

RECUSAL LIST (for mm/dd/yyyy meeting)

NAME OF MEMBER: Xxxxxxx, M.D.

ADVISORY COMMITTEE:

By law, you are prohibited from participating in Council/Committee discussions or action on or relating to any specific party matter involving or affecting any of the following entities:

Name of Entity _____	Nature of Interest or Relationship _____	Expiration Date _____
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Financial Interests

Covered Relationships

You are permitted to participate in general matters discussed at either open or closed sessions involving or affecting any of the above entities.

We have reviewed all other disclosures you have made, and have determined that such interests, holdings and relationships do not pose a conflict of financial interest or an appearance of a conflict of interest.