



National Institute for Health Specialties

Clinical Certificate in Dental Implantology Accreditation Information Form

1. GENERAL INFORMATION	
1 Application Information	
Date:	
Application Type:	<input type="checkbox"/> New (Initial Accreditation Application) <input type="checkbox"/> Renewal (Continued Accreditation Application)
2 Institution Information	
Name of Sponsoring Institution:	
Address:	
PO Box:	
Governmental institution:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsoring Institution's Governing Body:	
Accreditation Status:	
Is the sponsoring institution accredited by NIHS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Commission International Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If above is (No), Is it recognized by Equivalent Entity:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does sponsor have an affiliation with a dental school (could be the sponsoring institution):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If (Yes), The name of the dental school:	
Total Number of trainees per Year:	
Total Number of trainees last year:	
3 Program Leadership	
<i>Program Director</i>	

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Name:	
Address:	
Telephone:	
Email:	
<i>Associate Program Director (if applicable in compliance with NIHS program size requirements)</i>	
Name:	
Address:	
Telephone:	
Email:	
<i>Program Coordinator:</i>	
Name:	
Address:	
Telephone:	
Email:	
4 Vision and Mission	
Educational Vision and Mission statement:	
Rationale statement for seeking NIHS accreditation:	
2. PERSONNEL AND RESOURCES	
A. Program Director (PD)	
1. Does the program director?	
a) Have at least three years of documented educational and/or administrative experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Hold license as consultant and have at least three years post residency documented experience in Implant Dentistry, and with a specialty qualification in Periodontics, Prosthodontics and/or Oral Surgery that are acceptable to the Central Accreditation Committee.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Actively participate in program administration and educational activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Does the sponsoring institution provide the program director with adequate protected time for program administration (0.5 Full-Time Equivalent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is the PD Qualification(s)?	
B. Associate Program Director (APD) (if applicable in compliance with NIHS program size requirements)	

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a) Has the program appointed (an) associate program director(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Does the associate program director actively participate in program administration and educational activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Does the sponsoring institution provide the associate program director with adequate protected time for program administration (0.3 Full-Time Equivalent)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>C. Resources: Describe how the program will ensure that interns have access to adequate resources. (Limit response to 400 words)</p> <p>Click or tap here to enter text.</p>		

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3. FACULTY INFORMATION

Faculty information

A. Complete the following table: (for your convenience, you may submit it as separate attachment)

Name of faculty as written in passport	Faculty Type: (faculty, core faculty, PD, APD)	Gender	Nationality	Emirates ID	Date of Birth	Email	Mobile No.	Date first appointed in the current position

B. Number of hours per week faculty member devotes to this program's activities in the following:

Name of faculty as written in passport:	Clinical Supervision of Interns	Administration of the program	Research	Didactics/Teaching with residents	Total hours devoted to this program

C. Specialty Certifications:

Name of faculty as written in passport	Specialty	Certification Board or Equivalent	Certification Date

D. Licensing:

Name of faculty as written in	License Number	Licensing Authority	Licensed As: (Consultant,	Specialty as written in medical license	Expiration Date	Health Facility Name

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passport			specialist, GP)			

E. Professional Experience					
Name of faculty as written in passport	Academic Position (DIO, PD, APD, Faculty, Others, please Specify)	Start Date	End Date	Organization	Summary of duties and responsibilities
	Current				

F. Teaching Program Details					
Name of faculty as written in passport	Specialty Name	Year	Institution	Role	FTE

G. Awards and Honors					
Name of faculty as written in passport	Type	Awards and Honors Title	Awarded By	Country	Date Awarded

H. Scholarly Activities							
Name of faculty	PMID (Not	Publication Title	Publication	Publisher\Journal	Role (First Author, Corresponding,	Type of Publication	Research Interest

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as written in passport	Mandatory)		Date		Co Author)	(Journal Articles, Case report, letter, Clinical Trial, Conference Abstract, Book and Documents, Editorial, Review)	

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I. Core Faculty to trainee Ratio:	Click or tap here to enter text.
J. Faculty to trainee Ratio:	Click or tap here to enter text.
K. Describe the process to maintain faculty development and enhance their teaching interest. Click or tap here to enter text.	
L. With regards to Faculty Development, in which areas have program faculty participated in faculty development over the past year?	<input type="checkbox"/> as educators <input type="checkbox"/> in quality improvement and patient safety <input type="checkbox"/> in fostering their own and their interns' well-being <input type="checkbox"/> in patient care based on their practice-based learning and improvement efforts <input type="checkbox"/> None of the above
M. Do you have a performance assurance and reward system for the faculty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below: Click or tap here to enter text.	
N. Describe Faculty involvement in the program planning and ongoing program review and evaluation. Click or tap here to enter text.	

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4. TRAINEES INFORMATION

Trainees information

A. Complete the below table about the actively enrolled trainees in the program (add rows as required)

Name as written in passport	Gender	Nationality	Emirates ID	Date of Birth	Email	Mobile	Trainees' status (active, completed training, inactive)	Clinical Certificate Start Date	Expected Completion Date	Did this trainee have prior training in another accredited/approved program? Yes/No

B. Academic Qualifications

Name as written in passport	Institution/University	Degree level (Bachelor's Degree BDS/ DDS/ DMD)	Degree Title	First Attended	Last Attended	Graduation Date

C. Trainees Professional license

Name as written in passport	Trainees Professional license No.	Licensing authority	Date of issue	Date of expiry

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5. EDUCATIONAL PROGRAM

Professionalism

1. Indicate the settings and activities in which trainees will demonstrate competence in each of the following areas of Professionalism. Also indicate the method(s) used to assess competences

Competency Area	Setting/Activities	Assessment Method(s)
Compassion, integrity, and respect for others		
Responsiveness to patient needs that supersedes self-interest		
Respect for patient privacy and autonomy		
Accountability to patients, society, and the profession		
Respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation.		
Ability to recognize and develop a plan for one's own professional well-being.		
Appropriately disclosing and addressing conflict or duality of interest		

Patient Care and Procedural Skills

1. Indicate the settings and activities in which trainees will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competences:

Competency Area	Setting/Activities	Assessment Method(s)
Records related to the educational program, must be documenting in the trainee clinical logs after completion of specified procedures, including Dental implant competencies (for example: different implant placement protocols, provisional loading of dental implants, and management of peri-implant diseases.		
Patient diversity and case complexity (e.g. medically complex, special needs, hospital based, etc.)		

Medical Knowledge

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How will all graduating trainees demonstrate competency in their knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences related to the practice of implant dentistry, as well as the application of this knowledge to patient care? Describe how these skills are evaluated (Limit 400 words).

Click or tap here to enter text.

Practice-based Learning and Improvement

1. Briefly describe one planned learning activity in which trainees demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Limit response to 400 words)

Click or tap here to enter text.

2. Indicate the settings and activities in which trainees will demonstrate competence in each of the following Practice-based Learning and Improvement. Also indicate in method(s) used to assess competences.

Competency Area	Setting/Activities	Assessment Method(s)
Identifying strengths, deficiencies, and limits in one's knowledge and expertise.		
Setting learning and improvement goals.		
Identifying and performing appropriate learning activities.		
Systematically analysing practice using quality improvement methods and implementing changes with the goal of practice improvement.		
Incorporating feedback and formative evaluation into daily practice.		
Locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems.		
Using information technology to optimize learning.		

Interpersonal and Communication Skills

1. Briefly describe one learning activity in which trainees develop competence in communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (Limit response to 400 words).

Click or tap here to enter text.

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2. Indicate the settings and activities in which trainees will demonstrate competence in each of the following Interpersonal and Communication Skills. Also indicate the method(s) used to assess competences.

Competency Area	Setting/Activities	Assessment Method(s)
Communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.		
Communicating effectively with fellow dentists and auxiliary staff, other health professionals and health-related agencies.		
Working effectively as a member of a health care team or other professional group.		
Educating patients, families, students, and other health professionals.		
Maintaining comprehensive, timely, and legible medical records, if applicable.		

Systems-based Practice

1. How will graduating trainees demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of oral health, as well as the ability to call effectively on other resources to provide optimal oral health care?

Describe how these skills will be evaluated. (Limit 300 words)

[Click or tap here to enter text.](#)

2. How will graduating residents demonstrate their ability to:

- Work effectively in various oral health care delivery settings and systems relevant to their clinical specialty;
- Coordinate patient oral health care across the health care continuum and beyond as relevant to their clinical specialty;
- Advocate for quality patient care and optimal patient care systems;
- Work in interprofessional teams to enhance patient safety and improve patient care quality;
- Participate in identifying system errors and implementing potential systems solutions;
- Incorporate considerations of value, cost awareness, delivery and payment, and risk benefit analysis in patient and/or population-based care as appropriate; and,
- Understand oral health care finances and its impact on individual patients' health decisions.

Provide an example of how skill will be assessed in four of the seven areas listed above? (Limit 400 words)

[Click or tap here to enter text.](#)

6. CURRICULUM ORGANIZATION AND TRAINEES EXPERIENCES

1. Basic Implant Sciences

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1. Briefly describe how the program ensures that trainees' clinical and educational duties enable them to develop the skills needed to become proficient in both the theoretical and practical aspects of Implant Dentistry. (Limit response to 400 words).
Click or tap here to enter text.

2. Briefly describe How does the formal instruction provided enable trainees to Diagnose, treatment plan and complete treatment of clinical cases which require surgical implant placement and restorative rehabilitation of partially or completely edentulous dentition? (Limit response to 400 words).
Click or tap here to enter text.

3. Briefly describe How does the formal instruction provided enable trainees to Critically evaluate the scientific literature and have a sound knowledge evidence-based studies to understand the science of implant dentistry? (Limit response to 400 words).
Click or tap here to enter text.

4. Are specific educational components included to ensure trainees achieve in-depth knowledge in the following areas:

a. Anatomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Bone physiology and biomechanics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Osseointegration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. The biological basis for dental implant therapy and principles of dental implant design, biomaterials, and bioengineering	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Clinical sciences

1. Does the educational program provide didactic instruction and clinical training in the following areas.

a. The examination, diagnosis, and treatment planning for the use of dental implant therapy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. CBCT interpretation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Dental photography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Implant site development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. The surgical placement of dental implants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. The prosthetic aspects of dental implant therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. The evaluation and management of peri-implant tissues and the management of implant complications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Management of peri-implant diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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i. The maintenance of dental implants	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Clinical Skills				
1. Briefly describe how the program ensures that trainees complete the required minimum number of clinical procedures to achieve the appropriate levels of proficiency, competency, and exposure to a variety of techniques and procedures. (Limit response to 400 words).				
Click or tap here to enter text.				
2. Does the program offer trainees experience in:				
a. Surgical placement of dental implant (straightforward cases as assessed by SAC tool)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b. Dental implant restoration of single implant and short span of partially edentulous ridge (straightforward or advanced as assessed by SAC tool).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c. 10 single implants, 3 short-span fixed dental prostheses (FDPs), 2 implant-supported overdentures, 2 full arch implant-supported FDPs	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
7. DIDACTIC SESSIONS				
1. Does the trainees' educational experiences include:				
a. Multidisciplinary conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b. Journal or evidence-based reviews?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c. Case-based planned didactic experiences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
d. Seminars and workshops to meet specific competencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
e. Computer-aided instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
f. Grand rounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
g. Quality improvement and safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
h. One-on-one instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. List all required conferences for all (FCS) rotations. Provide the name of conference, (FCS) specialty, frequency per month, whether attendance is monitored, and if protected time to attend will be available. Add rows as necessary:				
Name of conference	FCS Specialty	Frequency per week/month	Attendance monitored (Y/N)	Protected time to attend (Y/N)
Example: Interdisciplinary case management	Multi-specialty	1/mo.	Y	Y

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Describe how conference attendance is monitored and documented.

Click or tap here to enter text.

8. EVALUATION

1. Is there written documentation of performance evaluations for each trainee at least twice a year?

Yes No

(Interns files containing these records must be available for site visitor review)

9. APPENDIX

Attach the following documents in the Appendix:

1. Institution License Certificate – including License No., Date of Issue, Date of Expiry, and Authority Licensing body.
2. Current Institution Accreditation/Recognition certifications – e.g. JCI, ACGME-I (letter without citations), ISO etc.
3. Organizational Chart of the Sponsoring Institution.
4. If applicable, attach as an appendix affiliation agreement with a Medical/Dental School.
5. The job description and current curriculum vitae of the Program Director (or equivalent designate).
6. Clinical Certificate Policy & Procedures Manual (including strategy, funding, information system).
7. Institutional commitment statement for sponsoring Clinical Certificate programs signed by Board or senior management (at minimum the Chief Executive Officer, Chief Medical Officer, Chief Finance Officer, the Designated Institutional Official and Chief/Director of Human Resource).
8. A letter of commitment from each participating site in place that specifies responsibilities and arrangements.
9. Trainees Agreement or Contract.
10. Faculty and Trainees Emirates ID Copy.
11. Faculty License.
12. Trainees professional License.
13. Graduation letter template.
14. Faculty Information Form.
15. Trainees Information Form.

10. DECLARATION BY PROGRAM DIRECTOR

The Program Director applying for Clinical Certificate in Dental Implantology Accreditation must complete this declaration.

I hereby declare that the information I have provided in this application form and attached as supporting evidence are valid. I understand that should this application for Accreditation be successful, the Institution must be able to demonstrate compliance on the *National Institute for Health Specialties Accreditation Requirements and Bylaws* for continued accreditation.

I understand that this application may be rejected or cancelled if the Institution does not provide the necessary evidence or fails to provide valid information.

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<i>Program Director</i>	
Name	Click or tap here to enter text.
Signature	Click or tap here to enter text.
Date	Click or tap here to enter text.
<i>DIO or Hospital Medical Director</i>	
Name	Click or tap here to enter text.
Signature	Click or tap here to enter text.
Date	Click or tap here to enter text.

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