



South Carolina  
Department of Labor, Licensing and Regulation

Board of Examiners in Optometry



Henry D. McMaster  
Governor

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 shown on license)

SC Optometry License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Provide below or attach a biography detailing your qualifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

**Submit via email or mail postmarked on or before June 11, 2026**

Email: [Contact.Optometry@llr.sc.gov](mailto:Contact.Optometry@llr.sc.gov)

Mail: South Carolina Board of Examiners in Optometry, P.O. Box 11329, Columbia, SC 29211