

# Demystifying the AAID Credentialing Examinations



Your Guidebook To  
Increasing Your  
Chances for Success



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The Admissions and Credentials Board adheres rigidly to the requirements listed in this book. Failure to comply may result in the candidate not being admitted to the examination. Making false statements on the application or during the oral examination constitutes immediate grounds for permanent rejection of a candidate's application or revocation of voting membership after it is granted.

# Criteria At A Glance

CRITERIA	ASSOCIATE FELLOW	FELLOW
LICENSURE	LICENSED DENTIST	LICENSED DENTIST
EDUCATIONAL REQUIREMENTS	300 HRS (WITHIN THE PAST 12 YEARS) 75 OF WHICH ARE PARTICIPATORY FORMAT  OR GRADUATION FROM A FULL-TIME PERIODONTAL, ORAL AND MAXILLOFACIAL SURGERY, OR PROSTHODONTICS PROGRAM	400 HRS (WITHIN THE PAST 12 YEARS)  ATTENDED ONE AAID EDUCATIONAL COURSE OR MEETING WITHIN PAST 2 YEARS
ACCEPTED CE	AGD/PACE APPROVED COURSES	AGD/PACE APPROVED COURSES
MEMBERSHIP REQUIREMENT	AAID MEMBER IN GOOD STANDING	AAID MEMBER IN GOOD STANDING
EXPERIENTIAL REQUIREMENT	NONE	5 OR MORE YEARS OF PRACTICE IN IMPLANT DENTISTRY  FULL KNOWLEDGE OF SURGICAL AND PROSTHETIC PHASES OF IMPLANT TREATMENT
CASE REQUIREMENT	NONE	PRESENT 5 CASES
INDUCTION	ATTEND INDUCTION AT NEXT AAID ANNUAL BUSINESS MEETING	ATTEND INDUCTION AT NEXT AAID ANNUAL BUSINESS MEETING
EXAMINATION TWO PART EXAM	1) ASSOCIATE FELLOW WRITTEN EXAM  2) ASSOCIATE FELLOW ORAL EXAM	1) ASSOCIATE FELLOW WRITTEN EXAM  2) FELLOW ORAL EXAM

# Why Get Your AAID Credential?

When patients are considering dental implants, they want a dentist with experience and knowledge, and someone they can trust. That's why they choose AAID-credentialed dentists.

By earning your Associate Fellow or Fellow credential, you will quantitatively show your patients that your dedication to the profession ensures the following:

## 1. Providing optimal patient care is the heart of the AAID's mission.

For more than 70 years, the AAID has been training implant dentists in the techniques necessary to become skilled in providing implant care that enhances quality of life for your patients.

## 2. AAID credentials enhance trust and credibility within the dental profession.

Membership and involvement in the AAID demonstrates dentists' commitment to their field—in the eyes of both patients and peers. The willingness to invest the time and energy required to earn AAID credentials takes this professional commitment and credibility to the next level.

## 3. AAID-credentialed dentists are qualified to provide the treatment you need.

Dental implants are complex, sophisticated devices that require deep knowledge and specialized expertise to fit and place properly, and every treatment needs to be customized to the unique needs of the patient. AAID-credentialed implant dentists expertly evaluate patient needs and design personalized treatment plans to ensure the best chances of success.



## 4. Consumers look to the AAID to help them select their dentist, and only AAID-credentialed dentists are featured in the “Find an Implant Dentist” search results.

More than 6,000 consumers visit [aaid-implant.org](http://aaid-implant.org), an informational site designed to help educate the public on the value of dental implants and the importance of selecting an AAID-credentialed dentist for their procedures. Earn your credential and be included in this popular directory!

In short, earning your credential in oral implantology from the AAID helps you stand apart from your colleagues and establishes credibility and trust with your patients. Learn more and consider applying today.

As you review this Guidebook, if you have any questions, don't hesitate to contact the AAID staff who will be happy to assist you at [credentialing@aaid.com](mailto:credentialing@aaid.com).

## Application Fees

Application fees are non-refundable. The application fee may be transferred to a future examination if postponed in writing 30 days before the examination period begins. Those who postpone after the deadline will need to resubmit the application fee.

ASSOCIATE FELLOW	FEES
Associate Fellow Part 1 (written)	\$1,085
Associate Fellow Part 2 (oral)	\$599
Re-examination fee Part 1 & Part 2	\$400
Rescheduling fee	\$75
FELLOW	FEES
Fellow Examination	\$1,085
Substitution Fee*	\$599
Re-examination fee	\$400
*Substitution Fee: For those who opted to take the Fellow examination instead of Part 2 of the Associate Fellow examination, only the substitution fee applies.	
SPECIAL APPLICATIONS	FEES
Academic Associate Fellow	\$500
Associate Fellow by Credential	\$1,085
Associate Fellow by Credential Fee - recent graduate	\$550
Fellow by Credential	\$1,085
<p>Contact <a href="mailto:credentialing@aaid.com">credentialing@aaid.com</a> for more information about special applications and fees.</p> <p><b>ACADEMIC ASSOCIATE FELLOW</b></p> <p>Dentists who are employed as full-time faculty or administration of an accredited dental school and maintain involvement in the discipline of implant dentistry are eligible for this membership category without examination.</p> <p><b>ASSOCIATE FELLOW BY CREDENTIAL</b></p> <p>Applicants that have completed an AAID-approved Advanced Education program in Implant Dentistry may apply for Associate Fellow without examination. These full-time postgraduate programs in implant dentistry are a minimum of two years in length and their program has been reviewed and meets the <i>AAID Standards for Advanced Education in Implant Dentistry</i>.</p> <p><b>FELLOW BY CREDENTIAL</b></p> <p>Candidates who have successfully completed the examination for certification by the American Board of Oral Implantology/Implant Dentistry may apply for Fellow membership without additional examination.</p>	

# Associate Fellow



## ARE YOU READY TO BEGIN?

- Are you dedicated to providing the best possible dental implant treatment to your patients?
- Are you experienced in surgical placement of dental implants and/or the replacement of teeth?
- Are you a licensed dentist?
- Have you completed at least 300 hours of postdoctoral or continuing education related to implant dentistry in the past 12 years?
- Do you have at least 75 hours of dental implant education in a participatory/hands-on format?

## THE EXAMINATION PROCESS

01

**Part 1** of the Associate Fellow exam is designed to assess your knowledge of basic science, “entry-level” knowledge and understanding of implant dentistry principles, and the ability to apply these principles in a clinical situation.

Candidates have four hours to complete 150 multiple-choice questions, administered via remote proctored exam. You will need to have access to a computer, high-speed Wi-Fi connection, and a cellular device for the examination.

*You must pass Part 1 before continuing to Part 2. You will have four years after passing Part 1 to complete Part 2.*

02

**Part 2** is a virtual oral examination administered by AAID-credentialed Fellows and is clinically oriented. It is conducted virtually and is an interview format standardized test of implantology knowledge using scenarios based on actual clinical cases. For the oral examination, candidates review a written description, digital images including patient photos and radiographs for six (6) standardized cases, and then respond to questions related to treatment.

*\*note – please review the Part 2 requirements for Fellowship on Page 9 prior to applying as you may be eligible to level up and earn Fellow membership.*

Upon completion of the exam, candidate will need to attend the next AAID Business Meeting to be inducted as an Associate Fellow. Maintenance of the Associate Fellow requires that you keep your AAID membership in good standing.



# Requirements

## for the Associate Fellow Membership Examination\*

Applicants must be licensed dentists who have completed at least 300 hours of postdoctoral or continuing education in implant dentistry within the past twelve (12) years which includes a participatory format with at least 75 hours. All hours must be obtained from an AGD or PACE-approved provider. These course hours must be listed on the application form for Part 1 (written) of the examination. The 300 hours must be divided between the sciences related to implant dentistry and clinical implant education. The science component should include internal medicine, anatomy, histology, pathology, pharmacology, bone physiology, immunology, radiology, and dental materials.

Education in clinical implantology and related courses must include various implant modalities. Suggested clinical subjects are: root-form, plate-form, subperiosteal, and ramus frame implants; grafts; occlusion; oral and maxillofacial surgery; prosthetics; and periodontics.

Graduation from a full-time periodontal, oral and maxillofacial surgery, or prosthodontics program fulfills the educational requirement for either the Associate Fellow or Fellow examination.

### EXAMINATION OPTIONS

Those who have passed Part 1 of the Associate Fellow examination have the option of taking the oral/case examination for either Associate Fellow or Fellow membership. Find out which oral exam is right for you on Page 9.

### INDUCTION

As specified in the Bylaws, all newly elected credentialed members must attend the next AAID Annual Business Meeting during which they are introduced to the voting membership and ceremoniously inducted. This is the final requirement that candidates who are elected must meet to become credentialed members of the Academy.



For those unable to attend in the year in which they complete the examination, credentialed membership is bestowed on a conditional basis for the following association year. The member will be required to attend the next Annual Business meeting for introduction and induction. Failure to attend the second Annual Business Meeting will result in forfeiture of credentialed membership except in the case of documented emergencies, which will be considered on a case-by-case basis.

International members who are unable to travel to the Annual Business Meeting may submit a request for virtual induction in writing or opt to postpone induction to the following year. Approval for virtual induction will be determined by the Admissions & Credentials Board Chair on a case-by-case basis.

\*Adopted October 1994;  
last revision November 2003

# Associate Fellow

## Part 1 (Written)

The Part 1 (written) examination is designed to assess knowledge of the basic science and “entry-level” knowledge and understanding of implant dentistry principles and the ability to apply these principles in a clinical situation.

### APPLYING FOR THE EXAMINATION

Part 1 of the examination is administered via computer. Candidates will need to have two devices for the examination: an Internet-capable computer with a working integrated web camera and a cellular device. Prior to the scheduled test day and time, candidates are REQUIRED to do an equipment check. During this check, the candidate will be testing the laptop’s web camera and internet speed to confirm that the exam can be administered on the equipment and in the desired location. The Associate Fellow examination is given in English.

Candidates for whom English is not their primary language may request thirty (30) additional minutes at the time of application. An English-speaking candidate who has a previously diagnosed and documented disability such as dyslexia or attention deficit disorder may also request thirty (30) additional minutes, provided the request and appropriate documentation are provided at the time of application.

Applications for the Part 1 (written) examination and the \$1,085 USD application fee must be received by the AAID by the deadline specified for the examination window. Scan this QR code to view the schedule.



### WRITTEN EXAM INFORMATION

The written portion of the Associate Fellow examination includes 150 multiple-choice questions. A candidate’s score is based on the number of correct answers. Four (4) hours are allotted for the written examination. The exam is given in two parts: 75 questions with an optional break and the immediate completion of the final 75 items. Test results are emailed after the testing period scoring is complete, typically within 4-6 weeks. Exam results are distributed as pass/fail.

The 150 items on the examination are distributed among four categories. These categories, the percentage of items assigned to each category, and the topics within the categories are as follows.



## ASSOCIATE FELLOW | PART 1 (WRITTEN)

<b>I. BASIC SCIENCE</b>	<b>13%</b>	<b>20 QUESTIONS</b>
<ul style="list-style-type: none"> <li>A. Anatomy</li> <li>B. Biomaterials</li> <li>C. Pharmacology</li> <li>D. Physiology</li> </ul>		
<b>II. DIAGNOSTIC EXAMINATIONS</b>	<b>21%</b>	<b>32 QUESTIONS</b>
<ul style="list-style-type: none"> <li>A. Medical History and Tests</li> <li>B. Dental History and Oral Examinations</li> <li>C. Radiology</li> <li>D. Diagnosis and Treatment Planning</li> </ul>		
<b>III. IMPLANT PROSTHETICS</b>	<b>19%</b>	<b>28 QUESTIONS</b>
<ul style="list-style-type: none"> <li>A. Biomaterials</li> <li>B. Biomechanics</li> <li>C. Components</li> <li>D. Techniques</li> </ul>		
<b>IV. IMPLANT SURGERY</b>	<b>32%</b>	<b>48 QUESTIONS</b>
<ul style="list-style-type: none"> <li>A. Presurgical Considerations</li> <li>B. Endosseous Implants</li> <li>C. Surgical Techniques</li> <li>D. Augmentations and Membranes</li> <li>E. Postoperative and Maintenance Care               <ul style="list-style-type: none"> <li>1. Root Form Implants</li> <li>2. Other Implant Modalities                   <ul style="list-style-type: none"> <li>a. Blades</li> <li>b. Subperiosteal</li> <li>c. Transosteal</li> <li>d. Ramus Frame</li> </ul> </li> </ul> </li> </ul>		
<b>V. COMPLICATIONS</b>	<b>15%</b>	<b>22 QUESTIONS</b>
<ul style="list-style-type: none"> <li>A. Immediate           <ul style="list-style-type: none"> <li>a. Surgical (bleeding, infection, pain)</li> <li>b. Prosthetic</li> </ul> </li> <li>B. Delayed           <ul style="list-style-type: none"> <li>a. Hard and Soft Tissue</li> <li>b. Prosthetic</li> </ul> </li> </ul>		

# Associate Fellow

## Part 2 (Oral)

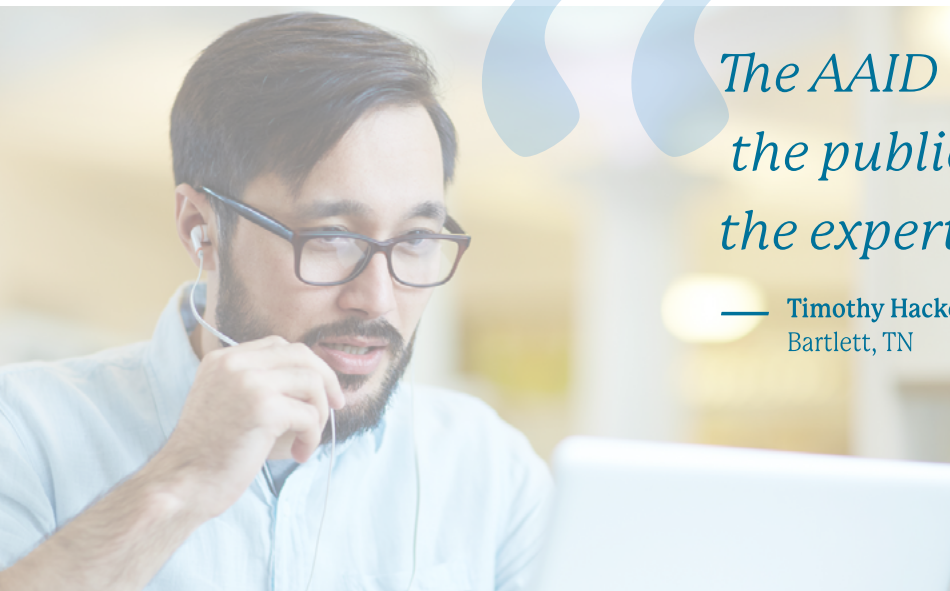
The oral/case examination must be completed successfully within four (4) years after passing the Part 1 (written) examination; and candidates for the oral/case examination must be general members of the Academy in good standing. Applications are due to the AAID by February 1.

Part 2 is an oral examination in which candidates review a written description, digital images including patient photos and radiographs for six (6) standardized cases, and then respond to questions related to treatment. The exam is conducted virtually in an interview-style by the teams of examiners. During the examination, candidates are identified only by candidate number to the examiners.

Candidates will need to have two devices for the examination: an Internet-capable computer with a working integrated web camera and a cellular device. Prior to the scheduled exam time, candi-

dates are REQUIRED to do an equipment check. During this check, the candidate will be testing the laptop's web camera, sound, and internet speed to confirm that the exam can be administered on the equipment and network. Please use the same computer and network that will be used for the examination appointment.

Candidates will be assigned an appointment during the examination window to meet with examiner teams. Candidates are encouraged to sign in to the examination portal 30 minutes prior to the scheduled appointment to ensure the connection and equipment are working correctly. Any time lost due to technical difficulties will be forfeited without exception. The examination time is approximately 2 hours and 30 minutes. Candidates should allot approximately three (3) hours for their examination and equipment testing on exam day.



*The AAID credential certifies to the public that the doctor is the expert they say they are.*

— Timothy Hacker, DDS, FAAID, DABOI/ID  
Bartlett, TN

# Fellow

## ARE YOU READY TO BEGIN?

- Are you an AAID Associate Fellow in good standing or have you successfully passed the Associate Fellow Part 1 exam?
- Have you completed at least 400 hours of postdoctoral or continuing education related to implant dentistry?
- Do you have five (5) or more years of experience in the practice of implant dentistry?
- Are you fully knowledgeable of both the surgical and prosthetic phases of implant treatment?

## THE EXAMINATION PROCESS

Oral/case examination demonstrates competency in all phases of implant dentistry cases through five (5) standardized cases and in-depth discussion of five (5) of one's own patient cases, including placing dental implants in challenging situations and in patients with jawbone deficiencies, among others.

## ONCE ELECTED:

- Keep your AAID membership in good standing.



*Credentialed members are dentists that have advanced training and skill sets. This group continues to raise the bar for younger dentists that will eventually set standards themselves in the future.*

— Daniel Domingue, DDS, FAAID, DABOI/ID  
Lafayette, LA

# Requirements

## for the Fellow Membership Examination

### MEMBERSHIP AND EXPERIENTIAL REQUIREMENTS\*

Any member who is an Associate Fellow of the Academy in good standing, has five or more years of experience in the practice of implant dentistry, and provides the surgical and/or prosthetic phases of implant treatment is eligible for election as a Fellow. In addition, those who have passed Part 1 (written) of the Associate Fellow examination have the option of taking the oral/case examination for either Associate Fellow or Fellow membership, provided they meet the requirements for the option selected.

### EDUCATIONAL REQUIREMENTS

All applicants for Fellowship must have completed a minimum of 400 hours of continuing education in implant dentistry, i.e., 100 hours in addition to the 300 hours, of which 75 must be in a participatory/hands-on format, required for Associate Fellow membership, which must be divided between the sciences related to implant dentistry and clinical implant education.

The science component should include internal medicine, anatomy, histology, pathology, pharmacology, bone physiology, immunology, radiology, and dental materials. Education in clinical implantology and related courses must include various implant modalities. Suggested clinical subjects are: root-form, plate-form, subperiosteal, and ramus frame implants; grafts; occlusion; oral and maxillofacial surgery; prosthetics; and periodontics.

Applicants who have graduated from an oral and maxillofacial surgery, prosthetics, or periodontics program or an approved advanced education program in implantology, meet the educational requirements for Fellow examination.

\*Adopted May 1999; last revision July 2022



# Fellow Examination

The Fellow Membership examination has two parts: an oral examination, which includes a review of five (5) standardized cases and questions related to treatment of the standardized case and a defense of the candidate's submitted cases. The exam is conducted virtually in an interview-style by the teams of examiners. During the examination, candidates are identified only by candidate number to the examiners.

Candidates will need to have two devices for the examination: an Internet-capable computer with a working integrated web camera and a cellular device. Prior to the scheduled exam time, candidates are **REQUIRED** to do an equipment check. During this check, the candidate will be testing the laptop's web camera, sound, and internet speed to confirm that the exam can be administered on the equipment and network. Please use the same computer and network that will be used for the examination appointment.

Candidates will be assigned an appointment during the examination window to meet with examiner teams. Candidates are encouraged to sign into the examination portal 30 minutes prior to the scheduled appointment to ensure the connection and equipment are working correctly. Any time lost due to technical difficulties will be forfeited without exception. The examination time is approximately three (3) hours. Candidates should allot up to four (4) hours for their examination and equipment testing on exam day.

## **APPLYING FOR THE EXAMINATION**

Applications are due to the AAID by February 1. The application fee of \$1,085 USD must be included with the application. Applicants who have opted to take the Fellow examination instead of Part 2 of the Associate Fellow examination are only required to submit the \$599 substitution fee with the application.

Application fees are nonrefundable. The application fee may be transferred to a future examination if the candidate postpones in writing 30 days before the examination period begins. Those who postpone after the deadline will need to resubmit the application fee.

The Fellow examination is only given in English. If needed, an interpreter will be permitted for the oral/case examination. The interpreter will be supplied by the AAID, with the applicant being responsible for the cost of this service. The fee for translation services will be based on the prevailing rate at the time of the examination and must be paid at least 30 days before the examination date.

When applications for the examination are processed, each candidate is issued a candidate number via email. Candidates use their assigned number to identify all materials submitted for the examination.

Case reports must be fully submitted by the due date posted on the AAID website. Applicants will be notified of the specific date and time of their examinations after their case reports are received by the AAID.



## FELLOW EXAMINATION

### CASE REQUIREMENTS

Each Fellow candidate must submit and present five (5) cases on five (5) different patients for presentation to the examiners. The candidate must have provided both the surgical and prosthetic treatment for these five (5) cases. All cases presented for the examination must include implants that are at least 3 mm in diameter and have been in function for at least one (1) year by the beginning of the examination period. Function is measured from the date of the final prosthesis to the first day of the examination period.

### REQUIRED CASE SUBMISSIONS

The five (5) cases for presentation at examination must meet the following requirements:

1. Edentulous mandible or maxilla with a full arch removable implant overdenture, utilizing two (2) or more implants
2. Edentulous posterior maxilla with pneumatized maxillary sinus requiring at least 5 mm of sinus augmentation and two (2) or more implants and its restoration

3. Anterior maxilla with one (1) or more root form implants and its restoration
4. Any extraction with immediate implant placement or extraction with ridge preservation and delayed implant placement and its restoration
5. Edentulous mandible or maxilla with four (4) or more root form implants supporting a fixed complete implant prosthesis

### DO NOT SUBMIT CASES OF LESS THAN ONE (1) YEAR IN FUNCTION.

Function is measured from the date of the final prosthesis to the first day of the examination period.

*The AAID offers the only credentials that have been deemed ‘bonafide,’ ‘rigorous,’ and ‘objectively verifiable’ in both federal and state court decisions. No other organization can make that statement.”*

— Richard J. Mercurio, DDS, FAAID, DABOI/ID  
Lincroft, NJ

# Fellow Exam

## Case Reports

Candidates are required to submit the following for each case submission:

- 1) Written (narrative) report
- 2) Photographs
- 3) Radiographs
- 4) Patient release form

Scan the QR code for a template for each required file: written report, photographs, radiographs, and patient release form. You will also find a checklist for your reference.



The case reports must be submitted in electronic format. The link to upload files for the examination will be emailed to candidates after February 1 of the examination year. The candidate's name and office name and address must NOT appear anywhere in the reports except on the patient release form. The patient's address should NOT appear in the report.

As noted in the *Applying for the Examination* section, candidates use their examination number to identify all materials submitted for the examination. Candidates will receive this number after the application for the examination is processed.

Failure to comply with the case report guidelines, including the radiographs, photographs, and medical histories, will greatly affect the candidate's case report score.

The submitted reports become the property of the American Academy of Implant Dentistry and will not be returned.

Electronic files submitted should be organized as follows:

- ▲ AF 1010
  - Edentulous Arch
    - Edentulous Arch Photographs
    - Edentulous Arch Radiographs
    - Edentulous Arch Written
  - Edentulous Segment
    - Edentulous Segment Photographs
    - Edentulous Segment Radiographs
    - Edentulous Segment Written
  - Single Tooth
    - Single Tooth Photographs
    - Single Tooth Radiographs
    - Single Tooth written

The candidate's examination number must be used to identify case reports and all supporting documentation. Candidate numbers are assigned by the Academy after the application has been reviewed and accepted.



# Fellow Exam

## Case Reports

### WRITTEN REPORT

Written narrative reports that meet the criteria listed in this section are required for the Fellow examination. In each report, the arch that was treated must be specified; and the teeth must be identified by name, not number. The written narrative reports must include all pertinent information included in the outline below. If an abbreviation is used in the narrative (prose) reports, it must be explained the first time that it is used in the narrative report.

The candidate's name and office name and address must NOT appear anywhere in the reports except on the patient release form. Also, the patient's address should NOT appear in the report. The case reports must be submitted in electronic format. Failure to comply with the case report guidelines, including the radiographs, photographs, and medical histories, will greatly affect the candidate's case report score.

### CREATING THE WRITTEN REPORT

Scan this QR code to download and save the written report template.



On page one (1), type your examination number and the patient's initials and choose the case type from the pull down menu.

On page two (2), insert a scanned copy of the medical history that has the patient's signature by doing the following:

1. Click on the sample history
2. Go to INSERT picture and insert a scanned image file of the patient's medical history. Be sure that the scanned copy is LEGIBLE and does NOT contain candidate's name, office name, or address.

Repeat the same process on page three (3) to insert a consent for treatment form.

Beginning on page four (4), there are headings for each section of the Case Report Outline. The content that must be included in each section is described in the gray shaded area which is under the section heading. The content descriptions match the case report outline in the next section. Begin typing the report text in the gray shaded area where your text will write over the content description. To move to the next section of the report, hit TAB. When the written report is completed, label it "Written Report" and save in the appropriate case folder as described in the Case Reports - General Information (page 14).



# Fellow Exam

## Case Report Outline

Candidates must develop written narrative (prose) reports for each case that include the pertinent information listed in the following outline.

### I. Patient Examination

#### A. History

1. Chief complaint
2. Secondary complaint(s), if applicable
3. Health history when the implant(s) was placed which has the patient's signature (either scan in the health history or provide a print copy with the electronic report. If the health history is not in the English language, an English translation must also be submitted)
4. Laboratory findings (e.g., CBC, SMA, PTT, INR), if applicable
5. Current medications

#### B. Clinical examination

1. Existing dentition
2. Adjacent soft tissues
3. Periodontal charting, if applicable
4. Lip line
5. Temporomandibular joint function
6. Parafunctional habits
7. Hard and soft tissue anatomy of edentulous areas
8. Other findings

#### C. Radiographic examination

1. Findings
2. Limitations

#### D. Preoperative diagnosis

#### E. Patient consent form for treatment with the patient's signature (either scan in the health history or provide a print copy with the electronic report)

### II. Development of the Treatment Plan

#### A. Treatment goals

1. Patient desires
2. Functional
3. Esthetic
4. Hygiene
5. Limitations
  - a. Medical conditions
  - b. Physical
  - c. Psychological

#### B. Evaluation of existing natural dentition

1. Crown - root ratio
2. Periodontal condition
3. Abutment suitability
4. Alignment
5. Restorative needs

#### C. Interarch relationships

1. Occlusion
2. Jaw relation
3. Temporomandibular joint function

#### D. Evaluation of edentulous ridge

1. Amount of resorption
2. Soft and hard tissue anatomy
  - a. Deficiencies
  - b. Limitations
3. Suitability for implant(s)

#### E. Prosthetic restoration selection

1. Advantages
2. Disadvantages
3. Alternatives
4. Rationale

#### F. Hard and soft tissue modifications

1. Grafts
2. Osteoplasties
3. Gingivoplasties

#### G. Implant selection rationale

1. Type
2. Number
3. Placement position(s)

### III. Surgical and Prosthetic Report

#### A. Surgical procedures (written, detailed surgical operative report that includes treatment dates)

1. Type and amount of anesthesia
2. Instruments and materials used
3. Suture type and technique
4. Surgical and postoperative complications

#### B. Prosthetic procedures (written, detailed operative report, step-by-step, how used and why; include treatment dates)

1. Materials used (as applicable)
  - a. Impression
  - b. Die
  - c. Model
  - d. Transfer
  - e. Abutment
  - f. Restorative
  - g. Cementation

#### 2. Techniques

- a. Preparation
- b. Impression
- c. Bite registration
- d. Temporization
- e. Articulation (e.g., hinge, face bow, semi-adjustable)

#### 3. Prosthetic delivery

- a. Evaluation of fit
- b. Occlusion/adjustment
- c. Placement

#### 4. Follow-up

### IV. Clinical Résumé

#### A. Comparison of preoperative and postoperative diagnoses

#### B. Type of patient instructions given (e.g., preoperative, postoperative, diet, temporization, prosthetic)

#### C. Complications

#### D. Patient acceptance and prognosis





# Fellow Exam

## Case Reports

### PHOTOGRAPHS

Post-completion photographs that meet the criteria listed in this section and show clearly the views listed below are required for the five (5) written case reports for the Fellow examinations. These photographs must clearly depict the soft tissue relationship to the implant prosthesis. The tooth/teeth of interest must be shown in each of the photographs.

All photographs must be of good quality (diagnostic value).

Cheek retractors must be used for all intraoral photos, and a high-quality side view mirror must be used for all posterior and occlusal views. All visual images presented in the photographs must be in their natural state and **must not** have been altered by a graphics editing program such as Adobe Photoshop. Using altered images will result in automatic disqualification.

### STANDARD PHOTOGRAPHS

Post-completion photographs that clearly show the views listed below are required for each case:

1. Centric occlusion, right
2. Centric occlusion, left
3. Anterior Centric
4. Anterior Protrusive
5. Lateral view of left working
6. Lateral view of right working
7. Occlusal maxillary
8. Occlusal mandibular

### ADDITIONAL PHOTOGRAPHS REQUIRED

#### A. Single tooth

- Standard photographs only

#### B. Edentulous segment of two or more adjacent teeth

- Standard photographs only

#### C. Immediate placement of one or more implants in the maxillary anterior segment cases (13 photos total)

- Standard photographs
- Plus five (5) additional photographs:
  1. Frontal view of proposed immediate site in the aesthetic zone prior to extraction
  2. Occlusal view of the proposed immediate site prior to immediate implant placement
  3. Frontal view of the proposed immediate site prior to immediate implant placement
  4. Occlusal view of the immediately placed implant
  5. Frontal view of immediate provisional (e.g. fixed or removable partial denture, Essix, Maryland bridge, or healing abutment)

#### D. Edentulous cases (8 – 11 photos total)

- Standard photographs
- For cases that include a removable prosthesis, three (3) additional photographs are required
  1. Occlusal view of the superstructure without the removable prosthesis in place
  2. Frontal view of the superstructure without the removable prosthesis in place
  3. View of the intaglio (tissue-side) surface of the removable prosthesis

### E. Graft cases (14 photos total)

- Standard photographs
- Plus six (6) additional photographs
  1. Pre-surgical occlusal view showing the atrophic ridge
  2. Pre-surgical facial (lateral) view showing the atrophic ridge
  3. Immediate post-surgical occlusal view
  4. Immediate post-surgical facial (lateral) view
  5. Occlusal view of healed site, typically 4 - 6 months after ridge augmentation and pre-implant placement
  6. Facial (lateral) view of healed site, typically 4 - 6 months after ridge augmentation and pre-implant placement

### TEMPLATE FOR PHOTOGRAPHS

Scan this QR code to download and save the photograph template.



For each case, type the information specified in the bracketed text of the slide. All of the photo views required by case are listed on the opening slide(s). The next slide provides the template for each photograph. In the slide sorter view or the side bar on the left, duplicate slide and repeat until you have inserted enough slides for each of the required photos. Only place one (1) photo per slide. Name the file by case type and "Photographs" and save in the appropriate case folder (e.g. Single Tooth Photographs).

*Being credentialed through the AAID tells my patients that I am passionate about implant dentistry and am well-qualified to perform implant dentistry.*

— Jason Kim, DDS, FAAID, DABOI/ID  
Flushing, NY

## FELLOW EXAM | PHOTOGRAPHS

### Immediate Placement in Maxillary Anterior



Anterior Centric\*



Anterior Protrusive\*



Occlusal maxillary\*



Occlusal mandibular\*



Lateral view in occlusion, left\*



Lateral view in occlusion, right\*



Lateral view of right working\*



Lateral view of left working\*



Frontal view of proposed immediate site in the aesthetic zone prior to extraction



Frontal view of the proposed immediate site prior to immediate implant placement



Occlusal view of the proposed immediate site prior to immediate implant placement



Occlusal view of the immediately placed implant



Frontal view of immediate provisional

*Additional photographs and case examples can be found online at [aaid.com](http://aaid.com).*

*\*Indicates standard photographs required for all case types*

## FELLOW EXAM | CASE REPORTS

### RADIOGRAPHS

Radiographs that meet the criteria listed in this section and show clearly the views listed below are required for the Fellow examination. All radiographs must be of diagnostic quality and have minimal distortion, and bone levels must be obvious.

Radiographs of the following views must be submitted with each case report:

1. Presurgical panoramic or a full-mouth radiographic series
2. Post-surgical (within one (1) week of surgery) panoramic or a post-surgical periapical radiograph for a single-tooth-implant
3. Post-prosthetic (with prosthesis or bar superstructure in place); either panoramic or periapical radiographs are acceptable
4. Completed case radiograph (taken within 12 months of the candidate's oral/case examination date); either a panoramic or a full-mouth radiographic series is acceptable

For grafting cases, two additional radiographs are required:

5. Cross sectional cone beam radiograph of the augmentation site BEFORE the augmentation's placement
6. Cross sectional cone beam radiograph of the augmentation site AFTER the augmentation's placement

If a CT scan has been made for a case, a panoramic view and representative slices of the scan may be submitted but are not required.

### CREATING RADIOGRAPHS AND CT SCANS

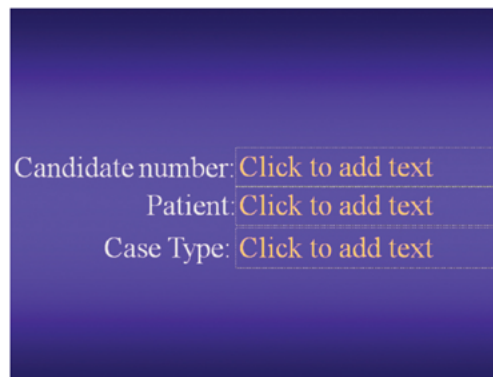
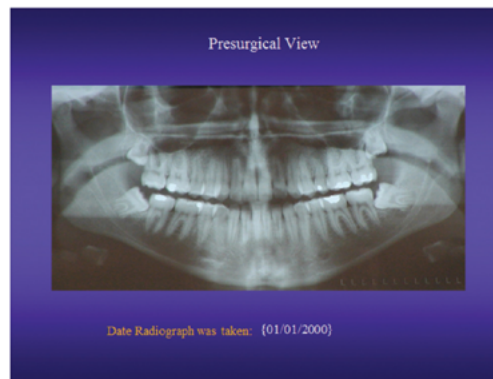
Scan this QR code for a template.



Open the template for radiographs in Microsoft PowerPoint. For each case, type the information specified in the bracketed text of the slide.

On the first slide, all the radiographs that are required for each case are listed. In slide two (2), insert the candidate's examination number, the patient's initials, and the case type. Slide three (3) provides the template for the required radiographs. In the slide sorter view or the side bar on the left, right-click on this slide, then choose Duplicate Slide and repeat until you have inserted enough slides for each of the required radiographs. Only place one (1) radiograph per slide.

Name the file by case type and "Radiographs" and save in the appropriate case folder (e.g., Single Tooth Radiographs).



# Study Guide for Associate Fellow and Fellow Membership Examinations

This Study Guide has been created to aid applicants for both Associate Fellow and Fellow membership in preparation for their examinations.

## Associate Fellow:

- During the Part 1 (written) examination, candidates must demonstrate entry-level knowledge of implant dentistry. A list of keywords that are used in the test questions and sample questions demonstrating the written examination's format are provided.
- In the Part 2 (oral) examination, candidates must demonstrate basic understanding of dental implant procedures and display clinical judgment.

## Fellow:

- In the oral/case examination, advanced implant techniques are emphasized in the oral/case examination, which is clinically oriented. Applicants must demonstrate full knowledge of both the surgical and prosthetic phases of treatment.

In preparation for each examination, the Admissions and Credentials (A & C) Board recommends that candidates study scientific literature and textbooks in the field of implant dentistry. The A & C Board does not publish a recommended reading list since it would be continually subject to additions and deletions as literature in the implant dentistry field changes.

\*Approved by the Admissions and Credentials Board May 1997; last revision July 2022

## KEYWORDS

Ailing implants	Bone morphogenic protein	Implant exposure
Allografts	Bone overheating	Implant fracture
Alloplasts	Bone physiology	Implant materials
Analgesics	Burning tongue	Implant occlusion
Anaphylactic shock	Cantilever mechanics	Implant overdentures
Angiogenesis	Cardiopulmonary resuscitation	Incisal guidance
Antibiotic action	Cephalometric radiographs	Incisions
Anticoagulants	Connective tissue	Infections
Antifungal medication	Denture complications	Inflammation
Antihypertensive medication	Edentulism effects	International Normalization Ratio (INR)
Antibiotic reactions	FDA classifications	Lasers
Autogenous grafts	Force distribution	Load transfer
Avulsed teeth	Guided bone regeneration	Load-bearing design
Blade implants	Healing response	Local anesthetics
Blood coagulation	Healing times	Long-term success
Blood dyscrasia	Host response	Mechanical strength
Bone composition	Hyperbaric chamber	Medical conditions
Bone density	Immediate loading	Membrane complications
Bone expansion	Implant coatings	Metallurgical interactions
Bone grafting	Implant complications	Mini-implants
Bone healing	Implant components	Modulus of elasticity
Bone interface	Implant contamination	Occlusal forces
Bone loading	Implant contraindications	One-piece implants
Bone loss	Implant design	



# STUDY GUIDE FOR ASSOCIATE FELLOW AND FELLOW MEMBERSHIP EXAMINATIONS

## KEYWORDS (CONTINUED)

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Oral anatomy and associated structures (muscles, innervations, spaces and circulation (vascular) system)	Postoperative infections	Sinus anatomy
Oral pathology	Premaxillary augmentation	Space infections
Oroantral fistula	Presurgical template	Subperiosteal implants
Osseointegration failure	Prophylactic antibiotics	Surface texture
Osteocytes	Prosthetic diagnosis	Surgical risks
Osteoconduction	Radiographic magnification	Suture materials
Osteogenesis	Radiographic findings	Suture techniques
Osteoinduction	Radiographic techniques	Tensile strength
Osteotomes	Ramus-frame implants	Tissue closure
Osteotomies	Reformatted tomograms	Titanium properties
Panoramic radiograph	Resorbable membrane	Tomograms
Passivation	Retromolar pad	Tongue evaluation
Periodontal disease	Root-form implants	Torque
Periodontal microflora	Screw loosening	Trigeminal nerve
Plate-form implants	Screw retention	Wolff's Law
	Second-stage surgery	Wound healing
	Sedation	Xenografts
	Shear force	

## SAMPLE QUESTIONS FOR ASSOCIATE FELLOW WRITTEN EXAMINATION

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1. A failing or ailing implant shows an increase in subgingival:
  - a. *S. Mutans*
  - b. Aerobic gram negative bacteria
  - c. Anaerobic gram negative bacteria
  - d. Black pigmented porphyromonas
2. A presurgical radiographic stent with vertical radiopaque indices at the center of each tooth position identifies:
  - a. The mesial-distal position of the proposed implant site
  - b. Vital anatomical structures
  - c. The potential emergence profile
  - d. Radiographic distortion
3. Lowering mechanical stress to the crestal bone-implant interface can best be accomplished by the use of:
  - a. Wide diameter implants (> 4.7 mm)
  - b. Long implants (> 12 mm)
  - c. A cantilever prosthesis
  - d. Smooth cylinder implants
4. Which of the following radiographs provide a good image for the evaluation of the maxillary sinus for implant placement?
  - a. Intraoral occlusal film
  - b. Cephalometric film
  - c. Water's View image
  - d. Long cone transantral periapical film
5. A Serial Tomogram section taken in the mandible in the area of the mandible in the area of the second bicuspid could resemble a radiolucent shape similar to a figure 8. This image is most likely:
  - a. The mental foramen
  - b. The anterior superior loop of the mandibular canal
  - c. Two separate mandibular canals
  - d. The Incisive canal

# STUDY GUIDE FOR ASSOCIATE FELLOW AND FELLOW MEMBERSHIP EXAMINATIONS

## SAMPLE QUESTIONS FOR ASSOCIATE FELLOW WRITTEN EXAMINATION

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6. One aspect of combination syndrome is:
  - a. Atrophic tuberosity
  - b. Super-erupted mandibular anterior teeth
  - c. Retracted mandible
  - d. Increased vertical dimension
7. The incisal guidance of the articulator is the mechanical equivalent of the:
  - a. Horizontal condylar guidance and plane occlusion
  - b. Bennett Shift
  - c. Envelope of lateral excursion
  - d. Vertical and horizontal overlap of the anterior teeth
8. The rationale for a full thickness flap at the time of implant placement surgery is to:
  - a. Stimulate connective tissue growth
  - b. Maintain blood supply and prevent bone resorption over the implant
  - c. Avoid dehiscence over the implants and maintain attached gingiva
  - d. Expose the bone into which implants will be placed
9. Polyglycolide acid (PGA) resorbable suture material resorbs by:
  - a. Hydrolysis
  - b. Inflammation
  - c. Chemotaxis
  - d. Anachoresis
10. With increasing length, the flexure of a fixed partial denture increases:
  - a. Linearly
  - b. Exponentially
  - c. Geometrically
  - d. Logarithmically
11. Which of the following MOST affect the biomechanical transfer of load from an endosseous implant to the surrounding bone?
  - a. Major-minor diameter at screw threads
  - b. Surface area of interface
  - c. Implant length
  - d. Abutment-Implant connection design
12. Platform switching is best described as an abutment that is:
  - a. The same diameter as the implant platform.
  - b. Larger than the implant platform
  - c. Smaller than the implant platform
  - d. Used with conical implant
13. The best method to eliminate 100 percent of microorganisms from heat-sensitive surgical templates is:
  - a. Steam sterilization
  - b. Glutaraldehyde
  - c. 70 percent ethanol immersion
  - d. 3 percent hydrogen peroxide
14. The implant dentist has placed an endosseous implant in a site with a mid-crestal incision and wants the sutures to be intact for three (3) to five (5) days. Therefore, which of the following suture materials would the dentist select?
  - a. Chromic gut
  - b. Plain gut
  - c. Polyglycolic acid
  - d. Polytetrafluorethylene
15. When performing a lateral approach sinus augmentation, an important anatomical structure to be aware of would be:
  - a. The anterior nasal spine
  - b. The posterior superior alveolar artery
  - c. The naso-lacrimal canal
  - d. The descending palatine artery
16. An edentulous patient with healthy appearing soft tissue complains of a burning tongue and palate. In considering this person as a prospective dental implant patient, which of the following would be of concern to the dentist?
  - a. Leukoedema
  - b. Oral moniliasis
  - c. Xerostomia
  - d. Pernicious anemia

*Answers: 1.c, 2.a, 3.a, 4.c, 5.b, 6.b, 7.d, 8.d, 9.a, 10b, 11.b, 12.c, 13.c, 14.b, 15.b, 16.d*



## Demystifying the AAID Credentialing Examinations

Your Guidebook To Increasing  
Your Chances for Success



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