



APPOINTMENT OF LOCAL HEALTH AUTHORITY General Instructions

The Texas Department of State Health Services (DSHS) provides support for the appointment of Local 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 Local Public Health Authorities understand the roles and responsibilities of their office to serve their local communities.

Appointment and Term

In accordance with Texas Health and Safety Code, Chapter 121.021, a Local 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.

Duties

Under Section 121.024, a health authority is a state officer when performing duties prescribed by state law. A health authority shall perform each duty that is (1) necessary to implement and enforce a law to protect the public health; or (2) prescribed by the board. Duties of a health authority include (1) establishing, maintaining, and enforcing quarantine in the health authority's jurisdiction; (2) aiding the board in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the health authority's jurisdiction.

Required Forms

Each newly appointed Local Health Authority must have the required forms completed and filed immediately after appointment to office. The three forms include:

1. **Statement of Appointed/Elected Officer.** This form is witnessed and simply states that there was no material, financial or other gain realized by the appointing the Local Health Authority.
2. **Oath of Office.** This is signed by the Local Health Authority and mailed to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services for filing.
3. **Certificate of Appointment.** This form validates the eligibility of the physician being appointed as Health Authority and the appointment process. The form must be signed by the appointing authority and forwarded to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services.

Questions

If you have questions regarding the Local 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) 458-7770.

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.



Certificate of Appointment

For a

Local Health Authority

I, _____, acting in the capacity as a

(Check the appropriate designation below)

- _____ Non-physician and the Local Health Department Director
- _____ Mayor or Designee
- _____ County Judge of Designee
- _____ Chairperson of the Public Health District

do hereby certify the physician, _____, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for _____, Texas.

Date term of office begins _____, 20__

Date term of office ends _____, 20__, unless removed by law.

The Local Health Authority has been appointed and approved by the:

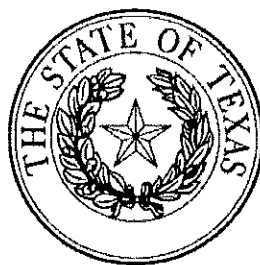
(Check the appropriate designation below)

- _____ Director, _____
- _____ City Council for the City of _____
- _____ Commissioners Court for _____ County
- _____ Board of Health for the _____ Public Health District

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

Signature of appointing official

(See reverse side for instructions)



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.

Affianted 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**

(Seat)

Printed Name

Title



OATH OF OFFICE

For Local 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