

**NORTH CAROLINA MEDICAL BOARD  
VOLUNTARY SURRENDER FORM**

Name: Daniel Acosta License #: 200100499  
Practice Address: 216 Stewart Parkway  
Waxhington NC  
27889

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 Once tendered, this decision to surrender my license may not be withdrawn.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 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 access thereto.

I understand that this document is a public document 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 Boards, 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: 4-18-16  
Signature: D Acosta

Witness: Christina Holly

# Acknowledgement

STATE OF NORTH CAROLINA

COUNTY OF Pitt

I certify that Daniel Acosta personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: NC Medical Board Voluntary Surrender form  
Name or description of attached document

I further certify that (select one of the following identification options):

- I have personal knowledge of the identity of the principal(s)
- I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a NCDL  
type of identification
- A credible witness, \_\_\_\_\_, has sworn or affirmed to me the  
name of credible witness  
identity of the principal, and that he or she is not a named party to the foregoing document, and has no interest in the transaction.

Date: April 18, 2016

Lashika Holley  
Notary Public  
Lashika Holley  
Typed or Printed Notary Name

My commission expires: June 5, 2019

