



## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Put an "X" by the appropriate designation below)

\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

\_\_\_\_ Governing Body for the Municipality of \_\_\_\_\_

\_\_\_\_ Director, \_\_\_\_\_ Health Department

☒ Director, Dante Gonzalez, PhD Public Health District

I, Dante Gonzalez, PhD, acting in my capacity  
as: (Put an "X" by 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 Noecea 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 of Appointing Official





## OATH OF OFFICE

### For Health Authorities in the State of Texas

I, Srikanth Ramachandran, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority (HA) 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\*

12 W Barle Doe Dr

Mailing Address\* CC 7844, ZIP\*

321 917 6263

Phone Number (Emergency/After Hours)\*

8972 Rem@gmail.com

Email Address (Official, if you have one)\*

Preferred Name (e.g. "J. Paul Doe")

Srikanth Ramachandran

P3662

Texas Medical License Number\*

NO

Are you a deputy/backup HA?

Additional Email Address

SWORN TO and subscribed before me this 30<sup>th</sup> day of July, 2025.



Blanca Estela Arredondo  
Signature of Person Administering Oath

Blanca Estela Arredondo  
Printed Name

Medical Asst.  
Title

(Seal)

\*=denotes required field

# 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."

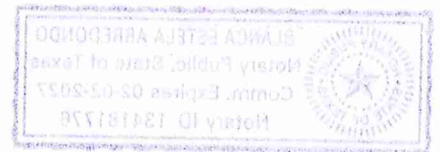
## COMPLETION OF THE OATH OF OFFICE FORM

After the Oath of Office has been administered by a properly designated official, the newly appointed Health Authority should enter their name in the appropriate area of the form, sign the form and enter their mailing address and telephone number. The person administering the oath should then enter the date on which the oath was administered, enter their 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 Public Health Region of the Texas Department of State Health Services ("DSHS").

Please direct any questions regarding the Oath of Office form and instructions to your [DSHS Public Health Region office](#) or to the DSHS Division for Regional & Local Health Operations office in Austin at (512) 776-7770 or [RLHO@dshs.texas.gov](mailto:RLHO@dshs.texas.gov).







## THE STATE OF TEXAS

### Statement of Elected/Appointed Officer

(Please type or print legibly)

I Srikanth Ramachandran 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.

A handwritten signature in black ink, appearing to read "Srikanth Ramachandran".

Affiant's Signature

Srikanth Ramachandran

Printed Name

LHA

Position to Which Elected/Appointed

Corpus christi, Tx Nucep.

City and/or County

SWORN TO and subscribed before me by affiant on this 30<sup>th</sup> day of July 2025.

A handwritten signature in black ink, appearing to read "Blanca Estela Arredondo".

Signature of Person Authorized to Administer  
Oaths/Affidavits

Blanca Estela Arredondo

Printed Name

Medical Asst.

Title



(Seal)

## 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."

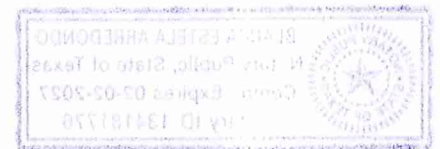
### COMPLETION OF THE STATEMENT OF ELECTED/APPOINTED OFFICER FORM

Upon making the sworn statement, the newly appointed Health Authority must enter their 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 their 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 Public Health Region of the Texas Department of State Health Services ("DSHS").

Please direct any questions regarding this Statement of Elected/Appointed Officer form and instructions to your [DSHS Public Health Region office](#) or to the DSHS Division for Regional and Local Health Operations office in Austin at (512) 776-7770 or [RLHO@dshs.texas.gov](mailto:RLHO@dshs.texas.gov).





- C. Contracted Physician shall be required to submit a copy of the replacement Certificate of Insurance to City at the address provided below within 10 days of any change made by the Contracted Physician or as requested by the City. Contracted Physician shall pay any costs incurred resulting from said changes. All notices under this Exhibit shall be given to City at the following address:

City of Corpus Christi  
Attn: Risk Manager  
P.O. Box 9277  
Corpus Christi, TX 78469-9277

- D. **Contracted Physician agrees that, with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following required provisions:**

- List the City and its officers, officials, employees, and volunteers, as additional insureds by endorsement with regard to operations, completed operations, and activities of or on behalf of the named insured performed under contract with the City, with the exception of the workers' compensation policy;
- Provide for an endorsement that the "other insurance" clause shall not apply to the City of Corpus Christi where the City is an additional insured shown on the policy;
- Workers' compensation and employers' liability policies will provide a waiver of subrogation in favor of the City; and
- Provide thirty (30) calendar days advance written notice directly to City of any, cancellation, non-renewal, material change or termination in coverage and not less than ten (10) calendar days advance written notice for nonpayment of premium.

- E. Within five (5) calendar days of a cancellation, non-renewal, material change or termination of coverage, Contracted Physician shall provide a replacement Certificate of Insurance and applicable endorsements to City. City shall have the option to suspend Contracted Physician's performance should there be a lapse in coverage at any time during this contract. Failure to provide and to maintain the required insurance shall constitute a material breach of this contract.

- F. In addition to any other remedies the City may have upon Contracted Physician's failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City shall have the right to order Contracted Physician to stop work hereunder, and/or withhold any payment(s) which become due to Contracted Physician hereunder until Contracted Physician demonstrates compliance with the requirements hereof.

- G. Nothing herein contained shall be construed as limiting in any way the extent to which Contracted Physician may be held responsible for payments of damages to persons or property resulting from Contracted Physician's or its subcontractor's performance of the work covered under this contract.

- H. It is agreed that Contracted Physician's insurance shall be deemed primary and non-contributory with respect to any insurance or self insurance carried by the City of Corpus Christi for liability arising out of operations under this contract.

- I. It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in this contract.



## EXHIBIT A

### INSURANCE REQUIREMENTS

#### I. CONTRACTED PHYSICIAN'S LIABILITY INSURANCE

- A. Contracted Physician must not commence work under this contract until all insurance required has been obtained and such insurance has been approved by the City. Contracted Physician must not allow any subcontractor to commence work until all similar insurance required of any subcontractor has been obtained.
- B. Contracted Physician must furnish to the City's Risk Manager, one (1) copy of Certificates of Insurance with applicable policy endorsements showing the following minimum coverage by an insurance company(s) acceptable to the City's Risk Manager. The City must be listed as an additional insured on the General liability and Auto Liability policies **by endorsement**, and a waiver of subrogation **by endorsement** is required on all applicable policies. **Endorsements** must be provided with Certificate of Insurance. Project name and/or number must be listed in Description Box of Certificate of Insurance.

TYPE OF INSURANCE	MINIMUM INSURANCE COVERAGE
<b>30-day advance written notice of cancellation, non-renewal, material change or termination required on all certificates and policies.</b>	<b>Bodily Injury and Property Damage</b> Per occurrence - aggregate
MEDICAL PROFESSIONAL LIABILITY including: Coverage provided shall cover all physicians, nurses, assistants, officers, directors, employees and agents 1. Medical Malpractice 2. Errors and Omissions	\$200,000 per claim / \$600,000 aggregate (Defense costs not included in Policy limits) If claims made policy, retro date must be prior to inception of agreement; have extended reporting period provisions and identify any limitations regarding who is an Insured.

- C. In the event of accidents of any kind related to this contract, Contracted Physician must furnish the Risk Manager with copies of all reports of any accidents within 10 days of the accident.

#### II. ADDITIONAL REQUIREMENTS

- A. Applicable for paid employees, Contracted Physician must obtain workers' compensation coverage through a licensed insurance company. The coverage must be written on a policy and endorsements approved by the Texas Department of Insurance. The workers' compensation coverage provided must be in an amount sufficient to assure that all workers' compensation obligations incurred by the Contracted Physician will be promptly met. An All States Endorsement shall be required if Contracted Physician is not domiciled in the State of Texas.
- B. Contracted Physician shall obtain and maintain in full force and effect for the duration of this Contract, and any extension hereof, at Contracted Physician's sole expense, insurance coverage written on an occurrence basis by companies authorized and admitted to do business in the State of Texas and with an A.M. Best's rating of no less than A- VII.



2023 Insurance Requirements Exhibit  
Corpus Christi-Nueces County Public Health District – Contracted Physician  
08/14/2023 Risk Management – Legal Dept.

THE UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637