



AMERICAN BOARD OF
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ABFAS VERIFICATION NEW ACCOUNT REQUEST FORM

REQUEST DATE: _____

ORGANIZATION NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY / STATE / ZIP CODE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

PRIMARY CONTACT NAME / TITLE: _____

PRIMARY CONTACT PHONE: _____

PRIMARY CONTACT EMAIL: _____

ADDITIONAL AUTHORIZED USERS:

AUTHORIZED USER #1 NAME / TITLE: _____

AUTHORIZED USER #1 EMAIL: _____

AUTHORIZED USER #2 NAME / TITLE: _____

AUTHORIZED USER #2 EMAIL: _____

AUTHORIZED USER #3 NAME / TITLE: _____

AUTHORIZED USER #3 EMAIL: _____

AUTHORIZED USER #4 NAME / TITLE: _____

AUTHORIZED USER #4 EMAIL: _____

AUTHORIZED USER #5 NAME / TITLE: _____

AUTHORIZED USER #5 EMAIL: _____

Send form to:

Email: verifications@abfas.org

Fax: 415-553-7801

Questions: 415-553-3080