



AMERICAN BOARD OF
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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

Fax: 415-553-7801

Questions: 415-553-3080