



BILL GALVANO
President of the Senate

THE FLORIDA LEGISLATURE
OFFICE OF LEGISLATIVE SERVICES



JOSE R. OLIVA
Speaker of the House of Representatives

DOCTOR OF THE DAY PROGRAM

APPLICATION FORM

PLEASE CONTACT YOUR LEGISLATOR TO REQUEST SPONSORSHIP PRIOR TO SUBMITTING

2019 REGULAR SESSION IS MARCH 5 - MAY 3, 2019

Name: _____ MD _____ or DO _____

Mailing Address: _____

Email: _____ Fax Number: _____

Cell Number: _____ Office Number: _____

Medical Specialty: _____

Florida medical license number and expiration date (attach copy): _____

Are you a full-time practicing physician? YES NO If so, where: _____

I prefer to serve in the: _____ Florida Senate _____ Florida House of Representatives

I will be sponsored by: Senator _____ or Representative _____

Requested dates: 1st preference _____

2nd preference _____

3rd preference _____

I hereby affirm and attest that all the information contained on this form is true and correct.

Name: _____ Date: _____

To apply, complete this form, and click the "SUBMIT" button to send the form electronically. To fax your completed application, send to **(850) 414-1909**; to mail your form, send to **Mavis Knight, Office of Legislative Services, Room 874, Pepper Building, 111 West Madison Street, Tallahassee, Florida, 32399-1400**. For questions regarding your application, call Mavis at **(850) 717-0301**.

Upon review and acceptance of your application, you will be notified of your confirmed date(s) of service.