

OFFICIAL ELECTION PETITION –SEPTEMBER 20, 2024 CONGRESSIONAL DISTRICT FIVE
SOUTH CAROLINA BOARD OF MEDICAL EXAMINERS

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

_____.

Physicians signing this petition must be **permanently-licensed** and **residing** in **Congressional district five** in South Carolina. Fifteen (15) physicians eligible to vote in this election must sign this petition in order for this physician to be nominated. Eligible physicians may sign the petition of more than one candidate. **All fields below must be complete and legible.**

<u>SIGNATURE</u>	<u>PRINT NAME</u>	<u>ADDRESS (RESIDENCE)</u>	<u>LICENSE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

MUST BE RECEIVED IN BOARD OFFICE BY OCTOBER 25, 2024.

Completed petitions can be emailed to the Board representative at: Temeka.Atkinson@lir.sc.gov

or mailed to: SC Board of Medical Examiners, 110 Centerview Drive, Columbia, SC 29210.