



The Louisiana Academy of Family Physicians is asking its members to sign up to be "Family Doctor of the Day" at the Louisiana State Capitol during the 2026 Legislative Session. Thanks to all who participated last year!

This program enables the LAFP to build effective relationships with our senators and representatives; a relationship that must be maintained if our views and suggestions concerning health care are to be heard.

We need volunteers for 10:00 am to 4:00 pm, Monday through Thursday during the upcoming legislative session. You will be asked to provide non-invasive type procedures. Available dates are located below in the monthly calendars. Once you make your selections, you will be notified of the date(s) and time(s) that you have been assigned. A parking spot is available at the Capitol for your convenience and you will be covered under the state malpractice insurance when providing your services. If you are interested in serving in this program, please complete the information requested below. You may mail, fax or email the form to:

Louisiana Academy of Family Physicians Phone:

225.923.3313

919 Tara Boulevard  
Baton Rouge, LA 70806

Fax: 225.923.2909

Email : [info@lafp.org](mailto:info@lafp.org)

**Session Dates: March 9, 2026 - June 1, 2026**

**(Available Dates Shown in Calendars Below - Dates Already Filled Shaded in Red)**

**March**

S	M	T	W	T	F	S
	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**April**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**May**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**June**

S	M	T	W	T	F	S
	1					

I will serve \_\_\_\_\_ days.

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

Name: \_\_\_\_\_

Address (OFFICE): \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone or Cell: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send confirmation to my (circle one): Office Home Email Address: \_\_\_\_\_

My Senator is: \_\_\_\_\_

My Representative is: \_\_\_\_\_

Would you like to serve as a key contact: YES \_\_\_\_\_ NO \_\_\_\_\_