

## South Carolina Department of Labor, Licensing and Regulation

**Board of Examiners in Optometry** 



Emily H. Farr Director

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## **Election Petition**

I, the undersigned optometrist, currently licensed to practice optometry in the State of South Carolina, hereby petition to have my name included as a candidate for a seat on the South Carolina Board of Examiners in Optometry.

Name:	
(As show	vn on license)
SC Optometry License Number:	
Mailing Address:	
	Email:
Provide below or attach a biography detailing	your qualifications.
Signature of Nominee	Date