



Monday, July 22, 2024

The Honorable Bobby Stovall
Hunt County Judge
P. O. Box 1097
Greenville, Texas 75403

FILED FOR RECORD
at 12:00 o'clock P M

AUG 19 2024

BECKY LANDRUM
County Clerk, Hunt County, Tex.
By [Signature]

RE: Local Health Authority Renewal

Dear Judge Stovall,

The Health Authority for **Hunt County** has expired for **Dr. Gina Rushing** on **May 23, 2023**. Enclosed are the necessary documents required for renewal or to appointment a new Health Authority.

Please complete appointment certificates and Contact Information Sheet for the Health Authority appointment. If you like the electronic copy of these forms, please email me. Once completed and notarized, please mail to the DSHS PHR 2/3 Regional Office in the envelope provided, fax to (817) 264-4506 or email to samuel.savala@dshs.texas.gov. For any questions, please call me at (817) 264-4502.

In Good Health,

Samuel Savala
Staff Services Officer for Regional Administration
Texas Department of State Health Services
Public Health Region 2/3 Headquarters
(O) (817) 264-4502 | (F) (817) 264-4506

Enclosures: Health Authority Documents

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.



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**

Printed Name

Title

(Seal)

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.



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 (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*

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

Mailing Address*

ZIP*

Texas Medical License Number*

Phone Number (Emergency/After Hours)*

Are you a deputy/backup HA?

Email Address (Official, if you have one)*

Additional Email Address

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Person Administering Oath

Printed Name

Title

(Seal)

*=denotes required field



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, _____ Public Health District

I, _____, 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 _____, 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 SHEET

Health Authority Name: _____

Jurisdiction Coverage: _____

Office Address (if any): _____

Work Fax (if any): _____

Additional Email address: _____

Cell Phone Number: _____

Please return this contact sheet with the Health Authority certificates