**Personal Information**

|  |  |
| --- | --- |
| Name and Surname | Abesalom Bibichadze |
| Date of Birth | 18.04.1951 |
| Personal Number | 599 55 93 20 |
| Address | Georgia. Kutaisi. Nazarishvilis str. 26 |
| Phone Number | 599 55 93 20 |
| E-mail Address | alebibi@gmail.com |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Years | Name of the Institution | Specialty | Qualification |
| 1972-1977 | Tbilisi State Mediqal Institute | Faculty of Dentistry | Maxilofacial surgeon |
|  |  |  |  |
|  |  |  |  |

**Academic / scientific degree**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree AwardingYear | Name of the Institution | Specialty | Qualification |
|  |  |  |  |
|  |  |  |  |

**Scientific-Pedagogical Activity**

|  |  |  |
| --- | --- | --- |
| Years | Name of the institution | Academic Position |
| 1995-2011 | Kutaisi Medical Institute ,,Kutaisi” direqtor of dental clinic and head of practical course in surgical dentistry. | Lecturer |
| **2011-2015** | Head and praqtical course in surgical dentistry at Akaki Tsereteli State University. | Lecturer |
|  | Interventional Medicine Center of Western Georgia. | Maxilofacial surgeon |
|  | Doctor of St.Nicholas Surgical Center. | Maxilofacial surgeon |
|  | Regional clinical hospital of Otsheli. | Maxilofacial surgeon |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Activities**

|  |  |  |
| --- | --- | --- |
|  Years | Organization | Position |
| **1981-1986** | Second Dental Clinic. | Head Doctor |
| 1987-1995 | Third Dental Clinic. | Head Doctor |
| **2012-2021** | L.T.D. Specialized clinic of maxilofacial surgery | Director |

**Participation in Qualification Raising Courses, Seminars, Trainings**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Date | Name of training course, seminar  | Your status (facilitator, participant) |
| 1 | 1987 | Three –month training courses in surgical dentistry. | Listener |
| 2 | 1990 | The highest category of doctor dentist. | Listener |
| 3 | 2001 | State Certificate in Surgical Dentistry. | Listener |
| 4 | 2006 | International Certificate—International Association of Dentists. | Listener |
| 5 | 2007 | Continuing Professional Development Attendance Program: 1)Health Promoting and Social Marketing.2) ICD—10 Tenth review of Diseases,Injuries and Causes of Death.3)New communication technologies in medical practice.4)Clinical anatomy of the head and neck. | Listener |

**Supervision of master's and doctoral Dissertations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Year | Doctoral Student | Thesis | Gradation |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

**List of Scientific Works (Scientific-research articles published during the last 5 years)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | Author / Authors | Title of the Article | Title of the Scientific Journal | Year | Pages/ Link |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

**Participation in Scientific Conferences Within the Framework of the Educational Program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Year | Conference Title | Title of the Report | Country, City |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Published Books and Monographs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Author / Authors | Title | Publication | Year |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

**Editorial Board Membership of Scientific Publications**

|  |  |  |
| --- | --- | --- |
| № | Title of the Scientific Publication | Position |
| 1 |  |  |
| 2 |  |  |

**Participation in InternationalGrant Projects**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Years | Scientific Fund | № - Project Title | Status in the Project |
|  |  |  |  |  |
|  |  |  |  |  |

**Participation in Grant Projects Within the Framework of the Educational Program**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Years | Project Title | Status in the Project |
| 1 |  |  |  |
| 2 |  |  |  |

 **Knowledge of Foreign Languages**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Foreign Language | Starting level | Average level | Good | Very good | Mark if you have the relevant certificate |
| English Language |  |  |  |  |  |
| Russian Language |  |  |  | **Very good** |  |
| Specify another |  |  |  |  |  |

**Computer Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Starting level | Average level | Good | Very good |
|  |  |  | good |  |
| Microsoft Office Excel |  |  | good |  |
| Microsoft Office PowerPoint |  |  | good |  |
| Zoom |  |  | good |  |
| google drive |  |  | good |  |
| If other, please indicate |  |  |  |  |

**Additional Information**

You can specify additional information