

OFFICIAL ELECTION PETITION – CONGRESSIONAL DISTRICT 2
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** seat sign this petition nominating:

[NAME]_____.

Physicians signing this Petition must be **permanently-licensed** and **residing** in the 2nd congressional district. Fifty (50) 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. A retired physician is not eligible to vote or be nominated. **All fields below must be complete and legible.**

SIGNATURE	PRINT NAME	ADDRESS (RESIDENCE)	LICENSE #
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25.	_____	_____	_____

MUST BE RECEIVED IN THE BOARD OFFICE BY NOVEMBER 30, 2020.

OFFICIAL ELECTION PETITION – CONGRESSIONAL DISTRICT 2

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

[NAME]_____.

Physicians signing this Petition must be **permanently-licensed** and **residing** in the congressional 2ND district in Fifty (50) 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. A retired physician is not eligible to vote or be nominated. **All fields below must be complete and legible.**

SIGNATURE	PRINT NAME	ADDRESS (RESIDENCE)	LICENSE #
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