



AMERICAN BOARD OF  
FOOT AND ANKLE SURGERY

A credential you can trust.®

## ABFAS VERIFICATION ADD / REMOVE USER REQUEST FORM

REQUEST DATE:

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ACCOUNT NUMBER:

---

FULL ORGANIZATION NAME:

---

ADDRESS:

---

CITY / STATE / ZIP CODE:

---

REQUESTOR NAME:

---

REQUESTOR PHONE:

---

REQUESTOR EMAIL:

---

### ADD / REMOVE AUTHORIZED USERS:

ADD  REMOVE USER #1

FULL NAME:

---

EMAIL:

---

ADD  REMOVE USER #2

FULL NAME:

---

EMAIL:

---

ADD  REMOVE USER #3

FULL NAME:

---

EMAIL:

---

ADD  REMOVE USER #4

FULL NAME:

---

EMAIL:

---

ADD  REMOVE USER #5

FULL NAME:

---

EMAIL:

---

Send form to:

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

Fax: 415-553-7801

Questions: 415-553-3080