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## MEMORANDUM

**Date:** November 3, 2025  
**TO:** Board Members  
**FROM:** Daniel Carroll, Pharm.D., R.Ph.  
Executive Director/Secretary  
**SUBJECT:** Acknowledgment of Board Training Program

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Attached is a copy of the board member training program manual as required by Sec. 552.006, Occupations Code.

Please sign below to acknowledge receipt of this information.

I acknowledge that I have received a copy of the above training manual for the Texas State Board of Pharmacy. I understand that this signed statement will be published on the board's internet website.

DONALD G LEWIS

Board Member Name Printed



Signature

Date

11/3/25

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*Rick Fernandez*

Board Member Name Printed

*[Signature]*

Signature

*11-3-2025*

Date

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Heisha Freeman

Board Member Name Printed

Heisha Freeman      11/3/25

Signature

Date



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## MEMORANDUM

**Date:** February 2, 2026  
**TO:** Board Members  
**FROM:** Daniel Carroll, Pharm.D., R.Ph.  
Executive Director/Secretary  
**SUBJECT:** Acknowledgment of Board Training Program


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Randall Martin  
Board Member Name Printed

  
Signature

2/2/26  
Date

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Tan Shaw  
Board Member Name Printed

  
Signature

2-2-2026  
Date

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SUZETTE TIJERINA

Board Member Name Printed

Signature  Date 11/3/25

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Board Member Name Printed

  
Signature

  
Date

