



Certificate of Appointment

For a
Local Health Authority

I, Andy Endsley, 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, Darrel Pierce, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Hopkins County, Texas.

Date term of office begins March 25, 2024

Date term of office ends March 25, 2026, 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 Hopkins County
- Board of Health for the _____ Public Health District

I certify to the above information on this the 25 day of March, 2024

[Signature]
Signature of appointing official

(See reverse side for instructions)