



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 CHBY County
- Governing Body for the Municipality of _____
- Director, _____ Health Department
- Director, _____ Public Health District

I, MIKE CAMPBELL, 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 DAVID T. GRIFFIN, 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 CHBY COUNTY, 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]
Signature of Appointing Official