

## 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).



## 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](mailto: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