



Certificate of Appointment

For a

Local Health Authority

I, Robert Newsom, 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 reappointed as the Local Health Authority for Hopkins County, Texas.

Date term of office begins March 25, 2026.

Date term of office ends March 25, 2028, unless removed by law.

The Local Health Authority has been appointed and approved by the:

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 25th day of March, 2026.

A handwritten signature in black ink, appearing to read "Robert Newsom".

Signature of appointing official



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Darrel Pierce 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.

Dal Pie
Affianced Signature

Darrel Pierce
Printed Name

Local Health Authority
Position to Which Elected/Appointed

Hopkins County, Texas
City and/or County

SWORN TO and subscribed before me by affiant on this 14 day of April 20 26

Robert Newcom
Signature of Person Authorized to Administer Oaths/Affidavits

(Seal)

Robert Newcom
Printed Name

Hopkins County Judge
Title



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Darrel Pierce, 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.

Darrel Pierce

Affiant

1240 Shannon Rd East 75482

Mailing Address

ZIP

903 307-9184

(Area Code) Phone Number (day and evening)

dp1644@pm.me

Email Address

SWORN TO and subscribed before me this 14 day of April, 2026

Robert Newson

Signature of Person Administering Oath

Robert Newson

Printed Name

Hopkins County Judge

Title

(Seal)