

OFFICIAL ELECTION PETITION –SEPTEMBER 20, 2024 CONGRESSIONAL DISTRICT SEVEN
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 seven** seat sign this petition nominating:

_____.

Physicians signing this petition must be **permanently-licensed** and **residing** in **Congressional district seven** 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>
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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.