



# 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 \_\_\_\_\_ County

X Governing Body for the Municipality of City of San Antonio

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Ron Nirenberg, acting in my capacity as: *(Check the appropriate designation below)*

\_\_\_\_\_ County Judge or Designee

X Mayor or Designee

\_\_\_\_\_ Non-physician and the Local Health Department Director

\_\_\_\_\_ Non-physician and the Public Health District Director

do hereby certify the physician, Dr. Chichi Junda Woo, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

X Health Authority

\_\_\_\_\_ Health Authority Designee

for the jurisdiction of City of San Antonio and Bexar County, Texas.

Date term of office begins October 1, 2018

Date term of office ends September 30, 2020, unless removed by law.

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Appointing Official