



17D

Certificate of Appointment

For a

Local Health Authority

I, Robert E. Hebert, 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, Jean N. Galloway, MD, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Fort Bend County, Texas.

Date term of office begins February 28, 2011

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 Fort Bend County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 22 day of February, 2011.

A handwritten signature in black ink, reading "Robert E. Hebert".

Signature of appointing official

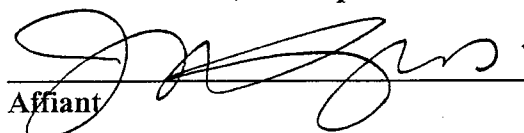
(See reverse side for instructions)



OATH OF OFFICE

For Local Health Authorities in the State of Texas

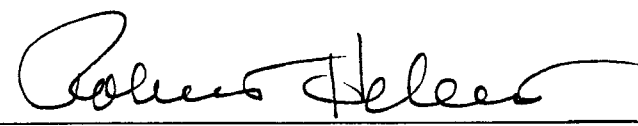
I, Jean N. Galloway, MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

4520 Reading Road, Suite A, Rosenberg, TX 77471
Mailing Address ZIP

(281) 238-3233
(Area Code) Phone Number

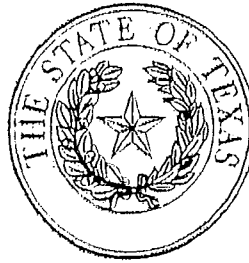
SWORN TO and subscribed before me this 8th day of February, 2011.


Signature of Person Administering Oath

(Seal) Robert E. Hebert
Printed Name

County Judge, Fort Bend County, Texas
Title

(See reverse side for instructions)

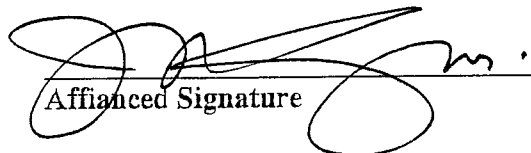


THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Jean N. Galloway, MD 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

Jean N. Galloway, MD

Printed Name


Local Health Authority

Position to Which Elected/Appointed

Fort Bend County

City and/or County

SWORN TO and subscribed before me by affiant on this 8 day of February 2011.


Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)

Robert Hebert

Printed Name

County Judge

Title