



**NOMINATION OF COUNTY PHYSICIAN REPRESENTATIVE  
TO THE BOARD OF DIRECTORS OF THE  
SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL**

**As County Judge, I, \_\_\_\_\_ hereby nominate**

**\_\_\_\_\_ to the SETRAC Board of Directors**

**for the three-year term/ remainder of a three-year term of office as the physician**

**representative for \_\_\_\_\_ County, Texas,**

**effective this date \_\_\_\_\_, 20\_\_\_\_\_.**

**Signed: \_\_\_\_\_**

**Please provide mailing address and phone numbers where nominee can be reached, or a résumé.**