



STUDY GUIDE FOR ASSOCIATE FELLOW AND FELLOW EXAMINATIONS*

General Information

This Study Guide has been prepared to help applicants for both Associate Fellowship and Fellowship to prepare for their examinations.

In preparation for both examinations, the Admissions and Credentials Board recommends that candidates study the scientific literature and textbooks in the field of implant dentistry. The A & C Board does not publish a recommended reading list since it would be continually subject to additions and deletions as literature in the implant dentistry field changes.

Associate Fellow Examination

The Associate Fellow examination has two parts: written and oral/case review. During this examination, the candidates must demonstrate entry-level knowledge of implant dentistry.

Written Examination: The written portion of the Associate Fellow examination includes 150 multiple-choice items, distributed among five categories. These categories, the percentage of items assigned to each category, and the topics within the categories are listed below.

Each test item is a question, a statement or an incomplete statement followed by suggested answers. The candidate selects the *one* best answer. A candidate's score is based on the number of correct answers entered on his or her answer sheet. There is no penalty for guessing. Four hours are allotted for the written examination.

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| I. | Basic Science | 20% |
| | A. Anatomy | |
| | B. Biomaterials | |
| | C. Pharmacology | |
| | D. Physiology | |
| II. | Clinical/Medical Examinations | 15% |
| | A. Medical History and Tests | |
| | B. Dental History and Oral Examinations | |
| | C. Radiology | |
| III. | Implant Modalities | 15% |
| | A. Root Forms | |
| | B. Advanced Techniques | |
| | 1. Blades | |
| | 2. Subperiosteals | |
| | 3. Transosteals | |
| | 4. Ramus Frames | |

* Approved by the Admissions and Credentials Board, May 2, 1997, revised to March 2007

- IV. Implant Prosthetics** **25%**
- A. Treatment Planning
 - B. Biomaterials
 - C. Biomechanics
 - D. Components
 - E. Techniques
- V. Implant Surgery** **25%**
- A. Presurgical Considerations
 - B. Surgical Techniques
 - C. Augmentations and Membranes
 - D. Postoperative Care and Maintenance

Preparation for the Written Examination: In preparing for the examination, the Admissions and Credentials Board suggests that candidates study current textbooks and periodicals. A list of key words that are used in the test questions, and sample questions that will enable candidates to become familiar with the written examination's format are provided on pages 4 and 5.

Oral/Case Examination: The oral/case examination is clinically oriented. Candidates demonstrate their knowledge of implant dentistry through five standardized cases and the reports that they submit to satisfy the case requirements for the examination. For each of the five standardized cases, candidates review a written description, a panograph and a photograph and then respond to questions related to treatment of the case. The case examination is based on the cases submitted by the candidate and follows a case presentation and discussion format.

Fellow Examination

The Fellow examination includes an oral/case examination, during which candidates must demonstrate in-depth, advanced knowledge of all phases of implant treatment.

Oral/Case Examination: Advanced implant techniques are emphasized in the oral/case examination, which is clinically oriented. Candidates demonstrate their knowledge of implant dentistry through five standardized cases and the reports that they submit to satisfy the case requirements for the examination. For each of the five standardized cases, candidates review a written description, a panograph and a photograph and then respond to questions related to treatment of the case. The case examination is based on the cases submitted by the candidate and follows a case presentation and discussion format.

Associate Fellow Written Examination**KEY WORDS**

Ailing implants	Hyperbaric chamber	Periodontal disease
Allografts		Periodontal microflora
Alloplasts	Immediate loading	Plate-form implants
Analgesics	Implant coatings	Postoperative infections
Anaphylactic shock	Implant complications	Premaxillary augmentation
Angiogenesis	Implant components	Presurgical template
Antibiotic action	Implant contamination	Prophylactic antibiotics
Anticoagulants	Implant contraindications	Prosthetic diagnosis
Antifungal medication	Implant design	
Antihypertensive medication	Implant exposure	Radiographic magnification
Antibiotic reactions	Implant fracture	Radiographic findings
Autogenous grafts	Implant materials	Radiographic techniques
Avulsed teeth	Implant occlusion	Ramus-frame implants
	Implant overdentures	Reformatted tomograms
Blade implants	Incisal guidance	Resorbable membrane
Blood coagulation	Incisions	Retromolar pad
Blood dyscrasia	Infections	Root-form implants
Bone composition	Inflammation	
Bone density	International Normali- zation Ratio (INR)	Screw loosening
Bone expansion		Screw retention
Bone grafting	Load transfer	Second-stage surgery
Bone healing	Load-bearing design	Sedation
Bone interface	Local anesthetics	Shear force
Bone loading	Long-term success	Sinus anatomy
Bone loss		Space infections
Bone morphogenic protein		Subperiosteal implants
Bone overheating	Mechanical strength	
Bone physiology	Medical conditions	Surface texture
Burning tongue	Membrane complications	Surgical risks
	Metallurgical interactions	Suture materials
Cantilever mechanics	Modulus of elasticity	Suture techniques
Cardiopulmonary resuscitation	Occlusal forces	Tensile strength
Cephalometric radiographs	One-piece implants	Tissue closure
Connective tissue	Oral anatomy and associated structures	Titanium properties
	Oral pathology	Tomograms
Denture complications	Oroantral fistula	Tongue evaluation
	Osseointegration failure	Torque
Edentulism effects	Osteocytes	Trigeminal nerve
	Osteoconduction	
FDA classifications	Osteogenesis	Wolff's Law
Force distribution	Osteoinduction	Wound healing
	Osteotomes	
Guided bone regeneration	Osteotomies	Xenografts
Healing response		
Healing times	Panoramic radiograph	
Host response	Passivation	

Sample Written Examination Questions

1. A failing or ailing implant shows an increase in subgingival:
 - a. *S. Mutans*.
 - b. aerobic gram negative bacteria.
 - c. anaerobic gram negative bacteria.
 - d. black pigmented porphyromonas.

2. A presurgical radiographic stent with vertical radiopaque indices at the center of each tooth position identifies:
 - a. the mesial-distal position of the proposed implant site.
 - b. vital anatomical structures.
 - c. the potential emergence profile.
 - d. radiographic distortion.

3. Lowering mechanical stress to the crestal bone-implant interface can best be accomplished by the use of:
 - a. wide diameter implants (> 4.7 mm).
 - b. long implants (> 12 mm).
 - c. a cantilever prosthesis.
 - d. smooth cylinder implants.

Answers: 1. c; 2. a; 3. a.
