Join your colleagues who have served as the “Doctor of the Day”* at the Maine State Legislature. Established in 1997, the program is well respected and legislators are enthusiastic about it. Volunteering as the “Doctor of the Day” gives you a better sense of legislators’ perception of the medical profession, the importance of developing a relationship with your legislators, and promoting the medical profession among the State’s leaders.

*As the “Doctor of the Day,” you are provided with a beeper to respond to any health care issues that may arise with legislators, staff, or the public. You usually need to arrive at the State House by 9am (times may vary) with session ending around the noon hour. The MMA works diligently to secure a “Doctor of the Day” for each day the legislature is in session from January through the end of the session, June or April, depending upon the year. When you are a confirmed “Doctor of the Day,” the State House staff will mail you a confirmation letter with detailed information and a parking permit. If you have additional questions prior to participating, please don’t hesitate to contact MMA legislative staff. In 2009, the program was able to secure physicians as Doctor of the Day 48 out of 55 days!

Your presence at the Maine Legislature is a critical element of the MMA’s grassroots contacts program.

Serving as the “Doctor of the Day,” you are greeted enthusiastically by the legislators and you also have the option to enroll your child(ren) to serve as a Page at the same time!

Yes! I would like to sign up for Doctor of the Day!

Name ____________________________  □ MD  □ DO
Residential Address ____________________________ street    city
Mailing Address (if different from above) ____________________________ street  city
Daytime Phone ____________________________  Email ____________________________
Preferred Day(s) of the Week ____________________________
Best Dates, January to April ____________________________
I practice ____________________________ medicine at ____________________________
specialty    hospital(s)/practice
□ My child(ren) would like to serve as page(s). (Age 7 or above)
Name ____________________________ Age ____________________________ School ____________________________

Please direct questions and return form to
Maine Medical Association • 30 Association Drive • PO Box 190 • Manchester, ME 04351
207-622-3374 • 207-622-3332 (fax) • docoftheday@mainemed.com