Date:

November 4, 2024

TO:

Board Members

FROM:

Daniel Carroll, Pharm.D., R.Ph.

Executive Director/Secretary

SUBJECT: Acknowledgment of Board Training Program

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.

Board Member Name Printed

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Date:

February 4, 2025

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Board Member Name Printed

Signature Date

Date:

May 5, 2025

TO:

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