



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

I, CANDY BLAIR, 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, ARIFA NISHAT, M.D., 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 AUG 25, 2024

Date term of office ends AUG 24, 2026, unless removed by law.

I certify to the above information on this the _____ day of _____, 20__.

Signature of Appointing Official



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I ARIFA NISHAT, M.D. 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

ARIFA NISHAT, M.D.

Printed Name

HEALTH AUTHORITY

Position to Which Elected/Appointed

COLLIN COUNTY

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