



## GCLD MASTERSHIP 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 laser dentistry: \_\_\_\_\_

Current practice type (Solo, group, academic, etc): \_\_\_\_\_

Professional website or online presence (URL): \_\_\_\_\_

Country of Licensure: \_\_\_\_\_ License #: \_\_\_\_\_

Speciality: \_\_\_\_\_ AGD #: \_\_\_\_\_

Number of years a member of the GCLD: \_\_\_\_\_

Number of years a fellow of the GCLD: \_\_\_\_\_

Prerequisite: Active GCLD Membership

Who can apply: All members who practise laser dentistry.



## **GCLD MASTERSHIP APPLICATION**

### **MASTERSHIP REQUIREMENTS**

#### **Submit Completed CE Forms:**

**Provide completed Continuing Education (CE) forms for each course attended.**

#### **Copy of Certificate of Completion:**

**Include a copy of the certificate of completion for each course.**

#### **Documentation of Achieved Hours:**

**Submit any additional documentation verifying the completion of the required 100 hours.**

#### **Submit (20) Completed Implant Cases:**

**Include 10 cases of comprehensive documentation, outlining each case and providing photos.**

#### **Successfully Pass the Mastership Multiple Choice and Oral Examination:**

**Successfully pass oral examination for Mastership.**

#### **Provide One Letter of Recommendation:**

**Obtain a letter of recommendation from a current GCLD Diplomate or Board member.**

#### **Submit Current Curriculum Vitae:**

**Provide an up-to-date curriculum vitae detailing educational and professional achievements.**

#### **Practice Implant Dentistry for at Least 3 Years:**

**Demonstrate a minimum of three years of active practice in LASER dentistry.**

#### **Attend the Annual Symposium Induction Ceremony:**

**Participate in the Annual Symposium induction ceremony hosted by the GCLD.**

**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.**

**Mastership Fee: 450 Euros**

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



## **GCLD MASTERSHIP APPLICATION**

**(please allow 6 weeks for application and certificate processing)**

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

**Dues and payment: Please visit our website or contact the GCLD office for current membership dues information and payment options.**

**Declaration:**

**I understand and agree to abide by the bylaws and code of ethics of the Global College of Oral Implantology. I declare that the information provided in this application is accurate and complete to the best of my knowledge.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Please submit your completed application electronically to (email address) or by mail to [mail@globalcld.com](mailto:mail@globalcld.com)**

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