



Monday, July 27, 2020

Judge Chris Hill  
Collin County Judge  
2300 Bloomdale Rd, Ste. 4192  
McKinney, Texas 75071

Dear Judge Hill,

The Health Authority for **Dr. Arifa Nishat** will expire for **Collin County** on **August 12, 2020**.  
Enclosed are the necessary appointment certificates and contact information sheet with  
instructions for

The forms needed are the following:

1. Statement of Elected/Appointed Officer
2. Oath of Office for Health Authorities in the State of Texas
3. Certificate of Appointment for a Health Authority
4. Health Authority Contact Information

All four original documents must be completed and mailed to the DSHS Regional Office in the  
enclosed envelope. We will forward a copy to our Central Office and to the Secretary of State's  
Office in Austin. The original documents shall remain on file at the Regional Office in Arlington.

Together, Texas Department of State Health Services and all Health Authorities, now have a duty  
to our community, state, nation and profession to protect public health. If you like the electronic  
copy of these forms, please email me at [samuel.savala@dshs.texas.gov](mailto:samuel.savala@dshs.texas.gov). For questions, please  
call (817) 264 – 4502.

Sincerely,

Samuel Savala

Texas Department of State Health Services

Public Health Region 2/3 Headquarters

Administrative Assistant to Regional Medical and Deputy Director

(817) 264 – 4502 (Office) / (817) 264 – 4506 (Fax)

*Enclosures: Health Authority Documents*



## **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.

## **Instructions for Completing and Filing the Statement of Elected/Appointed Officer**

***NOTE: This form must be completed and signed by the newly appointed Health Authority BEFORE the Oath of Office and Certificate of Appointment forms can be completed and filed.***

### **GENERAL INFORMATION**

ALL information must be typed or written legibly.

This document may be sworn to before anyone authorized by [Texas Government Code § 602.002](#) to administer oaths and affidavits. Commonly used officials include notaries public and judges. The seal of the person administering the oath should be visible. If the person is a notary public, [Texas Government Code § 406.013](#) requires that the seal be affixed in a way "that legibly reproduces the required elements of the seal under photographic methods."

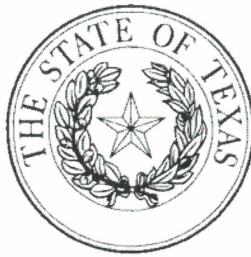
### **COMPLETION OF THE STATEMENT OF ELECTED/APPOINTED OFFICER FORM**

Upon making the sworn statement, the newly appointed Health Authority must enter his full name on the appropriate line, and enter the required signature, office to which appointed, and city/county to be served. The official witnessing the oath should complete the date the sworn statement is taken, and then enters his/her signature, printed name and title. The seal of the appointing official should be affixed in the area designated.

### **FILING OF THE STATEMENT OF ELECTED/APPOINTED OFFICER**

Once the Statement of Elected/Appointed Officer has been completed and signed by both the Health Authority and the administering official, a copy should be mailed to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services.

Please direct any questions regarding this Statement of Elected/Appointed Officer form and instructions to your [DSHS Health Service Region office](#) or to the DSHS Division for Regional and Local Health Services office in Austin at (512) 776-7770.



## 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**



## **Instructions for Completing and Filing the Oath of Office**

### **EXECUTION OF THE OATH OF OFFICE**

Pursuant to [Texas Constitution art. XVI, § 1](#) (b) and (c), the Oath of Office may not be taken until a signed Statement of Elected/Appointed Officer has been completed and filed.

### **ADMINISTRATION OF THE OATH OF OFFICE**

The Oath of Office may be administered by anyone authorized under the provisions of [Texas Government Code § 602.002](#). Commonly used officials include notaries public and judges.

The seal of the person administering the Oath should be visible. If the person is a notary public, [Texas Government Code § 406.013](#) requires that the seal be affixed in a way "that legibly reproduces the required elements of the seal under photographic methods."

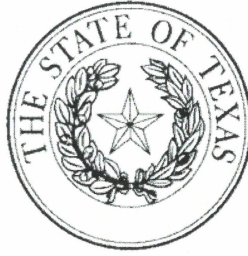
### **COMPLETION OF THE OATH OF OFFICE FORM**

After the Oath of Office has been administered by a properly designated official, the newly appointed Health Authority should enter his/her name in the appropriate area of the form, sign the form and enter his/her mailing address and telephone number. The person administering the oath should then enter the date on which the oath was administered, enter his/her signature, printed name and title. The seal of the person administering the oath should be affixed in the designated area of the form.

### **FILING OF THE OATH OF OFFICE**

Once the Oath of Office form has been completed and signed by both the Health Authority and the administering official, a copy should be mailed to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services.

Please direct any questions regarding the Oath of Office form and instructions to your [DSHS Health Service Region office](#) or to the DSHS Division for Regional & Local Health Services office in Austin at (512) 776-7770.



## **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**

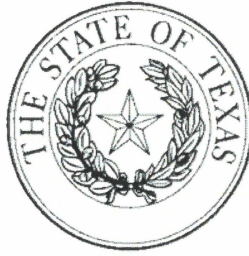
**SWORN TO** and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

(Seal)

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

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



# 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



## Health Authority Contact Information

Name:

Date:

County/City:

Office Address:

Mailing Address:

Work Phone:

Work Fax:

Cell Phone:

24/Emergency:

E-Mail Address:

These numbers will be kept confidential and only those with authority will be contacting you. It is very important that we contact you in case of an event. If you should have to change your contact information please contact Samuel Savala, 817-264-4502, [samuel.savala@dshs.texas.gov](mailto:samuel.savala@dshs.texas.gov)

Thank you for your cooperation,

### **Samuel Savala**

Texas Department of State Health Services  
Public Health Region 2/3 Headquarters  
Regional Administration Administrative Assistant IV  
1301 S. Bowen Rd Ste. 200, Arlington, Texas 76013  
817.264.4502 (Office)  
817.264.4506 (Fax)  
817.822.7824 (Work Cell)