



## DIPLOMATE APPLICATION FORM

**Pre-Requisite Requirements: MUST HAVE ATTAINED FELLOWSHIP & MASTERSHIP CERTIFICATION as well as completed ALL WCI courses including a One-On-One Mentoring session.**

**1 Please list one hundred (100) completed implant cases.**

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

- Of those cases completed, use the WCAI Diplomat 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  
RF - Fixed Restoration

RR - Removable Restoration  
RA - Ridge Augmentation

SA - Sinus Augmentation  
RS - Ridge Split

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

**2 Submit proof of 100 CE hours in Implant Study over the preceding 3 years.**

**3 Provide a PowerPoint Presentation & Defense on one comprehensive case (30 min. max).**

**4 Provide a Curriculum Vitae.**

**5 Submit application with documentation with \$750 (USD) application fee.**

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

*Register at [www.whitecapinstitute.com/summit](http://www.whitecapinstitute.com/summit). A separate registration and Summit fee will be required.*

**Maintenance Requirement: Earn 100 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.

 **WhiteCap Academy**  
OF IMPLANTOLOGY



# DIPLOMATE 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 #
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SPECIALTY	AGD #
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# DIPLOMATE 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									
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# DIPLOMATE 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
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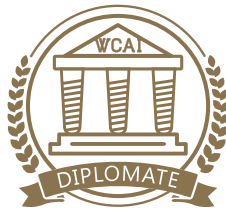


# DIPLOMATE DOCUMENTATION FORM

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
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# DIPLOMATE 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
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# DIPLOMATE 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
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