

BACD Accreditation Case Submission Form

Please use a separate form for each case submitted

Name: _____ BACD Membership number: _____

Member type: Dentist Technician

Full member since: _____ Date attended Accreditation workshop: _____

Case type:

- 1 Multiple, complex restorations using direct or indirect restorative procedures that demonstrate an understanding of smile design principles and protocols
- 2 One or two indirect restorations with natural teeth beside (treated teeth should be incisors or canines in the upper arch)
- 3 Tooth replacement case: implant or bridge to replace missing upper anterior teeth
- 4 A posterior quadrant, showing two or more direct or indirect restorations (upper or lower arch)
- 5 Complex bonding: class IV or upper anterior diastema closure (not required for technicians)

Submission checklist

- Dropbox folder OR CD containing:
- Submission presentation with photographs in approved template (PowerPoint or Keynote format)
 - "Before" images (jpeg/TIFF format)
 - "After" Images (jpeg/TIFF format)
 - "Before" and "After" images (RAW format with original file names)
 - Written Report in Microsoft Word format
 - Signed Photographic Release from patient

Please note that we are currently waiving fees for all case submissions

I hereby present the enclosed case for evaluation according to the current accreditation protocol. I have read and understood the information contained in this protocol.

I declare that the work contained in this submission is my own and has not been completed as part of a supervised educational ("hands on") programme.

I grant the BACD permission to use the material contained in this submission for purposes of education of dentists and patients.

I grant BACD first refusal for publication of this submission _____ (initial)

I confirm that this case has NOT been published or submitted for publication anywhere else previously* _____ (initial)

***If this case HAS been submitted for publication elsewhere please indicate**

Date of publication: _____

Name of Publication: _____

Signature of candidate: _____ Date: ____/____/____