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

Revised by DSHS Division of Regional and Local Health Services, July 13, 2016