

REGISTRATION FORM

FOR THE AMERICAN BOARD OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY'S PROGRAM ON MAINTENANCE OF CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY® (MOC IN FPRS®)

Instructions: To maintain your certification in facial plastic and reconstructive surgery, you must first register your intent to participate in the ABFPRS MOC in FPRS program. From the date of registration, you have two years to complete all program requirements. To register your intent, complete and return the form below, together with the registration fee of US\$250, to ABFPRS MOC in FPRS Program, 115-C South St. Asaph Street, Alexandria, VA 22314. If paying by credit card, this form may be faxed to (703) 549-3357.

A full description of the program is provided in the MOC in FPRS Information Booklet and Application Form, available on-line only at www.abfprs.org. If you have questions about the program or the status of your certificate, please call (703) 549-3223.

Registration Date: _____

Check the module you plan to complete: Cosmetic Reconstructive Combination

Name: _____
First Middle Last

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 St. Asaph Street
Alexandria, VA 22314
FAX (703) 549-3357

Questions? Call (703) 549-3223