

REGISTRATION FORM

AMERICAN BOARD OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY MAINTENANCE OF CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY®

INCLUDING **FACEforward**

Instructions: To renew your ABFPRS certification, first register your intent to participate in MOC in FPRS®. From the date of registration, you have three years to complete all program requirements, **including submitting the MOC in FPRS® application.**

A full description of MOC in FPRS®, including FACEforward, is provided in the Information Booklet and application, available online at www.abfprs.org. If you have questions about the program or the status of your ABFPRS certificate, please call 703-549-3223.

Registration Date: _____ **Intended Application Date:** _____

Name: _____

Address: _____

City, State/Province, Zip/Postal Code: _____

Cell Phone Number: _____ **Email Address:** _____

If you intend to participate in FACEforward, check here:

(Time limited diplomates must complete FACEforward every year if they choose not to sit for the in-person MOC in FPRS® exam.)

If you intend to sit the proctored written and oral examination, check here:

If you are applying for the ADMINISTRATIVE designation, check here:

If you are applying for the NON-SURGICAL designation, check here:

Intended Examination Date: _____

Check the module you plan to complete: Cosmetic Reconstructive Combination
(Changes to exam module selection must be requested no later than 6 weeks prior to exam)

Payment

I have already paid my dues for this year.

Enclosed is my \$295 dues payment, payable to ABFPRS, to be applied to my MOC in FPRS® fees

Or, charge \$295 to my: Visa Mastercard American Express Discover

Account # _____ Expiration date _____ CID# _____

Print Name on Card _____

Signature _____

Send completed form with payment to : ABFPRS

115-C South Saint Asaph Street

Alexandria, VA 22314

FAX 703-549-3357/EMAIL to lnovitsky@abfprs.org