



AMERICAN BOARD OF  
FOOT AND ANKLE SURGERY

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## ABFAS VERIFICATION ADD / REMOVE USER REQUEST FORM

REQUEST DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

REQUESTOR NAME / TITLE: \_\_\_\_\_

REQUESTOR PHONE: \_\_\_\_\_

REQUESTOR EMAIL: \_\_\_\_\_

### ADD / REMOVE AUTHORIZED USERS:

ADD  REMOVE USER #1  
NAME / TITLE: \_\_\_\_\_

USER #1 EMAIL: \_\_\_\_\_

ADD  REMOVE USER #2  
NAME / TITLE: \_\_\_\_\_

USER #2 EMAIL: \_\_\_\_\_

ADD  REMOVE USER #3  
NAME / TITLE: \_\_\_\_\_

USER #3 EMAIL: \_\_\_\_\_

ADD  REMOVE USER #4  
NAME / TITLE: \_\_\_\_\_

USER #4 EMAIL: \_\_\_\_\_

ADD  REMOVE USER #5  
NAME / TITLE: \_\_\_\_\_

USER #5 EMAIL: \_\_\_\_\_

Send form to:

Email: [verifications@abfas.org](mailto:verifications@abfas.org)

Fax: 415-553-7801

Questions: 415-553-3084