

NORTH CAROLINA MEDICAL BOARD
VOLUNTARY SURRENDER FORM

Name: Douglas Elry Watford, M.D. License # 35546

Practice Address: 400 Glenwood Avenue
Suite 3
Kinston, NC 28501

I hereby surrender my license to practice medicine issued by the Board effective upon receipt of this document by the Board or its agent.

I understand that I may not give medical advice or treatment to any person, with or without compensation, may not prescribe drugs; and may not otherwise engage in the practice of medicine within the meaning of N.C. Gen. Stat. § 90-1.1. Once tendered, this decision to surrender my license may not be withdrawn. I understand that the surrender of my license does not preclude the Board from bringing charges against me at a later date.

I understand that I have obligations to patients that continue beyond the surrender of my license including, but not limited to, winding up my practice in an orderly fashion, assisting patients in ensuring continuity of their care and preserving patient records and their access thereto.

I understand that this document is a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it may be reported to persons, entities, agencies and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State medical Board, the National Practitioner's Data Bank and the Healthcare Integrity and Protection Data Bank.

I understand my right to and I have been given the opportunity to consult with an attorney, at my own expense, before tendering this surrender of my license. I have made the decision to surrender my license to practice medicine knowingly, voluntarily, and of my own free will.

Date: 4-8-16

Signature: Douglas E. Watford Witness: [Signature]