

OFFICIAL ELECTION PETITION – JANUARY 3RD, 2017 FOURTH 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 **fourth district** seat sign this petition nominating:

_____.

Physicians signing this Petition must be **permanently-licensed** and **residing** in the **fourth district** in South Carolina. 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.**

<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 FEBRUARY 7TH, 2017

STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA

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_____.

Physicians signing this Petition must be **permanently-licensed** and **residing** in the **fourth district** in South Carolina. Fifty (50) eligible physicians 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.**

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