



Certificate of Appointment

For a

Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, Philip P. Huang, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2014

Date term of office ends March 31, 2016, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

☒ Director, Austin/Travis County Health and Human Services Department

☒ City Council for the City of Austin, Texas

☐ Commissioners Court for Travis County

☐ Board of Health for the Public Health District

I certify to the above information on this the 19 day of February, 2014.


Signature of appointing official

(See reverse side for instructions)



Certificate of Appointment

For a Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, Paul R. Hinchey, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Alternate Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2014


Date term of office ends March 31, 2016, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☐ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 18th day of February, 2014.


Signature of appointing official

(See reverse side for instructions)



Certificate of Appointment

For a

Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, Jose G. Cabanas, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Alternate Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2014

Date term of office ends March 31, 2016, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☐ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 18 day of February, 2014


Signature of appointing official

(See reverse side for instructions)



Certificate of Appointment

For a Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, B. Duke Kimbrough, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2014

Date term of office ends March 31, 2016, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☐ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 18 day of February, 2014.


Signature of appointing official

(See reverse side for instructions)