Office of the Governor
United States Virgin Islands

QUESTIONNAIRE
FOR
GOVERNOR'S NOMINEE FOR
DEPARTMENTS, AGENCIES, BOARDS & COMMISSIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS QUESTIONNAIRE.

1) **ALL** questions must be fully and correctly answered and returned to the Office of Legal Counsel **within seven (7) business days of your receipt of the Questionnaire**.

2) Do not submit a resume instead of this Questionnaire.

3) If more than the allotted space on this form is required for a complete and full answer, please attach as many additional 8½ x 11 sheets as may be needed. At the top of each additional sheet put your name, "Office of the Governor, Office of Legal Counsel", and then reference the question number before each answer.

4) **The Questionnaire is in PDF Format. Please complete all responses clearly in black font color. Responses are NOT to be handwritten.**

5) Please do not hesitate to call the Office of Legal Counsel at Government House at (340) 774-0001 if you have any questions concerning this Questionnaire.

NOMINEE'S NAME:

SECTION I: BIOGRAPHICAL DATA

1. NAME: (Last) Christian	**(First)** Kisha	**(Middle)** M.		**(Other)**
2. SOCIAL SECURITY: [redacted]				
3. ADDRESS:				
Mailing: 140B Estate St. George Frederiksted VI 00840				
Residential: [redacted]				
Business: 140B Estate St. George Frederiksted VI 00840				
E-Mail: Kisha@npvi.com				
Phone Number(s) – [redacted] (Home)				
4. Length of Residence in the Virgin Islands: Born in the U.S. Virgin Islands; resident 1977–1997 and continuously since 2011.				
5. Date of Birth: 05/23/1977				
6. Place of Birth: St. Croix				
7. Marital Status: ___Married	X___Single	___Widowed	___Divorced	
8. Full Name of Spouse:				
Mailing & Residential Address:				
Business, Name & Address:				

9. EDUCATION

Institution	Dates Attended	Degree Received	Date Received	Certifications
University of Georgia, College of Pharmacy	2000-2004	Doctor of Pharmacy	May 2004	

NOMINEE'S NAME:

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
Neighborhood Pharmacy	2015-Present	CEO	140B Estate St. George Frederiksted VI 00840 340-718-6784	

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.

a. Government of the Virgin Islands-Health and Insurance Board -2021-Present -Member
b. Government of the Virgin Islands- Bureau of Corrections Pharmacy services / prescription dispensing Party to contract through Neighborhood Pharmacy, LLC 2015-Present Copy of Contract attached.

NOMINEE'S NAME:

NOMINEE'S NAME:

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]

Neighborhood Pharmacy, LLC – Owner and Managing Member, 100% interest
Lasso Investment Holding, LLC – Managing Member, ownership interest exceeds 10%

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 am a Virgin Islands native and a Doctor of Pharmacy with extensive experience in pharmacy practice, healthcare leadership, and regulatory compliance. Since returning to the Territory in 2011, I have focused my career on strengthening patient access, safety, and quality of care while advancing innovative pharmacy services that respond to the evolving needs of our community. As the owner of a locally based pharmacy, I bring practical insight into pharmacy operations, workforce development, and compliance with federal and territorial regulations. I also bring a forward-looking vision that values responsible innovation, technology adoption, and collaborative care models to improve outcomes without compromising patient safety. My experience, long term investment in the Virgin Islands, and commitment to ethical governance equip me to serve with diligence, balance, and integrity in the best interests of the people of the Virgin Islands.

SECTION II: HONORS AND ACCOMPLISHMENTS

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

Frederiksted Economic Development Association, INC. Member

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.

Government of the Virgin Islands-Health and Insurance Board

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

NOMINEE'S NAME:

Ken Wurster Community Leadership Award presented by Cardinal Health
Kisha Christian Scholarship Fund-University of Georgia College of Pharmacy
Small Business of the Year by The Chamber of Commerce
Businesswoman of the Year by The Chamber of Commerce
Emerging Leaders Reimagined-SBA
The Blue Print Leadership – Neighborhood Pharmacy

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

Not Yet!

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 ___X___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 ___X___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]

NOMINEE'S NAME:

20. Have you ever been convicted of a felony or a misdemeanor? ___YES ___X___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]

21. Is there now or has there ever been a judgment entered against you? ___YES ___X___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 ___X___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 ___X___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]

NOMINEE'S NAME:

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 ___X___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 ___X___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

NOMINEE'S NAME:

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 _____X____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 understand that a conflict of interest exists when personal, financial, or professional interests could influence, or appear to influence, official decision making.

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?
____X___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]

Yes. I am the owner and chief executive officer of a locally based pharmacy located in St. Croix, U.S. Virgin Islands. In the ordinary course of business, the pharmacy dispenses prescription medications through standard pharmacy processing for patients covered by Medicaid and for patients associated with entities of the Government of the Virgin Islands, including Frederiksted Health Center under the 340B program, the Bureau of Corrections, the Department of Health, and, on a limited basis, Juan F. Luis Hospital. I recognize the importance of avoiding both actual and perceived conflicts of interest. If confirmed to serve on the Virgin Islands Board of Pharmacy, I will fully disclose these relationships and will recuse myself from any Board matter, discussion, investigation, or decision that could directly or indirectly affect my business or any entity with which it interacts. I am committed to adhering to all ethics requirements and to serving the people of the Virgin Islands with integrity, transparency, and impartiality.

NOMINEE'S NAME:

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.

Short-term goals:

- Strengthen Board operations to ensure clear, consistent, and timely regulatory guidance that supports both patient safety and practice innovation.
- Establish clarity around existing territorial standards and collaborative practice agreements to enable pharmacists to practice at the top of their license.
- Improve communication and education for licensees regarding regulatory expectations, scope of practice, and compliance requirements.
- Collaborate with the University of the Virgin Islands to establish pharmacy focused fellowships, internships, and pre pharmacy pathway programs.

Long term goals:

- Advance pharmacist enabled prescribing and clinical services under territorial standard or collaborative agreements to expand access to care.
- Encourage adoption of technology and innovative service delivery models that improve efficiency, outcomes, and patient engagement.
- Promote sustainable workforce development through training pipelines and retention strategies for pharmacists and technicians.
- Modernize regulatory frameworks to remain responsive to evolving healthcare needs, federal guidance, and innovation while safeguarding public health.

NOMINEE'S NAME:

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

I have previously been asked on several occasions to serve on this Board; however, at those times, I did not believe I was prepared to make the level of commitment required to effectively drive meaningful change, as I was still focused on building and stabilizing a successful pharmacy business. I recognize that effective Board service requires dedicated time, focus, and leadership. At this stage, I have built the systems and team necessary to ensure my pharmacy operates independently, allowing me to fully commit my time and expertise to public service. I am now prepared to serve, contribute thoughtfully, and help advance meaningful and responsible changes for the benefit of the people of the Virgin Islands.

NOMINEE'S NAME:

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 12 day of February 2026.

Kisha Christian, Pharm.D
Nominee's Name [Print Clearly]

Kisha Christian
Signature of Nominee

Sworn and subscribed before me this 12th *day of* February, 2026

Everett A. Ryan
Notary Public of the U.S. Virgin Islands *[seal]*

My commission expires: 6/29/2027

EVERETT A. RYAN
Notary Public
ST. CROIX, USVI, U.S. Virgin Islands
NP-642-23
My Commission Expires June 29, 2027

NOMINEE'S NAME:

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 12 day of February 2026

Kisha Christian, Pharm.D
Nominee's Name [Print Clearly]

Kisha Christian
Signature of Nominee

Sworn and subscribed before me this 12th *day of* February, 2026

Everett A. Ryan
Notary Public of the U.S. Virgin Islands

[seal]

My commission expires: 6/29/2027

EVERETT A. RYAN
Notary Public
ST. CROIX, USVI, U.S. Virgin Islands
NP-642-23
My Commission Expires June 29, 2027