



GCLD DIPLOMATE APPLICATION

(To be Typed or printed)

Preferred name: _____

(As you wish it to appear on the certificates, directories, etc.)

Date of Birth: _____ Gender: _____ Citizenship: _____

Contact Information: _____

Mailing address: _____

City: _____ State/Province: _____ Postal code: _____

Phone no.: _____ Email address: _____

Educational Background: _____

Dental School Degree(s): _____ Date of Graduation: _____

Postgraduate Education (List relevant programs and Institutions): _____

Years of Clinical experience in dentistry: _____ Years of experience in oral implantology: _____

Current practice type (Solo, group, academic, etc.): _____

Professional website or online presence(URL): _____

Country of Licensure: _____ License #: _____

Specialty: _____ AGD #: _____

Number of years a member of the GCOI(Membership is necessary) _____

Number of years a Fellow of the GCOI(Fellowship status is necessary) _____

Prerequisites: *Active GCOI Membership and Fellowship*

**Who can apply: All members who place and/or restore implants. NOTE:
You must be currently placing implants to be eligible for Diplomate status.**



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DIPLOMATE REQUIREMENTS

General Practitioner Cases:

- Each applicant must document a minimum of 25 LASER cases as a General Practitioner.
- 10 Cases should be performed under supervision, and each case will be awarded 10 points.
- Earn 200 CE hours by completing the entire series of Advanced Modules from Affiliated courses

Specialist Cases:

- Specialists are required to document a minimum of 25 LASER cases.
- Similar to the General Practitioner, each case will be awarded 10 points if performed under supervision.

Supervision:

The participant must perform laser procedures on at least one patient under the direct supervision of an GCLD board of directors.

Part 1 - Written Examination: Successfully complete the Part 1 Written Examination covering theoretical knowledge and laser clinical protocols.

Part 2 - Oral Examination: Successfully complete the Part 2 Oral Examination demonstrating clinical competence and mastery in advanced laser dentistry.

Part 3 – publication of a research work under the guidance of gclid registered expertise

Please use the following coding system to describe your cases:

Type of LASER: DIODE-D, ERBIUM-ERCRYSGG /ERYAG, CARBON DIOXIDE LASER-CO2 LASER, NEODYMIUM LASER-NDYAG.

Fee: 1100 Euros

Please note: CREDENTIALS MUST BE AWARDED AT A GCLD SPONSORED OR CO-SPONSORED SYMPOSIUM

(please allow 6 weeks for application and certificate processing)



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A separate conference registration form and fee will be required at the meeting where you will be receiving your award.

Declaration:

I understand and agree to abide by the bylaws and code of ethics of the Global Congress of Laser Dentists. I declare that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____

Date of submission: _____

I would like to receive my award at the following GCLD conference: _____

Thank you for your application! We look forward to welcoming you to the GCLD community