



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 _City of Austin_____

_____ Director, _____ Health Department

_____ Director, _____ Public Health District

I, _____ Stephanie Hayden _____, 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, __Dr. James R. Pickett_ 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 _____ Austin _____, Texas.

Date term of office begins __October 3_____, 20_19__

Date term of office ends _____ March 31_____, 20_20__, unless removed by law.

I certify to the above information on this the __4th__ day of October_____, 2020__.

Signature of Appointing Official