



## GCLD FELLOWSHIP 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 #: \_\_\_\_\_

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

Number of years a member of the GCLD (membership is Mandatory): \_\_\_\_\_

Prerequisite: Active GCLD Membership

Who can apply: All members who practise laser dentistry.



## **GCLD FELLOWSHIP APPLICATION**

### **FELLOWSHIP REQUIREMENTS**

#### **Live Patient and Course Credits:**

- \* Attend a Live Patient GCLD FELLOWSHIP course.**
- \* Obtain 50 hours of course credits from GCLD affiliated centres of excellence or other approved courses.**

#### **Continuing Education (CE) Documentation:**

- \* Submit the completed CE forms, along with a copy of the certificate of completion for the Live Patient course and other relevant courses.**
- \* Provide any additional documentation confirming the completion of the required course hours.**

#### **Clinical Case Submissions:**

- \* Option 1: Submit documentation for 10 completed LASER cases, including detailed outlines and photos (digital or panoramic).**
- \* Option 2: Attend GCLD affiliated centres of excellence Live Patient FELLOWSHIP program, and the requirement for case submissions will be waived.**

#### **Letters of Recommendation:**

**Provide two letters of recommendation from current International Dental LASER Association Diplomates.**

#### **Publication:**

**Author or co-author an article or case report on LASER dentistry.**

#### **Experience:**

**Practice LASER dentistry for a minimum of 2 years.**

#### **Symposium Participation:**

- \* Attend the Annual Symposium induction ceremony.**
- \* Attend the annual symposium within 2 years of starting the Fellowship process.**

#### **Additional Continuing Education:**

**Obtain an additional 50 hours of implant-related continuing education.**

**Fellowship Fee: 300 Euros Please note: CREDENTIALS MUST BE AWARDED AT A GCLD SPONSORED OR CO-SPONSORED SYMPOSIUM**



## **GCLD FELLOWSHIP 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 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: \_\_\_\_\_**

**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.**



## **GCLD FELLOWSHIP APPLICATION**

### **CASE DOCUMENTATION FORM**

**Please submit 10 completed LASER cases (per patient). All of which must be at least one year old on this form for fellowship credentialing.**

**\* DOCUMENTATION: pre- and post-operative x-rays and clinical photographs of PRE OPERATIVE, INTRA OPERATIVE AND IMMEDIATE POST OPERATIVE AND POST OP AFTER 24 TO 48 HOURS are the basic requirements for case documentation.**

**All materials may be submitted digitally.**

**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.**