

**NEW JERSEY DEPARTMENT OF HEALTH
SPECIAL STATE OFFICER RECUSAL STATEMENT**

Name of Board/Council/Commission
Name of Board/Council/Commission Member
Name of Organization or Person which is the subject of the Recusal
Date

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.

Reason for Ongoing Conflict of Interest:
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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.

Signature of Board Member	Date
Signature of the Department of Health's Ethics Officer	Date