

**Application form for Fellowship of International Academy for
Rotary Endodontics**

(Use Capital letters please)

Date:

NAME.....SURNAME.....

Date of Birth

Year of BDS University

Year of MDS..... University

(Please attach copies of degree and registration certificate)

ADDRESS.....

.....POSTCODE.....

TEL: HOME..... WORK.....Mob.....

E-MAIL.....

I am BDS, MDS, Endodontist

I am doing RCTs sinceYears. Rubber dam usage; Yes / No

Number of RCT cases done per year

Number of endodontic surgeries done per year

Type of endodontic surgeries performed

Name of Rotary system used

Have you got training in any Rotary endodontic system? Yes / No (if yes, please
attach copy of the certificate)

Whether Using Electronic Apex Locator .. Yes / No Brand

Name the irrigants commonly used in your practice.....

.....

Name the intracanal medicaments used in your practice
.....

Do you use pulp devitalizer? Yes / No Brands used

Obturation Tech. used

Do you do single sitting RCTs in your practice/ Yes / No

If Yes, what percentage of the total RCTs are single sitting cases?

Do you do coronal flaring in all your RCT cases? Yes / No

If Yes, describe the method you follow to obtain coronal flaring
.....
.....
.....

Provide as references, the names of two Fellows of the IARE who know the

- Applicant :-**
- 1.
 - 2.

Enclosures:-

1. Copy of Degree certificate
2. Copy of Dental Registration
3. Application Fee

Fellowship Pledge

I,.....recognize that the International Academy for Rotary Endodontics seeks to develop and exemplify the highest traditions of Endodontics.

I hereby pledge, as a condition of membership, to live in strict accordance with its principles and regulations. I pledge to pursue the practice of Endodontics to the best of my ability and honesty and to place the welfare of my patient above all else. I promise to deal with each patient, as I myself would like to be dealt with, if I were in the patient's position.

I will devote my best efforts to advance my knowledge and skills in endodontics, to respect my colleagues, and to seek their opinion when in doubt. I will also willingly help my colleagues when requested.

By virtue of my acceptance as a Fellow in the International Academy for Rotary Endodontics, I solemnly pledge to cooperate in advancing and extending the art and science of Endodontics to the best of my ability.

Date:

(Signature)

Approved for Fellowship **Postponed for Fellowship (for 6 months)**

Denied Fellowship. **Following a denial, applicant may submit a new application after a waiting period of one year**