



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.

Affiant's Signature

Ivan Melendez, M.D.

Printed Name

Hidalgo County 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)

Richard Cortez

Printed Name

Hidalgo County Judge

Title



Certificate of Appointment

for a

Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

Commissioners Court for Hidalgo County
 Governing Body for the Municipality of _____
 Director, _____ Health Department
 Director, _____ Public Health District

I, Richard Cortez, acting in my capacity as:

(Check 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, Ivan Melendez, M.D., 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 Hidalgo, Texas.

Date term of office begins December 8, 2019

Date term of office ends December 7, 2021, unless removed by law.

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

Signature of Appointing Official



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

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)

Richard Cortez
Printed Name

Hidalgo County Judge
Title