



AMERICAN BOARD OF  
FOOT AND ANKLE SURGERY  
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## ABFAS VERIFICATION NEW ACCOUNT REQUEST FORM

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

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

ADDRESS 1: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PRIMARY CONTACT NAME / \_\_\_\_\_

TITLE: PRIMARY CONTACT \_\_\_\_\_

PHONE: PRIMARY CONTACT \_\_\_\_\_

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

### ADDITIONAL AUTHORIZED USERS:

AUTHORIZED USER #1 Full Name: \_\_\_\_\_

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

AUTHORIZED USER #2 Full Name: \_\_\_\_\_

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

AUTHORIZED USER #3 Full Name: \_\_\_\_\_

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

AUTHORIZED USER #4 Full Name: \_\_\_\_\_

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

AUTHORIZED USER #5 Full Name: \_\_\_\_\_

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

#### Send form to:

Email: [verifications@abfas.org](mailto:verifications@abfas.org)  
Fax: 415-553-7801  
Questions: 415-553-3080