OFFICIAL ELECTION PETITION –SEPTEMBER 8, 2025 CONGRESSIONAL DISTRICT FOUR
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 Four** seat sign this petition nominating:

_____.

Physicians signing this petition must hold a **permanent license** and reside in **Congressional District Four**, in **South Carolina**. A minimum of fifteen (15) eligible physicians must sign this petition for the nominee to be placed on the ballot. Eligible physicians may sign petitions for more than one candidate. **All fields below must be completed and legible.**

SIGNATURE	PRINT NAME	ADDRESS (RESIDENCE)	LICENSE #
1.			
2.			
3.			
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14.			
15.			

MUST BE RECEIVED IN BOARD OFFICE BY OCTOBER 14, 2025.

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

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