American College of Foot and Ankle Surgeons®
Proven leaders. Lifelong learners. Changing lives.

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acfas.org
FootHealthFacts.org

ID#: ____________
Office Use

2022 – 2023 POST-GRADUATE FELLOWSHIP MEMBERSHIP APPLICATION

October 1, 2022 – September 30, 2023

Requires enrollment in 12-month Fellowship Program

Fellowship Program Information

Name of Fellowship Program: ____________________

Fellowship Director Name: ____________________

Signature of your Fellowship Director (required): ____________________

Fellowship Completion Date: ____________________

Applicant Name

(PLEASE TYPE OR PRINT IN BLOCK LETTERS)

First: ____________ Middle: ____________ Last: ____________ Suffix: ________

Previous Last Name: ____________________

Academic Degree Abbreviations: _DPM,____________________

Spouse Name: ____________________

Home Address

____
(Mail is sent to home address)

City: ____________ ST/Province:____________ Zip/Post Code: ____________ Country: ____________
(OTHER THAN USA)

Phone

Home: ____________________ Mobile: ____________________

Email

Primary: ____________________

Secondary:____________________

Podiatric School

☐ AZPod (AZ) ☐ Barry (FL) ☐ CSPM (CA) ☐ DMU (IA) ☐ Kent State (OH)
☐ NYCPM (NY) ☐ Temple (PA) ☐ Scholl (IL) ☐ Western U (CA)

Graduation Year: ____________________

Residency

☐ PM&S-36 ☐ PMSR ☐ PMSR/RRA ☐ Other: ____________________

Residency Completion Date: ____________________

Residency Program Name: ____________________

Residency Director's Name ____________________

Batch # ____________________ Approval # ____________________ Amount $ ____________________
Office Use

Applicant: ____

I am ABFAS Board Qualified* in

- ☐ Foot Surgery ____________________ (date)
- ☐ RRA Surgery ____________________ (date)
- ☐ Not ABFAS Board Qualified, but plan on taking exam ____________________ (date)
- ☐ Not ABFAS Board Qualified and do not plan on seeking status

*Applicants who are verified to be Board Qualified with ABFAS will be provided with the designation of "AACFAS". If your status is "incomplete" or no status, you will not be awarded with the "AACFAS" designation.

Website Listing

Do you agree to list your name listed in the members directory on ACFAS.org? ☐ Yes ☐ No

Date of Birth ____/_______/__________ (Month/Day/Year)

Gender ☐ Male ☐ Female
(For demographic purposes only)

Certificate Upon approval of my application I would like my name printed on my Post-Graduate Fellow certificate as follows:

____, DPM, AACFAS
(Please Print Name)

Authorization *I authorize the College to make such inquiries and to obtain such information as it deems necessary or appropriate to evaluate my qualifications for membership. I understand that this information will remain confidential. I further authorize any hospital, any medical staff, any medical organization and any person, who may have information that the College deems relevant to its evaluation of my application, to provide such information to the College upon its request.*

By providing my name, telephone number, facsimile number(s), and e-mail address(es) and signing this form, I expressly consent to the delivery of communications promoting the commercial availability or quality of any events, goods, or services from the American College of Foot and Ankle Surgeons or its licensees or vendors, whether by facsimile, electronic mail, or regular mail. To the extent consent is given on behalf of an organization, I certify that I have authority to give such consent.

I will adhere to the By-Laws and Principles of Professional Conduct of the College.

____ ______________________
Applicant Signature (Required) Date

Post-Graduate Fellow Dues: $230 **October 1, 2022 – September 30, 2023** ***Please allow up to 14 business days for processing.***

☐ VISA ☐ MasterCard ☐ American Express or Check # _________ Amount Enclosed: _____________**$230**___________

Credit Card Number: ____ Exp Date: _____ /_____ Security Code: ________________

Name on Card: ________________________________ Signature: ____________________________________ Date: __________

Completed application can be submitted by:

Upload to: https://www.acfas.org/membershipdropbox/

Fax to: (773) 693-9304 **Or mail to:** American College of Foot and Ankle Surgeons, Dept. 4528, Carol Stream, IL 60122-4528

Questions: Contact Madeline Giella at 773-444-1327 or maddy.giella@acfas.org.