



MEMBER DISTINCTION / CREDENTIALS APPLICATION

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

The Association of Dental Implant Auxiliaries (ADIA) is an exceptional resource for dental implant professionals. Focusing on educational advancement and collaboration, it supports a team-based approach where each auxiliary member has a recognized role.

Through its connection to the International Congress of Oral Implantologists (ICOI), ADIA offers a broad scope of continuing education on multiple levels (virtual, international, national, and regional), making it accessible for the entire auxiliary team, administrative and clinical staff. Our webinars, symposiums, hands-on learning, and more are outstanding resources for enhancing skills, staying updated on best practices, and networking within the implant dentistry community.

ADIA MISSION STATEMENT

The Association of Dental Implant Auxiliaries (ADIA) is committed to delivering premier continuing education and advanced training to every member of the dental implant auxiliary team, empowering them with the knowledge, skills, and confidence to be indispensable in the success of implant dentistry. Recognizing the unique contributions of each team member, the ADIA provides a pathway for members to elevate their expertise and stand out in the field.

Through its esteemed credentialing program, the ADIA offers three levels of professional distinction—Advanced Certified Implant Auxiliary, ADIA Fellowship, and ADIA Master's Status—each symbolizing excellence and dedication to implant dentistry.

THE DISTINCTION OF BEING A CREDENTIALED MEMBER OF THE ADIA OFFERS:

- Higher level of skill which benefits your career, your patients, your practice and your profession
- Increased confidence in your capabilities as an auxiliary
- · Public recognition of professional achievement
- Higher professional status and distinction among your peers
- · Satisfaction of advanced education
- · Increased value to your implant team
- Access to special programs and benefits offered only to credentialed members

ALL CREDENTIALED MEMBERS MUST MAINTAIN CURRENT ADIA MEMBERSHIP.

To maintain Fellowship and/or Master's Status, you must attend at least one in person event every 3 years.

ADIA'S ADVANCED CERTIFIED IMPLANT AUXILIARY STATUS REQUIREMENTS

To be eligible for *Advanced Certified Implant Auxiliary Status* the applicant must show proof of:

- 1. ADIA membership.
- 2. Attendance at one of the ADIA certification programs (within a two-year period).

ADIA FELLOWSHIP REQUIREMENTS

To be eligible for the Fellowship Status the applicant must show proof of:

- 1. Two consecutive years of active ADIA membership.
- 2. Attend two of the three ADIA certification programs (within four years of active membership), online or in person. Attending all three ADIA certifications at any **in-person symposia** will automatically provide you with 60 Hours of CE.
- 3. Accumulate 60 hours of Continuing Education (within the last five years—75% implant-related), online or in person. Please provide all documentation for verification.
- 4. One activity within the implant field (ex., publication, 500-word essay on any topic relating to implant dentistry, lecture, in-office presentation/monthly team meetings, community activity related to implant dentistry, table clinic at ICOI-ADIA symposium 10-15 slides on a topic of your choice, etc.)

ADIA MASTER'S STATUS REQUIREMENTS

To be eligible for the *Master's Status* the applicant must show proof of:

- 1. A minimum of two years of active ADIA membership as well as ADIA Fellowship status.
- 2. Live attendance of at least four of the six ADIA webinars hosted in a calendar year.
- 3. After each webinar, score 70% or higher on each quiz—10 Multiple choice questions.





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NAME: (As you wish it to appear on memb	ership certificates, the interne	et directory, etc.)	
First	Initial(s)	Last	
Home Address			
City	State	Zip	Country
Telephone	Fax Date of Birth		
Office Address			
City	State	Zip	
E-mail	Number of year	rs membership in ADIA	(Current membership required)
PROFESSIONAL ACTIVITY			
(If more than one activity, indicate percen	tage of time allocated to e	each)	
Private Practice (please specify type ie: G	General Practitioner, Speci	alty, etc.)	%
School			%
Research Institution			%
Other			%
EDUCATION			
College		_ Degree	Year
School		Certificate/Degree	Year
School		Certificate/Degree	Year
BOARDS			
State, Regional, National	Ce	ertificate/License No	Year
State, Regional, National	Ce	Certificate/License No Year	

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CONTINUING EDUCATION Attach a separate sheet and use the following format: **TOPIC** SPONSORING ORGANIZATION DATE NUMBER OF HOURS **HOSPITAL / UNIVERSITY APPOINTMENTS ACTIVITIES WITHIN THE IMPLANT FIELD** (Publications, lectures, etc.) **ENCLOSE TWO LETTERS OF RECOMMENDATION** (Letters must be from professionals within the implant field) 1. Name ___ 2. Name ____ EVALUATE MY APPLICATION FOR THE FOLLOWING LEVEL(S): **LEVEL** APPLICATION FEE ☐ Advanced Certified Implant Auxiliary \$50 ☐ Fellowship Status \$100 ☐ Master's Status \$150 AMOUNT ENCLOSED: \$ _____ **PAYMENT** ☐ Check (please make check payable to ICOI) ☐ Visa ☐ MasterCard ☐ American Express Card # _____ Exp. Date ____ CVV# _____

RETURN THIS APPLICATION WITH YOUR PAYMENT IN U.S. FUNDS TO:
ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

Signature _____ Date ____