

### **OATH OF OFFICE**

#### For Local Health Authorities in the State of Texas

I, <u>Linda Dooley, M.</u>	D. , do solemnly swear (or affirm), that I te duties of the office of Health Authority of the State of	
•	best of my ability, preserve, protect, and defend the	
	the United States and of this State, so help me God.	
Kurk Dooley HD Affiant		
	15 Waller Street Austin, Texas 78702	
	Mailing Address ZIP	
(512) 972-5459		
(Area Code) Phone Number (day and evening)		
	Linda.dooley@ci.austin.tx.us Email Address	
SWORN TO and subscribed	before me this 17th day of December , 2007.	
GRICELDA DIAZ		
My Commission Expires November 07, 2011	Signature of Person Administering Oath	
Addition in indichiden in a him a data a data and a dat	GIRICELDA DIAZ	
(Seal)	Printed Name	
	Notary Public Title	



#### THE STATE OF TEXAS

#### **Statement of Elected/Appointed Officer**

(Please type or print legibly)

I Linda Dooley, M.D	
• • • • • • • • • • • • • • • • • • • •	oaid, offered, promised to pay, contributed, or promised
	of value, or promised any public office or employmen
	a vote at the election at which I was elected or as
	or confirmation, whichever the case may be, so help me
God.	$\mathcal{F}_{i} = \mathcal{F}_{i}$
	Lando Dooley HS
	Affianced Signature
	Linda Dooley, M.D.
	Printed Name
	Health Authority
	Position to Which Elected/Appointed
	Austin/Travis County
	City and/or County
SWORN TO and subscribed before	me by affiant on this 11th day of December 2007.
	Signature of Person Authorized to Administer
	Oaths/Affidavits
(Seal)	GRICELDA DIAZ
1	Printed Name
GRICELDA DIAZ My Commission Expires November 07, 2011	Noton Dalin
140VBIIIDGI O7, 2011	Title



# Certificate of Appointment

### **Local Health Authority**

I,D	avid Lurie	, acting in	the capacity as a
<u>X</u>	propriate designation below) Non-physician and the Local I Mayor or Designee County Judge of Designee Chairperson of the Public Hea	•	ector
Texas Board	tify the physician, <u>Linda Do</u> of Medical Examiners, was d ravis County	uly appointed as the I	Local Health Authority for
Date term of o	ffice begins February	1, 2008	
Date term of o	office ends January 3	<u>1, 2009</u> , unless remov	ed by law.
The Local Hea	alth Authority has been appoin	ted and approved by th	e:
(Check the app	propriate designation below)		
_ <u>X</u>	_Director, <u>Austin/Travis Coun</u>	ty Health and Human S	ervices Department
<u>X</u>	_City Council for the City of _	Austin, Texas	
<u>X</u>	Commissioners Court for	<u>Travis</u>	County
-	_Board of Health for the		_Public Health District
I certify to the	above information on this the	day of	, 20
	Signature of ap	pointing official	

(See reverse side for instructions)



### **OATH OF OFFICE**

#### For Local Health Authorities in the State of Texas

affirm), that I will faith Authority of the State of	d Racht, M.D.  , do solemnly swear (or fully execute the duties of the office of Alternate Health Texas and will to the best of my ability, preserve, protect, tion and laws of the United States and of this State, so help		
	Affiant		
	517 South Pleasant ValleyAustin, Texas78741Mailing AddressZIP		
	(512) 908-0001 (Area Code) Phone Number (day and evening)		
	Edward.racht@ci.austin.tx.us Email Address		
SWORN TO and subscribed before me this 10th day of becember, 2007			
GRICELDA DIAZ			
My Commission Expires November 07, 2011	Signature of Person Administering Oath		
(Seal)	Printed Name		
	Title Notary Public Travis County Texas		



#### THE STATE OF TEXAS

#### **Statement of Elected/Appointed Officer**

(Please type or print legibly)

	Racht, M.D. do solemnly swear (or indirectly paid, offered, promised to pay, contributed, or ney or thing of value, or promised any public office or	
	thholding of a vote at the election at which I was elected	
or as a reward to secure my appointment or confirmation, whichever the case may be, so		
help me God.		
	Ed n. Mut	
	Affianced Signature	
	Edward MacLeod Racht, M.D.	
	Printed Name	
	Alternate Health Authority Position to Which Elected/Appointed	
	1 ostron to which Elected/Appointed	
	Austin/Travis County	
	City and/or County	
SWORN TO and subscribed before me by affiant on this 10th day of December 2007.		
	Signature of Person Authorized to Administer	
	Oaths/Affidavits	
GRICELDA DIAZ My Commission Expires November 07, 2011	Printed Name	
\$ ************************************	Administrative Specialist   Notary Publi Title Teaus County Teras	



## **Certificate of Appointment**

# Local Health Authority

Ι,	<u>David Lurie</u>	***************************************	, acting in the capa	ncity as a
` 	appropriate designation below X Non-physician and the Mayor or Designee County Judge of Design Chairperson of the Pub	Local Health I	•	
licensed by	certify the physician,y the Texas Board of Medic thority for <u>Austin and T</u>	al Examiners,	was duly appointed as tl	ne Local Alternate
Date term	of office begins <u>Feb</u>	ruary 1, 2008		
Date term	of office ends <u>Jan</u>	uary 31, 2009	_, unless removed by law	y <b>.</b>
The Local	Health Authority has been a	appointed and	approved by the:	
(Check the	appropriate designation belo	ow)		
-	X Director, Austin/Travis			epartment
_	X City Council for the Ci	ty ofAusti	n, Texas	
	<u>X</u> _Commissioners Court f	or <u>Travi</u>	<u>s</u>	County
_	Board of Health for the	·	Public 1	Health District
I certify to	the above information on the	an H	_day of	, 20
	Signatur	e of appointing	omeiai	

(See reverse side for instructions)



# OATH OF OFFICE For Local Health Authorities in the State of Texas

that I will faith full	h, M.D., do solem	nly swear (or affirm),
the State of Tower and	tute the duties of the office of Altornat	to Woolth Amel
the State of Texas and A	VIII to the best of my ability preserve	a nuctoot and J.C. I
the Constitution and law	s of the United States and of this State	, so help me God.
		_
	Affiant	
	-	
	517 South Pleasant Valley Austin, Texas	<u>78741</u>
	Mailing Address	ZIP
	(512) 978-0043	
	(Area Code) Phone Number (day and eve	ning)
	Birch.kimbrough@ci.austin.tx.us	
	Email Address	- Silvanianianianianianianianianianianianiania
OTT 10 1		
SWORN TO and subscribed	before me this day of	
		<u> </u>
	Signature of Person Administering Oath	
(Seal)	Printed Name	774
	Title	



#### THE STATE OF TEXAS

#### Statement of Elected/Appointed Officer

(Please type or print legibly)

I <u>Birch Kimbrough,</u>	M.D. do solemnly swear (c	r affirm
that I have not directly or indi	rectly paid, offered, promised to pay, contri	buted. o
promised to contribute any mon	ey or thing of value, or promised any public	office of
employment for the giving or wit	thholding of a vote at the election at which I wa	is elected
or as a reward to secure my appo	sintment or confirmation, whichever the case m	ay be, so
help me God.		•
	Affianced Signature	-
	Birch Kimbrough, M.D.	
	Printed Name	
	Alternate Health Authority	
	Position to Which Elected/Appointed	
	Austin/Travis County	
	City and/or County	
SWODN TO and subscribed before		
SWORN TO and subscribed before	me by affiant on this day of	_ 20
(G - 1)	Signature of Person Authorized to Administer Oaths/Affidavits	
(Seal)		
	Printed Name	
	Title	
	1 1000	

Pursuant to Tex. Const. Art. XVI, §1(b), amended 2001). Revised by the TDH Office of Public Health Practice, August 2002



# Certificate of Appointment For a

## **Local Health Authority**

1,	David Lurie	, acting in the capacity as a
(Chec	k the appropriate designation below)	
(Chec	X Non-physician and the Legal	Tradd D
	X Non-physician and the Local Mayor or Designee	Health Department Director
	County Judge of Designee	
	Chairperson of the Public Ho	noldh Diad ' 4
	Chair person of the Fublic H	earth District
do he	reby certify the physician Ricob	Vimbrauch WD
by the	Texas Board of Medical Evaminars	Kimbrough, M.D. , who is licensed was duly appointed as the Alternate Local Health
Autho	rity for Austin and Travis County	was duly appointed as the Alternate Local Health
	rustin and Travis County	Texas.
Date t	erm of office begins <u>February</u>	1 2008
	rem dat y	1, 2006
Date t	erm of office ends January .	RI 2000 unless removed by Law
	ountail y .	tiness removed by law.
The L	ocal Health Authority has been appoi	ited and approved by the
	террия	and approved by the:
(Checi	k the appropriate designation below)	
	- ,	
	X Director, Austin/Travis Cour	ity Health and Human Services Department
	X_City Council for the City of	Austin, Texas
	<u>X</u> Commissioners Court for	<u>Travis</u> County
	Board of Health for the	Public Health District
T	Control of the contro	
i certi	ry to the above information on this the	day of
	Cinu A	
	orgnature of ap	pointing official
	(Saa mayana	side for instructions
	(Bee reverse)	side for instructions)