

# 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  
(Applicable to all academic programs)

## 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)

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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)

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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)

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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)

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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 fulfilment 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: \_\_\_\_\_

Contact us:

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