British Academy of Cosmetic Dentistry

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:_____

Please indicate which case type you are submitting

CT1: Smile Makeover	[ ] SHORT CASE	[ ] FULL CASE
CT2: Indirect Shade Matching	[ ] SHORT CASE	[ ] FULL CASE
CT3: Tooth Replacement With Natural Gingival Architecture	[ ] SHORT CASE	[ ] FULL CASE
CT4: Posterior Aesthetics	[ ] SHORT CASE	
CT5: Complex Direct Composite Bonding (DENTIST ONLY)	[ ] SHORT CASE	[ ] FULL CASE
CT6: Periodontal Plastic Surgery (DENTIST ONLY)	[ ] SHORT CASE	
CT7: Minimally Invasive Techniques (DENTIST ONLY)	[ ] SHORT CASE	
CT8: Complex Whitening (DENTIST ONLY)	[ ] SHORT CASE	

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:_____/_____/_____