



FELLOWSHIP APPLICATION FORM

Pre-Requisite Requirements: Complete WCI 3 Day Implant Boot Camp plus one additional WCI course of your choice. Please see courses at www.whitecapinstitute.com/implant-education.php.

1 Please list twenty (20) completed implant cases.

Each case must have been completed a minimum of 12 months prior to application.

- Of those cases completed, use the WCAI Fellowship Documentation form (see pg 3) to submit (10) surgical or restorative phase implant cases for review. Also include:

- Pre-Operative X-rays
- Treatment Plan
- Demonstrate Use Of WCI Implant Protocols Including LAD
- Post-Operative X-rays

- Do not use patient names on any documentation submitted. Use either an ID# or initials.

Please use the following coding system to describe your cases:

IP - Implant placement	RR - Removable Restoration	SA - Sinus Augmentation
RF - Fixed Restoration	RA - Ridge Augmentation	RS - Ridge Split

All materials must be submitted digitally (Keynote or PowerPoint) and uploaded at www.whitecapinstitute.com/WCAI

2 Submit proof of 50 CE hours in Implant Study over the preceding 3 years.

3 Provide a Curriculum Vitae.

4 Submit application with documentation with \$350 (USD) application fee.

5 Required attendance at WCI Annual Summit to receive certification and award.

Register at www.whitecapinstitute.com/summit. A separate registration and Summit fee will be required.

Maintenance Requirement: Earn 50 CE hours (min) in Implant CE over the next 3 years.

Payment by: CHECK (payable to WhiteCap Institute) VISA MASTERCARD AMERICAN EXPRESS

NAME _____

CARD NUMBER _____ EXP DATE ____/____/____ CV _____

SIGNATURE _____ DATE ____/____/____

Applications and documentation should be received eight weeks prior to the WCI Annual Summit if you wish your credentials to be presented. Please ensure that all records are sent through a carrier that will expedite, safely deliver and guarantee the delivery of your documentation.

**SEND APPLICATION FORMS TO:
WhiteCap Institute
Attention:WCAI
380 E 1500 S, ste 205
Heber City, UT 84032**

QUESTIONS? (435)754-7636

WHITECAP ACADEMY DOES NOT WARRANT, ENDORSE OR APPROVE ANY SPECIFIC TECHNIQUES, PRODUCTS, SERVICES OR CONCEPTS CONCERNING QUALITY, SAFETY OR EFFECTIVENESS. PARTICIPANTS SHOULD BE CAUTIONED THAT SOME PROCEDURES/TECHNIQUES MAY REQUIRE ADDITIONAL EDUCATION TO DEVELOP THE APPROPRIATE SKILLS AND EXPERTISE FOR PATIENT CARE. WHITECAP ACADEMY DISCLAIMS RESPONSIBILITY FOR ANY INJURY TO PERSONS OR PROPERTY RESULTING FROM TREATMENT PROVIDED BY WHITECAP ACADEMY ACCREDITED DOCTORS.





FELLOWSHIP APPLICATION FORM

NAME _____ DATE _____

PLEASE TYPE OR PRINT

DEGREES _____

OFFICE	ADDRESS		CITY	STATE	ZIP	COUNTRY
	PHONE		FAX			
	EMAIL ADDRESS		WWW. WEB ADDRESS			

HOME	ADDRESS		CITY	STATE	ZIP	COUNTRY
	PHONE	BIRTHDATE	PLACE OF BIRTH			

EDUCATION	PRE-DENTAL NAME OF COLLEGE/UNIVERSITY		GRADUATION DATE	DEGREE	
	DENTAL NAME OF COLLEGE/UNIVERSITY		GRADUATION DATE	DEGREE	
	GRADUATE NAME OF COLLEGE/UNIVERSITY		GRADUATION DATE	DEGREE	

COUNTRY OF LICENSURE		LICENSE #
----------------------	--	-----------

SPECIALTY	AGD #
-----------	-------





FELLOWSHIP DOCUMENTATION FORM

NAME _____ DATE _____

	Patient's ID# or Initials	Maxillary/ Mandibular Arch	Date Implant(s) Placed	Implant Brand	Type Of Procedure	Date of Uncovery	Date Restored	Type of Restoration	Dental Lab
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

