



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

FGDP(UK) APPLICATION FOR THE DIPLOMA IN IMPLANT DENTISTRY

FACULTY OF GENERAL DENTAL PRACTICE (UK)

Leeds September 2010 – July 2012

Application No. _____ Date of receipt _____
(Office use only)

- Please enclose a current Curriculum Vitae (this should contain your postgraduate, clinical and practice environment experience).
- Please also include a personal statement letter to act as support of your application

The closing date for applications is Monday 14th June 2010

Please complete all pages in BLOCK CAPITALS and tick boxes as appropriate

Title (Mr/Mrs/Miss/Ms/Dr) _____ Surname _____ Sex M / F

Forename(s) _____ GDC No.(optional) _____

National registration No. _____ FGDP(UK) membership no. _____
(optional for non-UK nationals) (If applicable)

Correspondence address

(Please note this is the address to which the Faculty will send all correspondence)

Telephone daytime/work _____ Evening/home _____

Email address _____ Fax _____

Permanent home address (if different from above)

Date of qualification day/month/year _____



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FURTHER POSTGRADUATE QUALIFICATIONS

Please provide details of the following

Degree/Diploma	Year	Awarding Authority

WORK EXPERIENCE

Hospital posts held

Practice experience, e.g. associate/principle or assistant

Type of practice NHS (%) _____ private (%) _____

Please describe your practice in not more than 50 words



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EXPERIENCE OF ORAL SURGERY AND TYPES OF PROCEDURES CARRIED OUT

Please tick where applicable

Surgical procedures	Regularly	Occasionally	Never/rarely
Extraction of wisdom teeth			
Extraction of buried roots			
Removal of cysts from hard tissues			
Removal of cysts from soft tissues			
Surgical endodontics			
Periodontal surgery			

EXPERIENCE OF RESTORATIVE WORK AND TYPES OF PROCEDURES CARRIED OUT

Please tick where applicable

Fixed restorations	Regularly	Occasionally	Never/rarely
Crown			
Post crowns			
Short span bridge			
Full mouth rehabilitation			

EXPERIENCE OF PROSTHODONTICS WORK AND TYPES OF PROCEDURES CARRIED OUT

Please tick where applicable

Removable prosthodontics	Regularly	Occasionally	Never/rarely
Partial dentures: acrylic/chrome-cobalt			
Full dentures			
Over dentures			
Precision attachments			



EXPERIENCE IN IMPLANT DENTISTRY

Experience in implant dentistry is not essential for this course. However, if you do have experience please complete the sections below.

Types of cases completed

Fixed restorations

Approximate number of cases completed

Single teeth

Multiple within a stable occlusion

Multiple units requiring
occlusal dimensional change

Removable restorations

Over dentures

Ball

Bars

Other attachments

Augmentation

Autogenous onlay grafts

Ridge expansion

Guided bone regeneration

Sinus lifts

What aspects of implant dentistry do you carry out?

Please provide an indication of the type of treatment that you carry out. For example do you carry out prosthetics and surgery?

Do you refer for augmentation, etc?



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Type of treatment

Approximate number of cases

Treatment planning

Augmentation

Implant placement

Implant exposure

Prosthetic

Monitoring

PLEASE LIST IMPLANT-RELATED POSTGRADUATE COURSES THAT YOU HAVE
ATTENDED, E.G. CONFERENCES, MASTERCLASSES, LECTURES, ETC

Course

Date attended

MISCELLANEOUS

Where you saw the advertisement

Newspaper/Publication

Please specify

Reference number:

Website/internet

Please specify

Reference number:

Word of Mouth



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REFERENCES

All applicants are required to nominate two professional referees whom the FGDP(UK) may approach if required

Reference one

Reference two

Name _____

Name _____

Position _____

Position _____

Address _____

Address _____

Telephone _____

Telephone _____

Fax _____

Fax _____

Email address _____

Email address _____

Professional relationship _____

Professional relationship _____

SPECIAL NEEDS

If you have any special needs owing to a disability or specific learning difficulty, please give details

THE FOLLOWING SECTION MUST BE SIGNED

I certify that the statements I have made on this form are correct

I confirm that, if admitted to the programme, I will conform to the FGDP(UK) regulations

Signature _____ Date _____

PLEASE NOTE THAT THIS COURSE IS TAUGHT EXCLUSIVELY IN ENGLISH AND CANDIDATES WILL BE REQUIRED TO READ LITERATURE AND COMPLETE ASSIGNMENTS IN ENGLISH

Please return your completed application to:

FGDP(UK), The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE

Applications will be considered on the basis of clinical experience, qualifications and general merit. However, the number of places on the programme is limited.

The FGDP(UK) cannot therefore guarantee it will be possible to admit every suitably qualified applicant.

DATA PROTECTION ACT

This information will be held in accordance with the Data Protection Act used for the purposes of course administration relating to The Diploma in Implant Dentistry.

**Data Protection Act used for the purposes of course administration relating to the FGDP(UK)
Diploma in Implant Dentistry.**

(It is not compulsory to fill in this form)

For the purpose of internal monitoring please complete the following:

Gender _____

Ethnic origin _____

Choose one selection (a) to (e) then tick the appropriate box to indicate your cultural background.

a)

White

British

Irish

Any other White background

Please write here _____

(a)

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Please write in here _____

(c)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other mixed background

Please write in here _____

(d)

Black or Black British

Caribbean

African

Any other mixed background

Please write in here _____

(e)

Chinese or Other ethnic group

Chinese

Any other mixed background

Please write in here _____