

**OFFICIAL ELECTION PETITION - 2009**



**STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA**

We the undersigned physicians duly licensed and eligible to vote for a member of the **State Board of Medical Examiners** from the Third Congressional District sign this petition nominating

\_\_\_\_\_.

Physicians signing this Petition must be **permanently licensed** and **residing** in the above named Congressional District. Fifty (50) eligible physicians must sign a valid 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.

PRINT NAME	TOWN (RESIDENCE)	PERMANENT LICENSE #
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**MUST BE RECEIVED IN BOARD OFFICE BY OCTOBER 1, 2009**

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PRINT NAME	TOWN (RESIDENCE)	PERMANENT LICENSE #
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