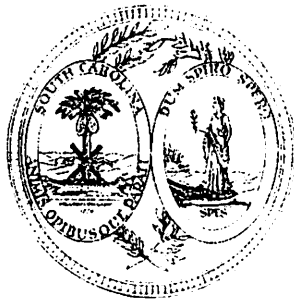


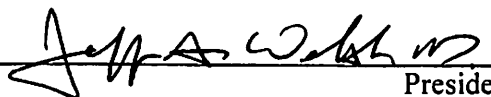
# South Carolina Board of Medical Examiners

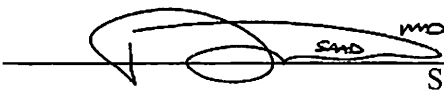


*This certifies that*  
**Sandra Bohling**  
*Having applied for a*  
**Medical Physician**


*within this State, and having complied with all requirements as prescribed by applicable law, the State Board of Medical Examiners of South Carolina, under authority granted by Acts of the General Assembly of the State of South Carolina, hereby grants this license.*


*In Witness Whereof, We the undersigned, have this January 23, 2019, caused this Certificate to be issued, and the seal of this Board to be affixed, and signed with its official Signatures.*

  
President

  
Secretary

81989

  
Vice President

  
Board Administrator

BLC1363103

State of South Carolina  
Department of Labor, Licensing, and Regulation  
**Board of Medical Examiners**

**SANDRA BOHLING MD**

Is Authorized to Practice as a  
**Medical Physician**

License Number: MD81989  
Expires: 06/30/2021



«username»

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS