



# International Board of Oral Implantology (IBOI)


## Part I Written Examination

### Registration Form

#### Personal Details:

Full Name:			
Occupation:			
Gender	Male	Female	
Nationality			
Street Address:			
City:	Postal Code:	Country:	
Phone Number:		Email:	
<small>Country code</small>	<small>Phone No.</small>		


#### Qualifications:

Initial Dentistry Degree:		Year of Graduation:	
Name of University:		Country of Graduation:	
Upload a copy of your initial certificate:			
			

#### Specialty Certificates (if available)

Specialty Dentistry Degree:		Year of Graduation:	
Name of University:		Country of Graduation:	
Upload a copy of your Specialty certificate:			
			

#### Are you a GBOI certified?

For GBOI certified, Certification No.		Date of GBOI certification:	
Upload a copy of your GBOI certificate:			
			
How did you hear about us?			

## Requirements:

- Proof of completion of 200 CE in the field of Oral Implantology for the General Dentists, or 100 CE for any certified Specialist (Submitted CE hours should be recognized and accepted by the Board of Directors)
- Any Applicant should take Comprehensive Board Review Module in addition of (200 CE the theoretical part) to enter Part I Written Examination.
- The CE/CME courses should be listed in the CE CME Summary Sheet below and send it by email ([ibo@drtamimi.com](mailto:ibo@drtamimi.com)) to be evaluated by IBOI Board of Directors to decide how many CE Points can be accepted toward the IBOI.
- Click here [to download extra sheet\(s\) for CE CME Summary.](#)

## Notes:

- The Total Fees of Part 1 Written Examination is US\$750.
- You need to pay US\$50 as an evaluation fee for your CE Points.
- You will receive a confirmation letter once your CE points get approved.
- The evaluation fees will be deducted from the total fees of Part 1 Written Examination.
- In case of rejection of your application, the evaluation fees are non-refundable.

I certify that I have read and understand the above and that the information given on this form is accurate.

Full Name	
Signature	
Date	

Scroll down to complete the table



**Summary Sheet for the Required Continuing Dental Education Hours (Add more rows as necessary)**

Type	Course Title	Content of Course	Recognized Provider's Name	Course Period		Verification Document Included (✓)	No. of CE/CME Hours Earned
				Start Date	End Date		
Implant Continuum Courses (Minimum 200 CE hours)						<input type="checkbox"/>	
						<input type="checkbox"/>	
Individual courses used for completing the remainder of CE hours						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
<b>Sum of Hours</b>							