

OFFICIAL ELECTION PETITION – December 30, 2021 4TH CONGRESSIONAL DISTRICT
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 **4th District** seat sign this petition nominating:

Physicians signing this petition must be **permanently-licensed** and **residing** in the **4th District** 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. Please note that retired physicians are not eligible to vote and cannot be nominated. **All fields below must be completed and legible.**

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

THIS PETITION MUST BE RECEIVED BY THE BOARD’S OFFICE BY February 2, 2022.