



# Certificate of Appointment

for a

## Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

\_\_\_\_\_ Governing Body for the Municipality of \_\_\_\_\_

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, \_\_\_\_\_, acting in my capacity as:

*(Check the appropriate designation below)*

\_\_\_\_\_ County Judge or Designee

\_\_\_\_\_ Mayor or Designee

\_\_\_\_\_ Non-physician and the Local Health Department Director

\_\_\_\_\_ Non-physician and the Public Health District Director

do hereby certify the physician, \_\_\_\_\_, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

\_\_\_\_\_ Health Authority

\_\_\_\_\_ Health Authority Designee

for the jurisdiction of \_\_\_\_\_, Texas.

Date term of office begins \_\_\_\_\_, 20\_\_

Date term of office ends \_\_\_\_\_, 20\_\_, unless removed by law.

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Appointing Official