



ID#: \_\_\_\_\_  
Office Use

**2025 – 2026 POST-GRADUATE FELLOWSHIP MEMBERSHIP APPLICATION**  
**October 1, 2025 – September 30, 2026**

**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** ☐ AZCPM (AZ) ☐ Barry (FL) ☐ SMUCPM (CA) ☐ DMU (IA) ☐ Kent State (OH)  
☐ NYCPM (NY) ☐ Temple (PA) ☐ Scholl (IL) ☐ Western U (CA) ☐ UTRGV (TX)

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: \$250**  
**for processing.**

**October 1, 2025 – September 30, 2026**

**Please allow up to 14 business days**

☐ VISA ☐ MasterCard ☐ American Express or Check # \_\_\_\_\_ Amount Enclosed: **\$250**

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) 444-1340

**Or mail to:** American College of Foot and Ankle Surgeons, PO Box 4528, Carol Stream, IL 60122-4528

**Questions:** Contact Madeline Giella at 773-444-1327 or [maddy.giella@acfass.org](mailto:maddy.giella@acfass.org).