



**NORTH CAROLINA RESPIRATORY CARE BOARD**  
**125 Edinburgh South Drive, Suite 100**  
**Cary, NC 27511**

**LETTER OF SURRENDER**

Name of Licensee: Christopher J. Alexander, Sr.

License Number: A- 7192

I, Christopher J. Alexander, Sr., hereby surrender the above-specified license to the North Carolina Respiratory Care Board with the intention that it be surrendered to stop all proceedings against my license for case number 19-956 and have attached the license/certificate to this Notice if it has not been lost or destroyed.

In doing so, I acknowledge that once the license has been surrendered, it cannot be reinstated unless approved by the Board in accordance with N.C. Gen. Stat. § 90-652.

I understand that if there is a need to apply for the corresponding license again in the future, the eligibility criteria that are current at the time the application is made will need to be met.

I also acknowledge that there is no provision for a refund of any fees paid in relation to the license that is being surrendered.

I also acknowledge that I voluntarily surrender property rights to the license to practice the profession in North Carolina, and my surrender is reportable to the National Practitioner Data Bank and the National Board of Respiratory Care.

If NCRCB needs to contact me about this notice of surrender, my contact details are

Telephone: 828-429-5693 Email MORROWS.X@MSN.COM

Signature: Christopher J. Alexander Sr. Date: 8-20-19

(Attach the license or certificate to this Notice or respond the question below by signing)

I lost my original certificate Christopher J. Alexander Sr. 8-20-19  
Signature Date