

6 DAY REAL IMPLANT TRAINING WITH LIVE PATIENT SURGERY

Comprehensive Basic/Intermediate Training at **UABC School of Dentistry.**

The Program Director, Dr. Pilseong Kim, is a pioneer in implant dentistry with over 30 years of experience and a steadfast commitment to implant education.



Earn Your Certificate from Mexico's Renowned Public University, UABC!

Instructor:
Dr. Pilseong Kim
DDS, MS, FACD, FICD, Periodontist
Professor, Post Graduate Program, UABC School of Dentistry
Lecturer, Periodontics Dept, UCLA School of Dentistry



Program Schedule

- Day 1 Arrival and Orientation
- Day 2-3 Hands-on and Workshop
- Day 3-6 Hands-on and Surgeries

Program Highlight

- 1 Fully taking advantage of **UABC School of dentistry** faculties and facility for Safe and high quality learning.
- 2 Dual Certificate program with **UABC Certificate** and **AGD (Academy of General Dentistry) CE Certificate.**
- 3 Proper training that **prioritizes Patient care.**



Our goal is to ensure you return to your clinic with the skills and confidence needed to provide the best care for your patients

Date	October 28 - November 2, 2024	Learning Facility	UABC (Universidad Autónoma de Baja California)
Hotel	Hyatt Place, Tijuana, Mexico	Tuition	\$15,000



Enroll today and transform your Practice!



Registration Form

Live-Patient Surgical Training Program in UABC, Mexico

Applicant's Information:

Name _____
 Office Address _____
 Office Phone # _____
 Cell Phone # _____
 Licensed in State _____
 Course Fee _____

Sales Rep. _____
 Referred by _____
 DDS DMD Specialty (If Applicable) _____
 Fax _____
 E-mail _____
 License # _____
 Male Female

- Copy of current state dental license attached
- Copy of current dental malpractice policy attached
- Copy of COVID vaccination record
- Flight Itinerary

Size of Medical Scrubs Sets :
 XS S M L XL XXL

Level of Clinical Experience	Extensive=20+ cases	Moderate= 10-20 cases	Limited=less than 10 cases	None=0
Soft tissue surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Dental implant surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Sinus grating procedures	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Dental surgery in general	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Advanced grafting procedures	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Computer aided guide surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Full mouth reconstructive surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
CE courses taken in past 12 months	<input type="checkbox"/> 50+ hrs	<input type="checkbox"/> 25-50 hrs	<input type="checkbox"/> 10-25 hrs	<input type="checkbox"/> <10 hrs

Describe formal implant training (institute, instructor, when taken, length of time etc.)

Implant system(s) familiar with

- I **understand** that the program supplies me with a number of clinical cases that are suitable for learning purposes of the participants
- I **understand** that due to the nature of clinical case load, the cases will be distributed to each participants depending on the availability of cases, experience level of each participants, and type of procedure being rendered
- I **understand** that summary of cases (photographs, clinical images, radiographs, health history, models) will be available for review, prior to the first clinical session
- I **understand** that I will be operating clinically under the auspices of Global Dental Implant Academy and Centro Odontologia Especializada I also understand that provisional licensure is granted to the program by the local health authorities
- I **agree** as a health care professional to practice in the safest, and the most sound method possible and as in the Hippocratic Oath, "do no harm."
- I **agree** to pay \$ _____ of the tuition in order to secure my spot in the program, and complete the full payment by at least 14 business days before the first day of the program
- I **understand** that the travel to and from San Diego International Airport is my responsibility. I also understand that travel from San Diego International Airport to the hotel in Tijuana, and to and from the clinic is provided by DDE

Payment Enclosed: VISA MC AMEX DISC Check (Payable to GDIA)

Credit Card No. _____ Exp. Date _____ CVV Code _____

Billing Address _____

Total Credit Charge \$ _____ Signature _____ Date _____

Refunds are granted only if a written cancellation notification is received at least 60 days before the course. 50% of the tuition minus a processing fee will be refunded if cancellation occurs within 31 days before this course. No refund is granted afterwards. A \$75 fee is withheld for processing cancellation must be notified in writing by emailing to info@gdia.com.