



Primary Source Verification

In accordance with standards published by the National Committee for Quality Assurance (NCQA), the American Board of Foot and Ankle Surgery (ABFAS) conducts primary source verification of the podiatric medical school graduation, residency training completion, and state licensure for each ABFAS member and board qualified with an active status.

Sections

The ABFAS Profile Plus Status Verification includes the following sections:

College Graduation: Physicians must graduate from a four-year podiatric medical college accredited by the Council on Podiatric Medical Education (CPME). ABFAS includes the name, graduation year, address, and telephone number of the college and the date the verification was performed.

Residency Information: For physicians who were required to complete CPME-approved residency training, the sponsoring institution is listed plus the ABFAS residency program code, the program type, the year completed, and the date verified. If the program is not closed, the address and telephone number are also listed. More than one residency may be listed. The surgery-related residency type abbreviations are:

PSR	Podiatric Surgical Residency
PM&S	Podiatric Medicine and Surgery
PMSR	Podiatric Medicine and Surgery Residency

License Information: ABFAS verifies the physician's state podiatric license(s) upon application. The license is subsequently reverified when it nears the expiration date. ABFAS includes the licensing board's address, telephone number, web site (if available), and the last verified date.

Please contact ABFAS by telephone at 415-553-3084 or by email (verifications@abfas.org) if you have any questions.



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY®



Physician	
ABFAS ID:	16841
Name:	Danielle Nicole Butto, DPM
Address:	25 N Crandon Ave
	Niles, OH 44446
Email:	danielle.butto@gmail.com
Phone:	860-714-5911
Board Status	
Primary Board Status:	Board Qualified in Foot Surgery
Achieved Date:	9/1/2015
Expires On:	8/31/2022
Secondary Board Status:	Board Qualified in Reconstructive Rearfoot/Ankle Surgery
Achieved Date:	9/1/2015
Expires On:	8/31/2022
College Graduation	
Name:	Des Moines University College of Podiatric Medicine and Surgery
Graduation Year:	2012
Address:	3200 Grand Ave
	Des Moines, IA 50312-4104
Phone:	515-271-1538
Residency Information	
Sponsoring Institution	Saint Francis Hospital & Medical Center
Institution Address:	114 Woodland St
	Hartford, CT 06105
Institution Telephone:	860-714-5911
Program Code:	50407
Program Type:	PMSR
Year Completed:	2015
Licensure Information	
State License	Ohio
License Number:	36.003731
Expires On:	7/1/2017

Agency:	State Medical Board
Agency Address:	Podiatry License
	Columbus, OH 43215-6127
Telephone:	614-466-3934
Website:	http://www.med.ohio.gov
Last Verified:	11/24/2015
ABFAS Contact Information	
Contact:	Diane Paz
Telephone:	415-553-3084
Email:	verifications@abfas.org
Fax:	415-553-7801
Address:	445 Fillmore Street, San Francisco, CA 94117-3404