



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 Fort Bend County County
- Governing Body for the Municipality of _____
- Director, _____ Health Department
- Director, _____ Public Health District

I, K.P. George, 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, Nichole Brathwaite-Dingle, MD, MPH, 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 Fort Bend County, Texas.

Date term of office begins September 6, 2022

Date term of office ends September 30, 2023, unless removed by law.

I certify to the above information on this the 16 day of September, 2022

K.P. George
Signature of Appointing Official



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Nichole Brathwaite-Dingle, MD, MPH, 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.

Nichole Brathwaite-Dingle, MD, MPH

Affiant

11535 Abriola Ct, Richmond, TX 77406

Mailing Address

ZIP


240-620-3084

(Area Code) Phone Number (day and evening)

Nichole.Brathwaite-Dingle@fortbendcountytexas.gov

Email Address

SWORN TO and subscribed before me this 31st day of August, 2022.



Signature of Person Administering Oath

Jacquelyn Johnson-Minter, MD, MPH, MBA

Printed Name

Health Authority/Health & Human Services Director

Title

(Seal)



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Nichole Brathwaite-Dingle, 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.

A handwritten signature in black ink that reads "Nichole Brathwaite-Dingle".

Affiant's Signature

Nichole Brathwaite-Dingle, MD, MPH

Printed Name

Alternate Local Health Authority

Position to Which Elected/Appointed

Fort Bend County, Texas

City and/or County

SWORN TO and subscribed before me by affiant on this 31 day of August 2022.

A handwritten signature in blue ink that reads "Jacquelyn Johnson-Minter".

**Signature of Person Authorized to Administer
Oaths/Affidavits**

(Seal)

Jacquelyn Johnson-Minter, MD, MPH, MBA

Printed Name

Director & Health Authority, Fort Bend County Health & Human Services

Title

CONFIDENTIAL INFORMATION HAS BEEN REMOVED

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PLEASE CALL

281-238-3233 WITH ANY QUESTIONS.