

# REGISTRATION FORM

## FOR THE AMERICAN BOARD OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY'S PROGRAM ON MAINTENANCE OF CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY®

**Instructions:** To maintain your certification in facial plastic and reconstructive surgery, you must first register your intent to participate in the ABFPRS Maintenance of Certification in Facial Plastic and Reconstructive Surgery® program. From the date of registration, you have three years to complete all program requirements. To register your intent, complete and return the form below, together with the registration fee of U.S. \$250, to ABFPRS Maintenance of Certification in Facial Plastic and Reconstructive Surgery® Program, 115-C South Saint Asaph Street, Alexandria, VA. If paying by credit card, this form may be faxed to 703-549-3357.

A full description of the program is provided in the Maintenance of Certification in Facial Plastic and Reconstructive Surgery® Information Booklet and Application Form, available online only at [www.abfprs.org](http://www.abfprs.org). If you have questions about the program or the status of your certificate, please call 703-549-3223.

**Registration Date:** \_\_\_\_\_ **Intended Application Date:** \_\_\_\_\_

**Check the module you plan to complete:**  Cosmetic  Reconstructive  Combination  
*(Requests for a change in module must be received in the Board's office no later than 6 weeks prior to exam date.)*

**Name:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City, State/Province:** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Issue Date of Current ABFPRS Certificate:** \_\_\_\_\_

**Expiration Date of Current ABFPRS Certificate:** \_\_\_\_\_

### **Payment**

Enclosed is my check for US \$250, payable to ABFPRS

Please charge to my:  Visa  Mastercard  American Express  Discover

Account # \_\_\_\_\_

Expiration date \_\_\_\_\_ CID# \_\_\_\_\_ (3 or 4 digits located on back of card after account #)

Print Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Complete form and send with payment to:  
ABFPRS, 115-C South Saint Asaph Street  
Alexandria, VA 22314  
FAX 703-549-3357

**Questions?** Call 703-549-3223