

LEGISLATIVE OUTREACH CIRCLE VISIT REPORT
STATE REPRESENTATIVE

(Please fill out one form for each visit)

Fax to (734) 432-9884 or Email to: olivia@micnp.org

Your Name:	MICNP Chapter:
Name of Legislator visited: Representative	Or Staffer Name & Title:
Date of visit:	Did you meet in the district or in the Lansing office?
Does the legislator have personal experience with nurse practitioners? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please describe briefly:	
What did you discuss during your visit with the legislator?	
Was the legislator receptive to your message? Please describe:	
Does the health policy chair or lobbyist need to follow up with the legislator you visited? If yes, areas to follow-up?	

LEGISLATIVE OUTREACH CIRCLE VISIT REPORT
STATE SENATOR

(Please fill out one form for each visit)

Fax to (734) 432-9884 or Email to: olivia@micnp.org

Your Name:		MICNP Chapter:	
Name of Legislator visited: Senator		Or Staffer Name & Title:	
Date of visit:		Did you meet in the district or in the Lansing office?	
Does the legislator have personal experience with nurse practitioners? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please describe briefly:			
What did you discuss during your visit with the legislator?			
Was the legislator receptive to your message? Please describe:			
Does the health policy chair or lobbyist need to follow up with the legislator you visited? If yes, areas to follow-up?			