



**THE STATE OF TEXAS**

**Statement of Elected/Appointed Officer**

(Please type or print legibly)

I Chris Burling 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

Chris Burling m.d.

Printed Name

Titus County Health Officer

Position to Which Elected/Appointed

Titus County

City and/or County

SWORN TO and subscribed before me by affiant on this 10<sup>th</sup> day of April 2014.

Signature of Person Authorized to Administer Oaths/Affidavits

Brian P. Lee

Printed Name

Titus County Judge

Title

(Seal)



# Certificate of Appointment

For a  
**Local Health Authority**

I, Brian P. Lee, 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, Chris Burling, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Titus County, Texas.

Date term of office begins April 7, 2014

Date term of office ends April 6, 2016, 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 Titus County  
 Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the 4 day of April, 2014.

Brian P. Lee

Signature of appointing official

(See reverse side for instructions)



## OATH OF OFFICE

### For Local Health Authorities in the State of Texas

I, Chris Buehling 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.


  
Affiant

618 North Jefferson 75455  
Mailing Address ZIP

903 563 6053  
(Area Code) Phone Number (day and evening)

buehlingmd@hotmail.com  
Email Address

SWORN TO and subscribed before me this 10 day of April, 2014.

  
Signature of Person Administering Oath

Brian P. Lee  
Printed Name

Titus County Judge  
Title

(Seal)