## **Authorization Letter for Public Health Certification**

Date: [Insert Date]

[Your Name] [Your Address] [City, State, Zip] [Email Address] [Phone Number]

[Recipient's Name] [Recipient's Title] [Organization Name] [Organization Address] [City, State, Zip]

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf in matters related to the public health certification process. This includes the submission of required documentation, attendance at meetings, and any necessary communications with the public health department.

This authorization is effective as of [Start Date] and will remain in effect until [End Date] unless revoked in writing prior to that date.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]