

**GRADUATE PROGRAMS IN  
PERIODONTOLOGY  
SURVEY QUESTIONNAIRE  
FOR  
REPLACEMENT OF DIRECTOR**

**European Federation of Periodontology  
30 June 1996**

**Updated 7/9/2017**

## Introduction

This questionnaire is designed to generate information about the graduate training program in periodontology. The information in this document will serve to prepare the collegial EFP survey team. Filling out this questionnaire will also prepare the training post for the upcoming survey.

The data collection relates directly to the quality standards for graduate programs in periodontology which can be found in the document of the same name.

**For the replacement of a director only Chapters 0,1 and 2 are appropriate. Therefore this document consists only of Chapter 0,1 and partly chapter 2 out of the 5 chapters:**

Chapter 0: General information of the applying periodontal department of a  
University/Postgraduate Institute

Chapter 1: The director of the periodontology training program (to be filled out by the program director)

Chapter 2: The training program

Chapter 3: The training facility

Chapter 4: The periodontal service

Please mark what are the changes in the program:

- The program director is replaced by the program coordinator and a new coordinator is nominated
- The program director is replaced and the coordinator remains in position
- The director and coordinator are replaced

**0. General Information of the applying Periodontal department of an University/Institute**

Name of University/Institute:

Name of department

Chairman of the department

Address

Telephone number

e-mail address

Program director

Formal appointment at

Telephone number secretariat

Location clinic

Associated hospital

This request for accreditation is submitted by .....

(name of Program Director)

Date .....

Signature

This questionnaire was filled out by .....

Date .....

Signature

## 1.1 Program director

1.1.1 Name .....

1.1.2 Date of Birth .....

1.1.3 Univ. of dental degree .....

1.1.3.1 Year of graduation .....

1.1.4 Have you completed a formal periodontology training program? yes / no

1.1.4.1 If so, name of training facility .....

1.1.4.2 Training duration and extension (years, days/week) .....

1.1.5 Do you have a PhD or PhD equivalent degree? yes / no

1.1.5.1 If so, year of dissertation .....

1.1.5.2 Title of thesis .....

1.1.6 Is periodontology a registered speciality (i.e official statutory registration of periodontist as a profession) in your country?yes / no

1.1.6.1 Are you registered in your country as a specialist in Periodontology? yes / no

If yes, year of certification.....

1.1.7 Appointment as Program Director (date) .....

1.1.8 Please give an overview of your *periodontal* experience:

<i>Clinic</i>	<i>Date of appointment</i>	<i>Avg. number of hours of periodontal practice/week</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.1.9 Please give an overview of your *administrative* experience:

<i>Clinic</i>	<i>Position</i>	<i>Date of appointment</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.1.10 Please give an overview of your *teaching* experience:

<i>University / Institute</i>	<i>Position/Duties</i>	<i>Date of appointment</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.1.10 Are you a member of your national Periodontology Society\*? yes / no  
 \* or the Society representing your country

1.1.10.1 Do you attend the meetings of your Society at least once a year? yes / no

1.1.11 What is your percentage of appointment at the academic institution?  
 .....% appointment, .....number of days per week,.....hours per week

1.1.12 Please list your weekly direct patient care activities by filling out the following time table. Examples of activities are: **Examination**, **Periodontal therapy**, **Implant Dentistry**, **Other** (halitosis, occlusion, etc.). (you can copy the bold capitals).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
Evening						

Please specify the percentage of time devoted to the various items

Examination:

Periodontal therapy:

Implant Dentistry:

Other:

1.1.13 Please list the scientific meetings/congresses you attended over the past 5 years and the subject the meeting covered (use appendix if necessary):

<i>Meeting/Congress</i>	<i>Date</i>	<i>Subject</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.1.14 Please list your scientific publications (use appendix if necessary):

<i>Journal</i>	<i>Publication date</i>	<i>Title of publication</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.1.15 Please list your scientific presentations over the past 5 years (use appendix if necessary):

<i>Meeting on:</i>	<i>organized by:</i>	<i>Date</i>	<i>Title of presentation:</i>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

1.1.16 What are your current research projects?

.....  
.....  
.....

1.1.17 Do you participate in activities of the associated dental school?

Professionally: .....  
.....  
.....  
Managerial: .....  
.....  
.....

1.1.18 Do you participate in activities of the associated hospital?

Professionally: .....  
.....  
.....  
Managerial: .....  
.....  
.....

1.1.19 Please list your other activities relevant for your work as a Program Director.

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.....  
.....  
.....

1.1.19 What are, in your opinion, the strengths of your periodontology training program?

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.....  
.....

1.1.20 What aspects of the program, in your opinion, need improvement?

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.....  
.....



## 1.2 Program co-director

1.2.1 Name .....

1.2.2 Date of Birth .....

1.2.3 Univ. of dental degree .....

1.2.3.1 Year of graduation .....

1.2.4 Have you completed a formal periodontology training program? yes / no

1.2.4.1 If so, name of training facility .....

1.2.4.2 Training duration and extension (years, days/week .....

1.2.5 Do you have a PhD or PhD equivalent degree? yes / no

1.2.5.1 If so, year of dissertation .....

1.2.5.2 Title of thesis .....

1.2.6 If periodontology is a registered speciality in your country, (see paragraph 1.1.6) are you registered as a specialist in Periodontology?yes / no

If so, year of certification.....

1.2.7 Position in the department / program .....

1.2.7.1 Date of appointment .....

1.2.8 Please give a short overview of your *periodontal* experience:

<i>Clinic</i>	<i>Date of appointment</i>	<i>Avg. number of hours of periodontal practice/week</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.2.9 Please give a short overview of your *administrative* experience:

<i>Clinic</i>	<i>Position</i>	<i>Date of appointment</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.2.10 Are you a member of your national Periodontology Society\*? yes / no  
 \* or the Society representing your country

1.2.10.1 Do you attend the meetings of your Society at least once a year? yes / no

1.2.11 What is your percentage of appointment at the academic institution?  
 .....% appointment, .....number of days per week,.....hours per week

1.2.12 Please list your weekly direct patient care activities by filling out the following time table. Examples of activities are: **Examination**, **Periodontal therapy**, **Implant Dentistry**, **Other** (halitosis, occlusion, etc.). (you can copy the bold capitals).

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>AM</b>						
<b>PM</b>						
<b>Evening</b>						

Please specify the percentage of time devoted to the various items

Examination:

Periodontal therapy:

Implant Dentistry:

Other:

1.2.13 Please list the scientific meetings/congresses you attended over the past 5 years and the subject the meeting covered (use appendix if necessary):

<i>Meeting/Congress</i>	<i>Date</i>	<i>Subject</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.2.14 Please list your scientific publications (use appendix if necessary):

<i>Journal</i>	<i>Publication date</i>	<i>Title of publication</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

1.2.15 Please list your scientific presentations over the past 5 years (use appendix if necessary):

<i>Meeting on:</i>	<i>organized by:</i>	<i>Date</i>	<i>Title of presentation:</i>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

1.2.16 What are your current research projects?

.....  
.....  
.....

1.2.17 Do you participate in activities of the associated dental school?

Professionally: .....

.....  
.....

Managerial: .....

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.....

1.2.18 Do you participate in activities of the associated hospital?

Professionally: .....

.....  
.....

Managerial: .....

.....  
.....

1.2.19 Please list your activities relevant for your work in the postgraduate program.

.....  
.....

## 2. Training Program

2.1 Please list the professional staff involved in the training program:

<i>Name</i>	<i>% appointment (days-hours/week)</i>	<i>Specialty</i>
<i>At the institute &amp; for the program</i>		
.....	.... & ....	.....
.....	.... & ....	.....
.....	.... & ....	.....
.....	.... & ....	.....
.....	.... & ....	.....
.....	.... & ....	.....
.....	.... & ....	.....

Please enclose the CV's of the professional staff

2.2 Please list supporting staff involved in the program:

<i>Name</i>	<i>% appointment</i>	<i>function</i>
<i>At the institute &amp; for the program</i>		
.....	.... & .....	.....
.....	.... & ....	.....
.....	.... & ....	.....
.....	.... & ....	.....
.....	.... & ....	.....
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.....	.... & .....	.....