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Registering for the Exam

1. Click on "Sign In" and select "Member/Candidate/DPM Sign In."



2. Enter your username and password.

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Home Sig	gnln Member Login						
Mei	mber/Candidate	s/DPM	sign in here.				
Userna	ame Password		SIGN IN				
Forgot us	ser name or password						

If you don't know your username or password, we can help. Go to the "Forgot Password" link. 3. Select "Register for an Exam" from the menu on the left-hand side of your screen.

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	Privacy Agree ABFAS may share with the America and the America	ement my contact informati n College of Foot and Podiatric Medial Assoc	on (name, addı Ankle Surgeon: ciation.	ress, phone numb s, American Societ	er, board status, cy of Podiatric Su	and email) Irgeons,
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EXAM WITH PEARSON VUE Register for an Exam	SAVE C	ANCEL	NO			
Registration Instructions						
Renew/Pay Annual Fee						
Exam History	Certification I	nformation Board Qualification	Board Certifi	cation		
Exam Score Reports	Current Statu	IS				

4. Click on the dark blue " 2020 Registration" button.

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Home Become Certified	d Apply For An Exa	ım				
1 Select Exam Window	2 Personal Information	3 Select Exam(s)	Checkout			
CLICK HERE FOR	2020 REGISTRA	TION				

5. Select your Application Fee. Then, confirm your name, address, and phone number information. Once you are done, click the dark blue "Select Exam(s)" button on the bottom of the screen.

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2019 Octo	ber Exams						
Pearson VU	E Testing Centers	Expor	rt event to iCalendar				
1 Exam Wi	ndow 2 Profile Information	3 ^{Se}	Hect Exam(s) 4 Chr	eckout			
To begin th Select "Re- Select "Nev	e registration process, first take Application fee" if you w Registrant" if this is your t	select the previousl first time	e appropriate fee belo y enrolled in Spring 20 applying for an ABFAS	w: 019 exams. 5 exam in 2019.			
C Re-ta	Re-take Application Fee for Prior Registrants \$0.00 Re-take Application Fee \$0.00						
Application Fee for New Registrants \$225.00 Application Fee							
Please revie You will sele	ew your profile information ect your exams on the next	below and	d update as needed.				

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Update Address						
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415-553-8888		415-5	53-7800			
Organization Name * : ABFAS		City * : 415-5	53-7800			
Street 1*:		State/	Province* :			
415-553-8888		San F	rancisco			
		ZIP/Po	stal Code * :			
		94117	-3404			
		Count	y//Region * :			
		US				
CANCEL SELECT EXAM	(S)					

6. Select the exam you wish to register for by checking the box. Then, click on the dark blue "Review Registration" button on the bottom of your screen.

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Home <mark> B</mark> e	come Certified Apply For An Exam	Eligible Exams				
1 Exam W	indow 2 Profile	3 Select Exam(s)	4 ^{Checkout}			
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7. You will now have a chance to review the exams you've selected and make sure that the items in your shopping cart are accurate. Once you've confirmed your exam registration info, select the dark blue "Checkout" button to complete the checkout process.

a cregentian	/ou can trust.*		
1 Exam Window	2 Profile 3 Select Exam(s) 4 Check	cout	
2019 October Exam	s		
Registrant:	445 Fillmore Street		
Test, Candidate	US Phone: 415-553-7800 Fay: 415-553-7801		
Candidate Test, Candidate	Email: cnguyen@abfas.org		
Туре	ltem	Quantity	Fees
Registration	Application Fee for New Registrants	1	\$225.0
Session	2019 Part I Foot Surgery CBPS Exam	1	\$425.0
Session	2019 Part I Foot Surgery Didactic Exam	1	\$425.0
Session	2019 Part I RRA Surgery CBPS Exam	1	\$425.0
Session	2019 Part I RRA Surgery Didactic Exam	1	\$425.0
			SubTotal \$1925.0
Registrant Total:			\$1925.0

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Shopping	Cart					
ORDER SU	JMMARY					
Purchase Subto 2019 Fall Exams	tal					\$1925.00
Shipping and Ha	andling					\$0.00
Sales Tax						\$0.00
Order Total						\$1925.00
Cart Item	s					
Meeting Regist	rations				ANOTHER REG	GISTRATION
Modify	Meeting Selection					Total
CLEAR	Test, Candidate					
SHOPPING CART	2019 October Exams (Oct	ober 18, 2091 - October 18, 2019 -				

Application Fee for New Registrants

2019 Part I Foot Surgery CBPS Exam

2019 Part I Foot Surgery Didactic Exam 2019 Part I RRA Surgery CBPS Exam

2019 Part I RRA Surgery Didactic Exam

\$225.00 \$425.00

\$425.00

\$425.00 \$425.00

Registrant Total: \$1925.00

ENTER PAYMENT

8. Enter your payment info to complete your registration.

Place My Order	X
* Payment Information	
Credit Card:	
Card Type:	
American Express Payment	
Card Number:	
Expiration Date:	
(1-Jan ♦)	
2019	
Name on Card:	
Verification #:	
Street:	
City:	
San Francisco	
State:	
СА	
Postal Code:	
94117-3404	
The amount to be charged to your credit card is: \$650.00	
Secured by PayPal	
ENTER PAYMENT CANCEL	

		Thank you for yo	our purch	ase!	
Date of Purchase: 8/14/2019 Order #: SC-90953-1P2F Payment: Credit Card ****5003 Gift Card: - Bill To: Charles Test PO #:		Bill To Address Charles Test 445 Fillmore Street San Francisco, CA 94117-3404 US			Ship To Address Charles Test 445 Fillmore Street San Francisco, CA 94117-3404 US
Invoice	Product		Price Per Unit	Quantity	Charges
INV-114949-S0S3R2	Application Fee for New Re	gistrants - Test, Charles	\$225.00	1.00	\$225.00
INV-114949-S0S3R2	2019 Part I Foot Surgery CB	PS Exam - Test, Charles	\$425.00	1.00	\$425.00
INV-114949-S0S3R2	2019 Part I Foot Surgery Didactic Exam - Test, Charles		\$425.00	1.00	\$425.00
					Total Charges: \$1075.00 Sales Tax: \$ 0.00 Order Total: \$1075.00

Please print this page as your receipt.

9. Once you have completed the payment you will be directed back to your ABFAS profile page. On the left-hand side of the screen, you will see a dark blue box labeled "Schedule/View Exam with Pearson VUE". Click http://www.pearsonvue.com/abps/contact/ and you will be directed to the Pearson VUE website where you can schedule a test site and time.

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Number of Items 1 Order Total \$1925.00	ABFAS may share my con with the American Colle and the Americn Podiate	ntact informatic ge of Foot and A ric Medial Associ	on (name, addre Inkle Surgeons, Tation.	ss, phone numbe American Societ	r, board status, y of Podiatric Su	and email) rgeons,
VIEW MY CART	Privacy Agreemer	nt Yes 🔿 N	lo			
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Account Overview	Certification Inform	nation				
EXAM WITH PEARSON VUE	Current Status Boar	d Qualification	Board Certific	ation		
	Current Status					
Renew/Pay Annual Fee	Foot Surgery	Qualified	1	RRA Surgery		Qualified
	Status	Expired		Status		Expired
Registration instructions	Certified Foot And Ankle (Pre 1991)	No		Certified Foo Ankle (Pre 19	t And 91)	
Exam History	Ambulatory	No		Ambulatory S	tatus	
				Amountory		

NOTE: ABFAS strongly encourages early registration to secure a preferred location. Late applicants may have to travel to a distant testing center.

11. You will receive an email confirmation of your exam registration from ABFAS. If you are unable to schedule an exam or have problems, please contact Pearson VUE at 800-511-6951 or click here for online assistance Monday-Friday, 7:00 a.m.-7:00 p.m. Central time.