## Form #E-10

	Board or Sta	te Association			
Address	City	State		Zip	
Certif	ficate of Qualification and	d Affirmation of (	Confide	entiality	
This case is confidential.					
I, the undersigned, member of a	Hearing Panel of the Professional S	tandards Committee (or	Board of I	Directors or tribunal the	reof) of the
	Board or Sta	te Association			
	unauthorized disclosure or dissemin cle 14 of the Code of Ethics and/o er is applicable.				
Additionally, I hereby certify th	nat I am not disqualified by any rea	ason stated herein from	hearing the	e case:	
	v	/S			
Cited case is a hearing address the Board.	ing an alleged violation of the Coo	de of Ethics or other me	embership	duty as set forth in the	e bylaws of
<b>Reasons for disqualification:</b> from hearing any case if the me	Any member of the Hearing Pan ember:	nel (or Board of Directo	ors or tribu	nal thereof) shall be d	isqualified
(a) is related by blood or man respondent	rriage to the complainant, respon	ndent, or a Rangeacting	g as couns	el for either the comp	olainant or
(b) is an employer, partner, en as counsel for either the co	nployee, or in any way is associat mplainant or respondent	ted in business with the	e complair	nant, respondent, or a l	Rangeacting
(c) is a party to the hearing, or	a party or witness in any pending	case involving any part	y to this he	earing	
(d) knows of any reason accept rendering an impartial judg	able to the Hearing Panel (or Board gment	l of Directors or tribuna	l thereof) t	hat may prevent the me	ember from
Type/Print N	Jame		Signature	;	,
Dated:					

NOTE: No more than one person licensed with any firm, partnership, or corporation may serve on the same tribunal. This limitation does not preclude two or more individuals from the same franchise from serving if the franchises are independently owned and operated.