



Certificate of Appointment

for a

Health Authority

The Health Authority has been appointed and approved by the:

(Put an "X" by the appropriate designation below)

____ Commissioners Court for NAVARRO County

____ Governing Body for the Municipality of _____

____ Director, _____ Health Department

____ Director, _____ Public Health District

I, H.M. Davenport, acting in my capacity
as: (Put an "X" by 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, DALE K. CAMPBELL, 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 NAVARRO County, Texas.

Date term of office begins August 5, 2025

Date term of office ends August 6, 2026, unless removed by law.

I certify to the above information on this the 5th day of August, 2025

Signature of Appointing Official



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Duke K Campbell, MD 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.

Duke K Campbell, MD
Affiant's Signature

Duke K Campbell, MD
Printed Name

County Health Authority
Position to Which Elected/Appointed

Corsicana / Navarro
City and/or County

SWORN TO and subscribed before me by affiant on this 5th day of August 2025

H. M. Davenport, Jr.
Signature of Person Authorized to Administer Oaths/Affidavits

H. M. DAVENPORT, Jr.
Printed Name

NAVARRO County Judge
Title

(Seal)



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Dale K Campbell, MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority (HA) 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.

Dale K Campbell
Affiant*

Dale
Preferred Name (e.g. "J. Paul Doe")

4003 FM 3383 Corsicana TX 75110
Mailing Address* ZIP*

F3808
Texas Medical License Number*

903 / 654 - 3607
Phone Number (Emergency/After Hours)*

No
Are you a deputy/backup HA?

dkcampbell@att.net
Email Address (Official, if you have one)*

Additional Email Address

SWORN TO and subscribed before me this 5th day of August, 20 25

[Signature]
Signature of Person Administering Oath

H. M. DAVENPORT, Jr.
Printed Name

NAVARRO County Judge
Title

(Seal)

*=denotes required field



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[Signature]
Signature of Person Administering Oath

H. M. DAVENPORT, Jr.
Printed Name

NAVARRO County Judge
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City and/or County

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