



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