



## Continuing Education and Core Knowledge Requirements

85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005  
Phone: (847) 439-1919 or (800) 656-7736  
FAX: (847) 439-1569 or (800) 416-7736  
Email: [certificate@osseo.org](mailto:certificate@osseo.org) Website: [www.osseo.org](http://www.osseo.org)

### APPLICANT INFORMATION

Last Name

First Name

Middle Initial

E-Mail Address

### REQUIREMENTS

Applicants must present evidence of verifiable CDEs (CCERPS, CPD, etc.) over a three-year period, on implant-related material, totaling 200 hours in 18 specific categories. 85 of those 200 continuing education hours are considered "core knowledge".

Applicants will also need to provide verifiable evidence of continuing education hours from certified providers. Evidence may include Letter of Verification, certificates, etc. Documents can be sent digitally either online through [www.dropbox.com](http://www.dropbox.com) (or another comparable file sharing site) or compressed in a zip file not to exceed 5 MB.

Please list below the **presentations or courses** you attended that meet the requirements for the categories and hours listed below.

**For each course you list, please enter the course name, date, accrediting organization and total credit hours.**

200 total hours of continuing education credits must be obtained in the following categories:

### GENERAL CATEGORIES – 115 TOTAL CE HOURS REQUIRED

#### Local Anesthesia – 1 Credit Hour

(Please include the course name, date, accrediting organization and total credit hours)

#### Emergency Medicine – 4 Credit Hours

(Please include the course name, date, accrediting organization and total credit hours)

**Pharmacology – 2 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Implant Biomaterials – 4 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Implant Biomechanics – 8 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Treatment Planning for the Single Tooth: Anterior and Posterior – 30 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Treatment Planning for Multiple Implant Restorations-FDP – 25 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Treatment Planning for the Over Denture Patient – 4 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Treatment Planning for the Fully Edentulous Patient – 30 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Digital and Analog Impressions – 3 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Implant Occlusion – 4 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**CORE KNOWLEDGE CATEGORIES – 85 TOTAL CE HOURS REQUIRED**

**Anatomy – 4 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Radiographic Interpretation – 4 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Diagnosis and Treatment Planning – 10 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Risk Assessment – 8 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Radiographic and Surgical Guide Fabrication – 4 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Surgical Implant Placement – 30 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Restorative Implant Procedures – 25 Credit Hours**

(Please include the course name, date, accrediting organization and total credit hours)

**Please save this document and return all completed materials to [certificate@osseo.org](mailto:certificate@osseo.org)**

For questions or more information, please contact:

Academy of Osseointegration,

Attn: AO Certificate Program

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