

OFFICIAL ELECTION PETITION – OCTOBER 6, 2017 SECOND CONGRESSIONAL DISTRICT
STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA

We the undersigned physicians duly licensed and eligible to vote for a member of the **South Carolina Board of Medical Examiners** for the 2nd **district** seat sign this petition nominating

_____.

Physicians signing this Petition must be **permanently licensed** and **residing** in the **second district** in South Carolina. Fifty (50) eligible physicians must sign a valid petition in order for this physician to be nominated. Eligible physicians may sign the petition of more than one candidate. A retired physician is not eligible to vote or be nominated. **All fields below must be complete.**

<u>SIGNATURE</u>	<u>PRINT NAME</u>	<u>ADDRESS (RESIDENCE)</u>	<u>LICENSE #</u>
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MUST BE RECEIVED IN BOARD OFFICE BY NOVEMBER 11, 2017

STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA

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