LIVE IMPLANT TRAINING SURGICAL LEVEL QUESTIONNAIRE

Doctors please take a few minutes and answer this questionnaire so we can determine your level of experience and match your surgical skills with the patients that will be assigned to each one of you. Honesty is a must and your answer will ensure that your training will be successful. Overselling your self is a common mistake. If we assign you complex cases that are above what you can perform, you will surely fall into one or more of the following mistakes:
1. You will not be able to complete those surgeries since your manual and mental preparedness are not properly matched.
2. You will become distressed and as a consequence will make surgical errors
3. Your learning pattern will be disrupted and your overall teaching experience will not be an enjoyable or fruitful one.

SECTION A - EDUCATION, WORK AND CREDENTIALS

Full name with prefix as it will appear on your certificate
_____________________________________

Name of Dental School attended, State attended and year of graduation
____________________________________________________________

Are you an associate, owner or work for a DSO?
_____________________________________

GP or specialist__________ especial interest in some specific field ______________

Please list implant maxi-courses, surgical residency, GPR, special training? Duration of training, head instructor and # of CE hours and credentials received
_______________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you member, Fellow, Master or Diplomat of any of the following implant academies?
Academy of Osseo integration___________________________________
American Academy Implant Dentistry____________________________
International Congress Oral Implantology________________________
American Academy Implant Prosthodontic________________________

SECTION B - GENERAL ORAL SURGERY EXPERIENCE

In your practice do you perform any of the following procedures and with? What frequency?
1...simple extractions? _________________________________________
2...complex surgical extractions? _________________________________
3...impacted wisdom teeth exodontia? _____________________________
4...full arch alveoloplasty? _____________________________________
5...Apicoectomies?__________________________________________
6...Endo-micro surgeries with microscopes? ______________________
7...Osseous and periodontal surgeries? ___________________________
8...Muco-gingival and soft tissue grafts? _________________________
9...Guided bone regeneration? _________________________________
10...Intra-crestal sinus elevations? ______________________________
11...Lateral window sinus lifts? ________
12...Autogenous bone harvesting? _________
13...If you answered yes to #12 please explain who train you

___________________________________________________________

14....Do you have hospital privileges? Name of hospital

___________________________________________________________

15...Do you have IV or general anesthesia permits? Trained where?

___________________________________________________________

16...Do you have advanced cardiac life support training?

___________________________________________________________

17...Is your office prepared for medical emergencies?

___________________________________________________________

19...What is the main scope of your practice?

___________________________________________________________

SECTION C - SPECIFIC HANDS-ON EXPERIENCE WITH IMPLANTS

20...Are you placing implants now? _____Are you comfortable doing it? _____
21...How many have you placed? _________________________________
22...What brand do you place? ___________ are you happy with it? __________
23...Are you performing free-handed surgeries? _____________
24...Are you performing computer guided surgeries? _________
25...If not, are you interested in learning about it? ___________
26...Do you own a CBCT? _____Or work closely with scanning center?

________________________________

26...Do you possess a 3D software planner? _____which one? ___________
27... Do you know how to convert dycom files into 3D models?___________
28...are you interested in learning how to plan “virtual surgeries”? __________

SECTION D - CONFIDENTIAL INFORMATION

Have you ever been reprimanded by the dental board? License suspended or revoked?

___________________________________________________________

Do you have problems with alcoholism or drug addiction? ______________

Do you have licenses in which States? ________________________________
SECTION E - SURGICAL LEVEL CLASSIFICATION

As a general rule Novice or beginners have placed less than 50 implants, Intermediates have placed between 50-100 implants and Advanced have placed over 200 implants.

How would you classify your surgical level?

Novice________Intermediate_____________Advanced________________

What are you looking to get out of this course?
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

I (print name) ____________________________________________ have answered the above Questionnaire truthfully and to be best of my knowledge and will accept Dr Mongalo’s placement of classification.

Attending Doctor Signature________________________Date______________