THE ROYAL ASSOCIATION
OF ORAL IMPLANTOLOGISTS
• USA • GERMANY • SINGAPORE •

4512 LEGACY DRIVE, STE 100, PLANO, TEXAS 75024, USA

RAOI Mastership Application Form

- All parts of this application form must be completed and **duly signed by the applicant**. The completed form together with **the applicant's current CV, a photograph, proof of CE hours and Case Documentation CD** should be sent to the address mentioned at the end of the form OR can be uploaded through the upload portal on the website www.RAOI.org
- Applicants who are not Members of RAOI or have not renewed their Membership, are required to apply for Membership along with their Mastership.
- RAOI Fellowship is a **pre-requisite** for Mastership
- Payment for the Mastership must be made in advance to the account mentioned on the form. A confirmation of the same must be sent by email to: accounts@RAOI.org
- Successful applicants will be given a Mastership certificate with a validity of 3 years. After 3 years, the Mastership certificate must be revalidated (Revalidation Fee: $200). This can be done along with renewal of Membership and submission of evidence of 30 CE hours annually in the preceding 3 years. A revalidated certificate will have a validity of 3 years

(*Please choose the correct option*)

Are you a Member of RAOI ? (*Membership is necessary*): ☐ YES ☐ NO

RAOI Membership Number: _____ (*Please don't fill Sections 1 - 5 if you are a member*)

OR

☐ I want to apply for RAOI 3-yr Membership (*for new Members only*)

SECTION 1 – Applicants Personal Details				
Title:				Date of Birth:
First Names:				
Last Name:				
Gender		Male		Female

SECTION 2 – Contact Details	
HOME Address:	WORK Address:
Postcode/Zip code:	Postcode/Zip code:
Country:	Country:
Email:	Email:
Mobile:	Work Phone:

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Preferred address for communication (*please tick*):		Home		Work

SECTION 3 - Qualifications	
Primary qualification:	Date Awarded:
Name of awarding Institution/College:	Country:
Higher qualifications (*please list*):	Date of completion:
Country of licensure:	License Number:
UK / US – Board Certified or equivalent: YES/NO	

SECTION 4 – Current Employment (to be filled if you currently do not have your own practice)		
Job Title:		
Specialty:	Date appointed:	Full Time/Part Time
Description of role:		
Place of Employment:		
Address:		
Postcode/Zip code:		
Country:		
Email:		
Phone:		

SECTION 5 - Past Employment		
Job Title:		
Specialty:	Date appointed:	Full Time/Part Time
Description of role:		
Place of Employment:		
Address:		
Postcode/Zip code		
Country:		
Email:		
Phone:		

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SECTION 6 – Payment Information

I am paying for (*choose the correct option*):

☐ RAOI 3yr Membership AND RAOI Mastership (US$/€/£ 1,050) – choose if you are not an ACTIVE RAOI Member

☐ RAOI Mastership (US$/€/£ 600) - choose if you are an ACTIVE RAOI Member and only applying for Mastership

☐ RAOI Mastership Examination (US$/€/£ 300) (*mandatory for Mastership applicants*)

RAOI Mastership will only be awarded at the RAOI Annual conference or a co-sponsored symposium

I would like to receive my Mastership at the following RAOI symposium: _____
(please note, a separate registration form and fee will have to be submitted at the relevant symposium where you are receiving your award)

Payment options:

1. We accept MasterCard, Visa and American Express payments

   ☐ MasterCard ☐ Visa ☐ American Express

   Card # _____ Expiry Date:_____ CVV: ____

   Signature _____

2. Direct Bank transfer to the account detailed below:

Account Name: The Royal Association
Account Number: 8096580541
Bank Swift Code: BAOKUS44
Bank Number: 14

Bank Name: Bank of Texas
Bank Address: PO Box 29775, Dallas, TX 75229-0775, USA

- A confirmation of the same must be sent by email to: accounts@RAOI.org

SECTION 7 – Declaration

I, _____(name of applicant), hereby declare that all the information submitted in this application is accurate and true and the cases submitted have been done by me. I also confirm I have completed the requisite CE hours and submitted copies of the certificates for the same. I understand if any of the information submitted by me is proved otherwise, my application will be rejected, and the payment made by me towards my application will be forfeited.

Signed:

Name: Date:

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Data Privacy

We are committed to ensuring that your privacy is protected. The information you provide here will only be used for the purposes of processing and approving your membership / credential request and obtaining membership / credentialing benefits. In accordance with data protection regulations we require your consent for this. The data for successful applicants will be held on our membership system.

I understand that RAOI will store and use the data I submit here for the purposes of processing my membership / credential request and obtaining membership / credentialing benefits. *The RAOI is occasionally asked by employers, government bodies or other similar organisations to verify an individual's membership/credential status for employment purposes.* I consent to The Royal Association of Oral Implantologists providing verification of my membership and credential status to third parties.

Signed:

Name: Date:

RAOI Mastership Requirements:

1. RAOI Fellowship is a **pre-requisite** for RAOI Mastership
2. Cases

Case requirements for submission: Candidates must submit 60 documented cases with at least 2-year follow-up. Details of documentation for the cases are provided on the CASE DOCUMENTATION page of the Mastership form.
At least 20 cases should have a difficulty level of medium to advanced.
All cases must be adequately documented and submitted digitally as a PowerPoint. They can be uploaded through the upload portal on the website.

3. *CE hours:* Candidates to submit proof of completion of at least 100 CE hours in the preceding 3 years (attained either through online courses or seminars or teaching courses)
4. Compulsory written and Viva assessment
5. Photograph and a current Curriculum Vitae
6. RAOI 3-Year Membership Fee: US$/€/£ 450
7. RAOI Mastership Application Fee: US$/€/£ 600
8. RAOI Mastership Examination Fee: US$/€/£300

- **All fees are strictly non-refundable**

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RAOI Mastership Maintenance Requirements:

1. RAOI Masters must be active Members to retain their Mastership. The Mastership certificate issued will bear a validity of 3 years. **After 3 years, Masters must ensure they renew their RAOI Membership and revalidate their RAOI Fellowship and Mastership (a certificate with a new validity date will be issued upon paying the renewal and revalidation fee).** Non-renewal will result in delisting from the Members and Masters directory. If the renewal is not done within a year from the date of expiry, past dues will have to be paid should the applicant decide to renew in future. Fees payable at this time to receive a new Mastership certificate is:

RAOI 3-Year Membership Fee: US$/€/£ 450
RAOI Mastership Certificate Revalidation Fee: US$/€/£ 200

2. Submit evidence of a minimum of 30 CE hours annually at the time of revalidation of Mastership certificate.
3. Attendance to at least two RAOI Annual Conference or the National Annual Symposium of the candidate's specialty in 3 years

CASE DOCUMENTATION FORMAT:

Given below is a guideline for the required documentation of cases submitted for Mastership application. Cases should be documented digitally in a slide format. All clinical pictures and radiographs should be appropriately labelled. The presentation of each case should include the following details in the order given:

- Case number (e.g. Case1)
- Patient Initials / Code name (e.g. RT)
- Patient medical history
- Dental history and current dental status
- Pre-operative radiograph and clinical picture
- Recommended treatment plan
- Date of surgery
- Details of Pre-Implant grafting, if carried out. Add relevant clinical picture
- Number of implants placed and their location
- Augmentation procedure carried out with clinical picture
- Post-operative radiograph and clinical picture
- Postoperative maintenance
- Type of implant restoration
- Date of prosthesis delivery

- Post prosthesis radiograph and clinical picture
- Clinical picture and radiograph of 2-year functional prosthesis

Pointers for submitting your cases

- All cases should be documented in a single presentation and saved as a single file. One case equates to one patient. The same can be uploaded through the upload portal on the site.
- Remember to label the first slide of every case with the case number and patients initials (e.g. Case1 – RT).
- Complete the case documentation template in its entirety for each case. If you do not have the information, provide rationale or if it does not apply, write N.A.
- Required radiographs:

    - Pre-Op
    - Post-Surgical
    - Post Prosthetic
    - Image with the final restoration(s) in function for a minimum of 2 years

CT scans are admissible but not mandatory, however only include the relevant slices

- Required photos: (both pre-op and post-op)
  - Occlusal view of maxillary and mandibular arch
  - Frontal view, left side and right side in maximum intercuspation position (MIP)

  - Occlusal views of all implant attachment mechanisms

  - Views of tissue surface areas of the removable prostheses

The candidate must ensure due diligence to submit cases that are complete and accurate. The declaration on the last page of the application form must be duly signed. In the event the candidate is found not to have made an honest and accurate submission, the application will be rejected without any refund of fees.

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DECLARATION:

I, _____(name of applicant), hereby declare that all the information submitted in this application is accurate and true and the cases submitted have been done by me. I understand if any of the information submitted by me is proved otherwise, my application will be rejected, and the payment made by me towards my application will be forfeited.

Signed:

Name: Date:

Please send your completed forms, documents and cases to:

Ms. Dolna Saldanha
RAOI Executive Secretary
806 Thomson Road
#16-12 Thomson 800
Singapore 298189
Mobile: +65 8571 6046
Email: dolna@RAOI.org