



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)		(First)	(Middle)	(Other)
George,		Safya	A	
2. SOCIAL SECURITY: [REDACTED]				
3. ADDRESS: 2 John Brewer's Bay, St. Thomas, VI 00802				
Mailing:				
Residential: Same				
Business: Same				
E-Mail: uvipresident@uvi.edu				
Phone Number(s) – 678-485-1669 (Cell) (Home)				
4. Length of Residence in the Virgin Islands:				
5. Date of Birth: 09-13-1978				
6. Place of Birth: Christiansted, St. Croix, Virgin Islands				
7. Marital Status: Married Single 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
UVI	8/95-5/97	ASN	05/97	
UVI	8/97-5/99	BSN	05/99	
Emory Univ.	08/00-12/01	MSN	12/01	
Emory Univ	08/02-08/06	PhD	08/06	
Duke Univ.	7/06-7/07		07/06	Postdoc



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
University of the Virgin Islands	08/01/2024-	President	2 John Brewer's Bay	Board of Trustees
Florida Atlantic University	07/08/2019-07/12/2024	Dean, Chief Executive	777 Glades Rd, Boca Raton, FL	Russ Ivy & Bret Danilowicz
The University of Alabama	08/05/2015-6/30/2019	Assistant Dean for Research	650 University Blvd, Tuscaloosa AL	Suzanne Prevost

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.

The only government experience I have had is serving as a Reviewer as part of the Early Career Reviewer program at National Institutes of Health



**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]

N/A

**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 believe that my 27 years of experience in healthcare as a healthcare provider, including as a registered nurse, advanced practice nurse practitioner, and nurse educator. I completed my nursing training at the Roy L. Schneider Hospital and Medical Center during 1997-99.
I also worked at Seaview Nursing Home and Rehabilitation Center as a registered nurse.
I also trained and worked as a registered nurse at Juan F. Luis Hospital in St. Croix
and did some of my advanced practice nurse practitioner training in the VI.

**SECTION II: HONORS AND ACCOMPLISHMENTS**

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

Member, Sigma Theta Tau International Honor Society for Nursing
Member, Society for Neuroscience

**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.

Member, Board of Directors, Boca Helping Hands
Member, Board of Directors, Nursing Consortium of Florida
Member, Board of Directors, Sigma Theta Tau International Honor Society for Nursing

**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: \_\_\_\_\_

Distinguished Fellow of National Academies of Practice

Fellow of American Academy of Nursing

Fellow, American Academy of Nurse Practitioners

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

I have more than 50 published papers, 3 published book chapters on the topics of HIV, COVID and other healthcare topics.

### 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]



**NOMINEE'S NAME:**

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]


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]




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 ☒ 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



**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 have no known conflict of interest that would interfere with my service to this committee.

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      X . \_\_\_\_ 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]




**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.

1. Support the healthcare entities in the VI, including on St. Thomas

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

I am passionate about supporting efforts to improve healthcare in the USVI and improving health of people in the US Virgin Islands.



NOMINEE'S NAME:

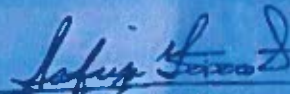
CERTIFICATION:

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 23 day of July, 2024.

Safiya George

Nominee's Name [Print Clearly]

  
Signature of Nominee

Sworn and subscribed before me this 23<sup>rd</sup> day of July, 2024

  
Notary Public of the U.S. Virgin Islands

MA

[seal]

My commission expires: 06/23/2028<sup>50</sup>





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 23 day of July 2024.

Safiya George

Nominee's Name (Print Clearly)

*Safiya George*  
Signature of Nominee

Sworn and subscribed before me this 23<sup>rd</sup> day of July 2024

*[Signature]*  
Notary Public of the U.S. Virgin Islands

My commission expires: 06/23/2028

