

**Wisconsin Academy of Family Physicians  
Passport Program  
Application Form**

Name:

Address:

City:

State:

Zip:

Phone:

Email address:

Check programs you are intending to visit:

<input type="checkbox"/>	Baraboo Rural Training Track
<input type="checkbox"/>	Columbia/St. Mary's FMRP
<input type="checkbox"/>	Eau Claire FMRP
<input type="checkbox"/>	Fox Valley FMRP
<input type="checkbox"/>	LaCrosse-Mayo FMRP
<input type="checkbox"/>	Madison FMRP
<input type="checkbox"/>	Mercy Health System FMRP
<input type="checkbox"/>	St. Lukes FMRP
<input type="checkbox"/>	St. Joseph FMRP
<input type="checkbox"/>	Waukesha FMRP
<input type="checkbox"/>	Wausau FMRP

Please return this form by fax to: WAFP at 262-242-1862  
or mail to: WAFP, 210 Green Bay Road, Thiensville, WI 53092.

You will be notified of your eligibility for reimbursement of travel expenses within two weeks.