



Certificate of Appointment

For a

Local Health Authority

I, Rene Ramirez, 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, Ivan Melendez, M.D. who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Hidalgo, Texas.

Date term of office begins December 6, 2009

Date term of office ends December 5, 2011, 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 Hidalgo 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 Ivan Melendez, 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.

Affianted Signature

Ivan Melendez, M.D.
Printed Name

Hidalgo County Local Health Authority
Position to Which Elected/Appointed

Hidalgo
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)

Rene Ramirez
Printed Name

Hidalgo County Judge
Title



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Ivan Melendez, M.D., 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.

Ivan Melendez, M.D.
Affiant

3304 N. Bryan Road, Mission, TX 78573
Mailing Address ZIP

(956) 212-0902
(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)

Rene Ramirez
Printed Name

County Judge
Title