

NOMINEE'S NAME: Donna M. Christensen

SECTION I: BIOGRAPHICAL DATA

1. NAME: (Last) CHRISTENSEN (First) DONNA (Middle) MARIE (Other) CHRISTIAN				
2. SOCIAL SECURITY: XXX-XX-6976				
3. ADDRESS:				
Mailing: [REDACTED] RDE ST. CROIX, VI 00820				
Residential: [REDACTED] ST. CROIX, VI 00820				
Business: SAME				
E-Mail: delegatedonna@yahoo.com / donna@c-iche.org				
Phone Number(s) – [REDACTED] (Cell) [REDACTED] (Home)				
4. Length of Residence in the Virgin Islands:				
5. Date of Birth: [REDACTED]				
6. Place of Birth: TEANECK, NEW JERSEY				
7. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced				
8. Full Name of Spouse: N/A				
Mailing & Residential Address:				
Business, Name & Address:				
9. EDUCATION				
Institution	Dates Attended	Degree Received	Date Received	Certifications
St. Mary's College	1962 - 66	B.S	1966	
George Washington University School of Medicine	1966- 1970	M.D.	1970	
Pacific Medical center	7/1970 - 7/1971	Internship		
FreedmensHospital	1973 & 1974	Residency		Family Medicine

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10. EMPLOYMENT RECORD: Please list, in chronological order, your complete employment record for the past ten (10) years, beginning with the present or most recent position. [Attach additional sheet(s), if necessary, and reference this question number]

Employer	Dates of Employment	Position	Address/Phone #	Supervisor
Christensen Institute	2017-present	President	6031 Questa Verde 340-713-0568	NONE
Donna Christensen MD, LLC	2015- 2018	President	107 15th St. NE Washington, DC	NONE
US Congress	1997- 2015	Member	Longworth HOB	Speaker of House

11. GOVERNMENT EXPERIENCE:

A. List all federal, state, territorial or local government services, giving dates and type of service such as employee, boards, commissions, executive, legislative or judicial branches, consultant, voluntary service, part-time or honorary. [Attach additional sheet(s), if necessary, and reference this question number]

B. List and attach a copy of all service contracts you have held independently or been a party to with the Government of the Virgin Islands.

SEE ATTACHED RESUME

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12. BUSINESSES AND FINANCIAL INTEREST: List all businesses (for profit or not for profit), real estate and trusts in which you have at least a 10% interest or control of assets or serve as an officer or member of a board with voting rights. [Attach additional sheet(s), if necessary, and reference this question number]

Christensen Institute for Community Health and Empowerment, Inc (501c3)
Donna Green, PC
SEE ATTACHED RESUME

13. QUALIFICATIONS: What in your opinion qualifies you to serve the People of the Virgin Islands in the position which the Governor has nominated you?

I have been associated with UVI over the years, as a Minority Science advisor, on the EPSCoR board, bringing speakers, through my involvement with the Caribbean Exploratory Re

SECTION II: HONORS AND ACCOMPLISHMENTS

14. MEMBERSHIPS: List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations.

National Medical Association
Past PTA president at CHS, and served on Board of Education for one term
Board member of Frederiksted Health Cre, Inc, the VI Diabetes Center of Excellence, The VI Architectural Center, member of Iota Phi Lambda sorority / see attached resume

15. BOARDS, COMMISSIONS, TRUSTS, ETC.: List all government or private sector boards, trusts, or fiduciary responsible positions on which you have served or are now serving.

See above and attached resume

16. HONORS AND AWARDS: List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement.

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See attached resume
Numerous honroary degrees and health related awards

17. PUBLISHED WRITINGS: List all titles, publishers and dates of books, articles, reports, or other published materials you have written.

Have written many letters to Edicootr locally
Wrote recent article on Obesity as a disease being ignored in Black women And severla opeds f
Have lectured and been on numerous panels on health disparities, the social determinants of health and health equity.

SECTION III: CHARACTER

18. Have you ever been the subject of a grand jury, police, and department of justice or any legally constituted government authority, investigation anywhere or at anytime?
 YES NO

If your answer is yes, please explain with details including date and location. [Attach additional sheet(s), if necessary, and reference this question number]

19. Have you ever been arrested in any geographical location for any offense, including traffic violations? YES NO

If yes, please explain with details including offense, date of location and disposition. [Attach additional sheet(s), if necessary, and reference this question number]

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20. Have you ever been convicted of a felony or a misdemeanor? YES NO
If yes, please explain with details including offense, date, location, and current status. [Attach additional sheet(s), if necessary, and reference this question number]

Arrested ince briefly for demonstrating in front of the Sudan embassy in Washington

21. Is there now or has there ever been a judgment entered against you? YES NO
If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]

22. Have you ever been a respondent in any labor dispute or discrimination proceeding?
 YES NO

If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]

23. Have you ever been named as a party in any hearing, administrative, civil, and criminal, including Equal Employment Opportunity or sexual harassment? YES NO

If yes, please explain in detail, giving date, venue, agency, and the names of the other parties and the disposition. [Attach additional sheet(s), if necessary, and reference this question number]

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24. Have you now or have you ever been a member of an organization or an associate of an individual advocating terrorism, overthrow of a government by force or the advocacy or subordination of any ethnic group or individuals? YES NO

If the answer is yes, please give details of dates, names of organizations, names of individuals and all pertinent circumstances. [Attach additional sheet(s), if necessary, and reference this question number]

25. Do you know of any individual, organization or group, which can be expected to oppose your nomination? YES NO

If the answer is yes, please list the individuals, organizations or groups by name and give the details of your belief for their opposition. [Attach additional sheet(s), if necessary, and reference this question number]

26. Do you have any outstanding and delinquent monetary obligations to the Government of the Virgin Islands or any other public or private entity, including but not limited to, personal income taxes, business taxes, real property taxes (commercial or residential), business license renewals, trade name renewals, annual reporting fees, professional organization dues, child support, judgments, debt

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Government of the Virgin Islands, includes but is not limited to the following departments, agencies and instrumentalities: the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, the Water and Power Authority, the Waste Management Authority, Department of Health, Department of Human Services

YES NO

If the answer is yes, please attach a detailed explanation of what outstanding and delinquent monetary obligations are owed, the reason for the delinquency, and the intended plan to bring the matter current.

SECTION IV: CONFLICT OF INTEREST

27. Please explain your understanding of "Conflict of Interest" as it applies to the position to which you have been nominated to serve the People of the Virgin Islands.

I am on a payment plan for personal taxes, but awaiting a reconciliation of actual debt owed

28. Do you own a business or real estate, or are you a partner or shareholder or affiliated in any way to sell or provide goods or services to the Virgin Islands Government?

YES NO

If the answer is yes, please explain and give the name and location of these interest(s) and how you promise to remove yourself from any possible conflict. [Attach additional sheet(s), if necessary, and reference this question number]

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29. Does any close relative or spouse have a business or real estate interest(s) as described in question 25? ___ YES X NO

If the answer is yes, please explain and give the name and location of these interest(s) and how you propose to remove yourself from any possible conflict. (Attach additional sheet(s), if necessary.)

SECTION V: JOB PERFORMANCE

30. In no more than 150 words, please outline in priority order your four (4) specific short-term and four (4) specific long-term goals and objectives you would employ to achieve the entity's purpose and improve its service delivery system if your nomination is confirmed for this position.

I am particularly interested in working with CERC to expand research capabilities and

~~Scope. I believe there are programs that are not currently in place that the university and the students could benefit from - especially those available to HBCUs.~~
Of course i am very interested in helping to establish the medical school and i think some of my contacts and acquaintances could be of help.

31. Is there any additional information that you believe would assist the Committee on Rules and the Judiciary in processing your nomination expeditiously?

My attached resume should provide any other information that could help

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CERTIFICATION:

This is to certify and affirm that all the statements contained herein and in any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this 5th day of July 2023.

Donna M. Christensen
Nominee's Name [Print Clearly]


Signature of Nominee

Sworn and subscribed before me this 5th day of July, 2023

Debra Anne Webster
Notary Public of the U.S. Virgin Islands

Debra Anne Webster
Notary Public
NP-407-21
My Commission Expires April 27, 2025
St. Croix, U.S. Virgin Islands

My commission expires: April 27, 2025

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**SIGNATURE, CERTIFICATION AND AUTHORIZATION
FOR
RELEASE OF INFORMATION**

Please read the following very carefully before you sign this document.

1. I understand that the information given in this Questionnaire will be investigated under all applicable laws.
2. I understand that any false statement on any part of this Questionnaire can be grounds for rejecting the confirmation of my nomination.
3. I hereby consent and authorize the release of information on my character, background, ability, financial indebtedness and fitness to serve the residents of the United States Virgin Islands by all government departments and agencies, especially **the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, if applicable**, employers, schools, all law enforcement agencies, and all other individuals and organizations, which may be deemed necessary, to authorized Committee on Rules and the Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.

4. CERTIFICATION:

This is to certify and affirm that all the statements contained herein and in any supporting document or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this 5th day of July 2023.

Donna M. Christensen

Nominee's Name [Print Clearly]


Signature of Nominee

Sworn and subscribed before me this 5th day of July, 2023


Notary Public of the U.S. Virgin Islands

[seal]

My commission expires: April 27, 2025

Debra Anne Webster
Notary Public
NP-407-21
My Commission Expires April 27, 2025
St. Croix, U.S. Virgin Islands