



# 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



## **OATH OF OFFICE**

### **For Health Authorities in the State of Texas**

I, \_\_\_\_\_, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

\_\_\_\_\_  
**Affiant**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**ZIP**

\_\_\_\_\_  
**(Area Code) Phone Number (day and evening)**

\_\_\_\_\_  
**Email Address**

**SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**Signature of Person Administering Oath**

*(Seal)*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**



## THE STATE OF TEXAS

### Statement of Elected/Appointed Officer

(Please type or print legibly)

I \_\_\_\_\_ do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position to Which Elected/Appointed

\_\_\_\_\_  
City and/or County

SWORN TO and subscribed before me by affiant on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature of Person Authorized to Administer  
Oaths/Affidavits

(Seal)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



## **APPOINTMENT OF HEALTH AUTHORITY**

### **General Instructions**

The Texas Department of State Health Services (DSHS) provides support for the appointment of Health Authorities in Texas and maintains the database of appointments. Other DSHS responsibilities include coordination of training activities and availability of reference tools to ensure Health Authorities understand the roles and responsibilities of their office to serve their local communities.

#### **Definition and Term of Office**

In accordance with [Texas Health and Safety Code § 121.021](#), a Health Authority is a physician appointed to administer state and local laws relating to public health within the appointing body's jurisdiction. A Health Authority serves for a term of two years and may be appointed to successive terms.

Health authorities can be appointed by the following:

- Commissioners courts
- Governing bodies of municipalities
- Local health department directors who are not physicians
- Public health district directors who are not physicians

#### **Duties**

Under [Texas Health and Safety Code § 121.024](#), a Health Authority is a state officer when performing duties prescribed by state law. A Health Authority shall perform each duty necessary to implement and enforce a law to protect the public health or prescribed by DSHS. Duties include (1) establishing, maintaining, and enforcing quarantine in the Health Authority's jurisdiction; (2) aiding DSHS in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the Health Authority's jurisdiction; (3) reporting the presence of contagious, infectious, and dangerous epidemic diseases in the Health Authority's jurisdiction as prescribed by DSHS; (4) reporting on any subject on which it is proper for DSHS to direct that a report be made; and (5) aiding DSHS in the enforcement of proper rules, requirements, and ordinances; sanitation laws; quarantine rules; and vital statistics collections.

#### **Required Forms**

Each newly appointed Health Authority must file copies of three forms with the Regional Medical Director for the respective DSHS Health Service Region immediately after appointment to office:

1. **Statement of Appointed/Elected Officer:** Constitutional oath that the Health Authority did not give or promise any material, financial, or other reward in return for the appointment.
2. **Oath of Office:** Constitutional oath to execute the duties of the office of Health Authority.
3. **Certificate of Appointment.** Statutory certification from the appointing entity.

#### **Questions**

If you have questions regarding the Health Authority appointment process or about completing the forms, please contact your [DSHS Health Service Region office](#) or the DSHS Division for Regional & Local Health Services office in Austin at (512) 776-7770. See links below for contact information:

[Texas Department of State Health Services Health Service Region Offices](#). This site includes the information to locate the Regional Medical Director for the appropriate Health Service Region, including addresses, telephone numbers, FAX numbers, and maps of the DSHS Health Service Region Offices.

[Map of DSHS Health Service Regions](#). This page provides a map showing the regional boundaries.