NEW JERSEY DEPARTMENT OF HEALTH
SPECIAL STATE OFFICER RECUSAL STATEMENT

<table>
<thead>
<tr>
<th>Name of Board/Council/Commission</th>
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<tr>
<th>Name of Board/Council/Commission Member</th>
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<table>
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<tr>
<th>Name of Organization or Person which is the Subject of the Recusal</th>
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<tr>
<th>Date</th>
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I believe that I have an ongoing conflict of interest in the above-cited organization or person and I am recusing myself from further participation in any matters involving this organization or person.

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<th>Reason for Ongoing Conflict of Interest:</th>
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When you are recused from a matter, the recusal must be absolute. You are prohibited from any involvement in the matter, including discussing the matter with agency staff or other board/council/commission members, attending closed session meetings related to the matter, participating, voting, or commenting in open session meetings related to the matter and reviewing any documents pertaining to the matter.

<table>
<thead>
<tr>
<th>Signature of Board Member</th>
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<th>Signature of the Department of Health’s Ethics Officer</th>
<th>Date</th>
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