

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: CJO TODAY'S DATE: 05/16/2022

DEPARTMENT: CJO

SIGNATURE OF DEPARTMENT HEAD: _____

REQUESTED AGENDA DATE: 05/23/2022

SPECIFIC AGENDA WORDING:

2. Consideration of Re-Appointment of Robert Shaw, MD as the Johnson County Health Authority for a Two-Year Term

PERSON(S) TO PRESENT ITEM:

Judge Harmon

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 1 minute
(Anticipated number of minutes needed to discuss item)

ACTION ITEM: ✓
WORKSHOP:
CONSENT:
EXECUTIVE:

COMMISSIONERS COURT

MAY 23 2022

STAFF NOTICE:

COUNTY ATTORNEY:

IT DEPARTMENT:

AUDITOR:

PURCHASING DEPARTMENT:

PERSONNEL:

PUBLIC WORKS:

BUDGET COORDINATOR:

OTHER:

Approved

This Section to be completed by County Judge's Office

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE:

COURT MEMBER APPROVAL:

DATE:



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 Johnson County
 Governing Body for the Municipality of _____
 Director, _____ Health Department
 Director, _____ Public Health District

I, Roger Harmon, 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, Robert H. Shaw M.D, 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 Johnson County, Texas.

Date term of office begins June 13, 2022

Date term of office ends June 13, 2024 unless removed by law.

I certify to the above information on this the 23rd day of May, 2022

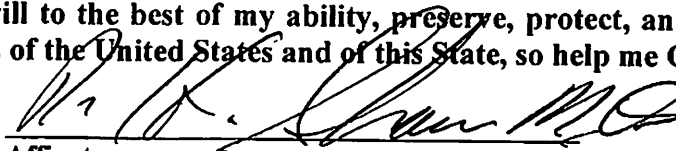

Signature of Appointing Official



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Robert H. Shaw 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


Mailing Address ZIP


(Area Code) Phone Number (day and evening)


Email Address

SWORN TO and subscribed before me this 23rd day of May, 2022.




Signature of Person Administering Oath

Roger Harmon
Printed Name

Johnson County Judge
Title



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Robert H. Shaw 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.

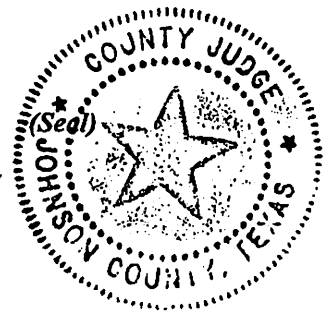
Robert H. Shaw M.D.
Affiant's Signature

Robert H. Shaw M.D.
Printed Name

Johnson County Health Authority
Position to Which Elected/Appointed

Johnson County
City and/or County

SWORN TO and subscribed before me by affiant on this 23 day of May 2022



Roger Harmon
Signature of Person Authorized to Administer Oaths/Affidavits

Roger Harmon
Printed Name

Johnson County Judge
Title



Health Authority Contact Information

Name: Robert H. Shaw

Date: May 23, 2022

County/City: Johnson County

Office Address: [REDACTED]

Mailing Address: [REDACTED]

Work Phone: [REDACTED]

Work Fax: None

Cell Phone: [REDACTED]

24/Emergency: [REDACTED]

E-Mail Address: [REDACTED]

These numbers will be kept confidential and only those with authority will be contacting you. It is very important that we contact you in case of an event. If you should have to change your contact information please contact Samuel Savala, 817-264-4502, samuel.savala@dshs.texas.gov

Thank you for your cooperation,