.com

Contact us:

E-mail: info@implantologymasters.com

Mobile: +971-56-760-6777

Whatsapp: +971-56-760-6777

<https://www.implantologymasters.com>