



Guideline for Committee on Nominations

To ensure that all willing and qualified potential nominees are considered for candidacy to ASHP elective office, the Committee on Nominations is charged with assembling a roster of nominees, recommended by our members and affiliated societies. A member or group submitting such a recommendation should provide a brief summary of the recommended individual's experience and accomplishments and should state why the Society would be well served by his or her election. Recommendations can come from ASHP state affiliate societies, councils, committees, or any single member or group of members.

ASHP will issue a "Call for Nominations" via various channels, to encourage affiliate societies, individual members or others to submit their recommendations at appropriate times. These may include:

- letters from Society headquarters to the membership
- letters to affiliated state chapters
- notices in Society publications including newsletters, email news services, Midyear Clinical Meeting daily newspapers, and other communication vehicles of ASHP

In addition to reviewing suggestions received from members and affiliated societies, the Committee on Nominations will also review the membership rolls for potential candidates, particularly rosters of councils, committees, and other ASHP leadership bodies. Nominees will be contacted by the Committee and provided additional information about holding elective office, and given an opportunity to formally accept or decline nomination.

Typical qualifications of a successful candidate include, but are not limited to:

- demonstrated leadership qualities and exemplary practice
- active interest in the affairs of the Society
- experience as chair or member of ASHP council(s) or committee(s) or commissions
- experience as elected official of the sections
- experience as an officer or director of a state affiliate society
- other relevant experience

Revised by the ASHP Board of Directors, September 15, 2014

Supersedes Guide for Committee on Nominations and Candidates for Elective Office approved by the ASHP Board of Directors, November 19, 1973



Guidelines for Candidates for Elective Office

Introduction

To ensure that a broad spectrum of willing and qualified potential nominees are considered for candidacy to ASHP elective offices the Board of Directors has charged the Committee on Nominations with carrying out an annual search process for the selection of candidates and assembling a roster of nominees. The source for potential nominees comes from individual members, affiliated state societies, councils, committees, and other ASHP leadership bodies. Once a slate of candidates for elective office is prepared the names are sent to the ASHP House of Delegates.

Policy

Receipt of the report from the Committee on Nominations the Society widely publicizes to voting members through all of its communication media (print and electronic) the names, background and qualification of all nominees. The *Election Bulletin* which contains information about each candidate is maintained on the ASHP website throughout the election season until voting closes.

Once the candidates for elective office are announced at the ASHP Summer Meetings it is expected that candidates for office will avoid activities that would be viewed as self-promotional or “campaigning” for election whether in print, through electronic media such as social networking forums or blogs, or actual statements by the candidate. Further, candidates should not endorse or encourage others or third parties to promote their individual candidacy for office. Any third-party announcements or other forms of broad communication that discusses the upcoming election should include all candidates for a particular office and their qualifications and should not promote the selection of a specific candidate.

Further, individuals who are candidates for office in the Society are expected to protect ASHP’s image, not to engage in any activity which might bring discredit to the Society, and not to participate in discussions or votes if a personal conflict of interest is involved. These individuals are advised to review the “*ASHP Policy on accepting Corporate Support and avoiding Conflicts of Interest*” and the “*ASHP Policies on Conflict of Interest, Disclosure, and External Business/Professional Activities for Board of Directors*”.

House of Delegates

REPORT OF THE COMMITTEE ON NOMINATIONS

June 8, 2025

Charlotte, North Carolina

Tyler Vest, Chair, Vermont
Paul Walker, Vice Chair, Michigan
Amy Gutierrez, Colorado
Trisha Jordan, Ohio
Arpit Mehta, Pennsylvania
Michael Nnadi, Texas
Kuldip Patel, North Carolina
Jason Wong (1st Alternate), California
Trinh Le (2nd Alternate), North Carolina

ASHP COMMITTEE ON NOMINATIONS

Mister Chair, Fellow Delegates:

The Committee on Nominations consists of seven members of ASHP who are appointed by the Immediate Past President. The Committee is charged with the task of presenting to you our best judgments about those persons who possess the tangible and intangible attributes of leadership that qualify them to serve as our officers and directors.

Selection of nominees for ASHP office involves a series of very challenging decisions on the part of the Committee. Ultimately, those decisions are intended to permit the membership to select leaders with the professional, intellectual, and personal qualities of leadership that will sustain the dynamism and pioneering spirit that have characterized both ASHP and its more than 60,000 members who provide patient care service across the entire spectrum of care.

First, the Committee must determine that a prospective nominee for office is an active member as required in the Charter. This is generally the easiest and most straightforward part of the Committee's work. The Committee must ascertain that each prospective nominee can perform the duties required of the office or offices to which he or she has been nominated. All nominees must be able to perform the duties of a Director, set forth in article 5 of the Bylaws. Presidential nominees must also be able to perform the duties of that office, set forth in article 4 of the Bylaws.

The more difficult part of the Committee's work is to assess those intangible qualities of emotional intelligence (empathy, self-awareness, self-regulation, social skills, and motivation), leadership, vision, engagement, and overall professional awareness that characterize the standout candidates – those truly able to provide leadership for ASHP and the profession. The Committee assesses the attributes of prospective candidates for office in areas such as:

- Professional experience, career path, and practice orientation.
- Leadership skills and leadership experience including but not limited to the extent of leadership involvement in ASHP and its affiliates.
- Knowledge of pharmacy practice and vision for practice and ASHP.
- Ability to represent ASHP's diverse membership interests and perspectives.
- Communication and consensus building skills.

There are no right or wrong answers to these criteria. Certain qualities may be weighed differently at various points in the evolution of the profession.

The Committee's year-long process of receiving nominations and screening candidates is designed to solicit extensive membership input and, ultimately, to permit the Committee to candidly and confidentially assess which candidates best fit ASHP's needs. The Committee has met three times since the last session of the House of Delegates: on December 12, 2024, at the ASHP Midyear Clinical Meeting; on February 13, 2025, via teleconference; and in person on April 16, 2025, at ASHP Headquarters. Review of nominees' materials was conducted continuously between February and April 2025 solely via secure electronic transmissions. This process has been reviewed for quality improvement and will be repeated for the 2025–2026 nomination cycle.

As in the past, the Committee used various means to canvass ASHP members and state affiliates for candidates who they felt were most qualified to lead us. All members were invited via announcements in ASHP News and Daily Briefing, social media, online ASHP NewsLink bulletins, and the ASHP website to submit nominations for the Committee's consideration. Nominations from affiliated state societies were solicited through special mailings and the "state affiliate" edition of the online NewsLink service.

Based upon recommendations from membership, state affiliates, and ASHP staff, the Committee contacted over 903 individuals identified as possible candidates. Some individuals were invited to accept consideration for more than one office. Of the nominees who responded to the invitation to place themselves in nomination, the breakdown by office is as follows:

PRESIDENT-ELECT: 5 accepted

BOARD OF DIRECTORS: 8 accepted

A list of candidates that were slated was provided to delegates following the Committee's meeting on April 16, 2025.

The Committee is pleased to place in official nomination the following candidates for election to the indicated offices. Names, biographical data, and statements have been distributed to the House.

President-Elect (2026-2027)

Kim W. Benner, PharmD, BCPS, FALSHP, FASHP, FPPA (Birmingham, AL)

Vivian B. Johnson, BS, PharmD, RPh, MBA, FASHP (Dallas, TX)

Board of Directors (2026-2029)

Davey P. Legendre, PharmD, MBA, BCPS, BCIDP, FASHP, (Watkinsville, GA)

Christy M. Norman, PharmD, MS, BCPS, CPEL, FASHP (Atlanta, GA)

Christopher M. Scott, PharmD, BCPS, FASHP, FCCM (Indianapolis, IN)

Martin J. Torres, PharmD, FCSHP (Orange, CA)

Mister Chair, this completes the presentation of candidates by the Committee on Nominations. Congratulations to all the candidates.

CANDIDATES FOR PRESIDENT-ELECT 2026–2027

Kim W. Benner, PharmD, BCPS, FALSHP, FASHP, FPPA (kwbenner@samford.edu) is a professor of pharmacy practice at the Samford University McWhorter School of Pharmacy, and pediatric clinical specialist at Children's of Alabama (COA). Upon graduating from Samford, she completed a residency and then pursued a joint pediatric/academic role. Benner has both didactic (i.e., pediatrics, health-system pharmacy, medical missions) and experiential teaching experience with many medical learners. Practice experience includes 25+ years providing direct patient care in pediatric intensive care and pulmonary units working with multidisciplinary teams. She precepts PGY1 and PGY2 residents, participates in the resident mentoring program, and has served on numerous practice site interdisciplinary committees. At Samford, she is SSHP faculty advisor, admissions committee chair, serves on mentoring and recruiting cores, coordinates a teaching and learning program for local residents, and directs pharmacy camp. Advocacy efforts include 340B transparency, PBM reform, step therapy, and provider status. Her research centers around pediatrics and pharmacy education.

Benner's current ASHP service includes: participation in section and ASHP Foundation committees and advisory groups, Clinical Skills Competition (CSC) judge, student leadership award selection committee, CV reviewer, and guided mentorship program. Past ASHP activities include Board of Directors (2021-24), Section of Clinical Specialists and Scientists chair, CSC coordinator, and chair of Committee on Nominations and Council of Therapeutics. ASHP state affiliate (ALSHP) activities currently include student affairs committee. She also served ALSHP as delegate, president, and council director. Benner has authored an ASHP guideline and therapeutic position statement and has earned service awards. She is a fellow of ALSHP and ASHP.

Statement of Philosophy

ASHP has been my professional home for 30 years, from the time I was a pharmacy student and founded Samford's ASHP student chapter. I have actively participated in ASHP via the board of directors, section and council work, delegate, and my state affiliate, including serving as past president. These activities help me fulfill ASHP's mission of supporting our members to achieve optimal patient health outcomes.

My career as a pharmacist has focused on providing direct pediatric patient care. Therefore, I envision a pharmacy practice that delivers patient-centered team care inclusive of pharmacists deployed in all areas of the health system, technicians with advanced roles, and pharmacy support staff. We should continue developing this workforce, with enhanced emphasis on well-being initiatives. Pharmacy services within new or unique models of care should be strengthened. Recruiting for our profession and mentoring others is crucial for the future of pharmacy. Advocacy efforts should continue to focus on improving patient access, seeking pharmacist provider status, and protecting 340B programs for health systems, such as the hospital where I practice.

I value the opportunity to care for patients while practicing what I teach to pharmacy and medical learners. I am proud to have participated in key pharmacy health-system initiatives that have strengthened our profession during my career and time in ASHP leadership. Serving as president to continue working with the board of directors, maintaining our forward momentum, and striving for excellence in care for the patients we serve, would be my greatest professional honor.

Vivian B. Johnson, BS, PharmD, RPh, MBA, FASHP (Vivian.Johnson@phhs.org) is the senior vice president of Community Health Services and senior pharmacy advisor for Parkland Health in Dallas, Texas. Johnson provides executive oversight of Parkland's Community Health Needs Assessment Program (CHNA), value-based payment programs, community health workers, and serves as the senior pharmacy advisor and authorizing officer for the 340B Program.

Prior to accepting the role as overseer of the CNHA Program, Johnson served as the senior vice president of clinical services at Parkland Health overseeing pharmacy, radiology, respiratory, clinical dietary, physical medicine & rehabilitation and laboratory services.

She has spent over 39 years providing healthcare services to the underserved in Dallas County. Under Johnson's leadership, many pharmacy programs have been developed including the 340B program. She served as a subject matter expert on COVID-19 vaccines for the Dallas community and congressional constituents.

Johnson attended Florida Agricultural & Mechanical University, School of Pharmacy. She attained her Doctor of Pharmacy degree from Mercer University in Atlanta, Georgia and an MBA from University of Dallas.

Johnson has been the recipient of many awards, including the Texas Pharmacy Leadership Award. She has served on the TSHP Professional Affairs Council and the Leadership Section. Johnson is a long-term member of the American Society of Health-System Pharmacists and a fellow of ASHP. Johnson has served on the ASHP Residency Excellence Awards Committee, the Council on Pharmacy Management and Taskforce. She was appointed to the Pharmacy Executive Leadership Alliance Advisory Panel and the ASHP Forecast 2022 Advisory Committee. Johnson serves on the ASHP Board of Directors.

Statement of Philosophy

Three fundamental philosophies shape and drive my personal and professional decisions:

- 1. I firmly believe in recognizing the inherent worth of every individual, irrespective of their role or position. Our shared humanity makes us equal, and each of us has the capacity to contribute positively to society. I am deeply committed to living my life to the fullest while empowering others to do the same.*
- 2. I have never been content with maintaining the status quo. My choice of pharmacy as a profession was guided by my desire to make a meaningful difference in the lives of others. I am dedicated to improving processes and conditions that yield beneficial outcomes and advocate for collaboration—both within and beyond the field of pharmacy—to drive collective success.*
- 3. I embrace the philosophy of servant leadership, finding fulfillment in assisting others in realizing their potential. Great leadership, to me, lies in uplifting and inspiring others to reach their personal and professional aspirations. This mindset has enabled me to guide, encourage, and empower individuals.*

CANDIDATES FOR BOARD OF DIRECTORS 2026-2029

Davey P. Legendre, PharmD, MBA, BCPS, BCIDP, FASHP (legendred@pharmdondemand.com) is the vice president of pharmacy management for PharmD on Demand in Watkinsville, GA. In this role, he operates 45 hospital and outpatient pharmacies in four states, largely in rural settings, and focuses on bringing the highest quality of care to this population.

Legendre earned his PharmD from the University of Louisiana at Monroe and completed a pharmacy practice residency at West Virginia University. He completed his infectious diseases residency at The University of Mississippi and his Master of Business Administration from Western Governors University. He is also designated a Fellow of ASHP.

Legendre's service to ASHP includes the Council on Pharmacy Management (2022-2025), chair of the Section Advisory Group on Value, Quality, and Compliance (2022-2025, Chair 2024-2025), and Georgia representative in the House of Delegates (2023-2025). He has served on the board of directors of the Georgia Society of Health-System Pharmacists (GSHP) for ten years, including chair of the board (2024), president (2023), president elect (2022), treasurer (2025), and co-chair of Organizational Affairs (2016-2021). Legendre is the recipient of numerous awards, including the Hirschman Award for pharmacy excellence, the Clinician of the Year as a clinical pharmacist, and the Co-Chair of the Year for GSHP.

Statement of Philosophy

Patients have access to an unprecedented amount of information and advice about their healthcare, and the pharmacist role as a trusted advisor to the patient and to the public is as important as ever. For the patient, the pharmacist is uniquely positioned to optimize care through appropriate selection, dosing, initiation, and de-escalation of therapy as well as throughout transitions of care. For the public, the practice of pharmacy serves as a crucial extension of access to healthcare and trusted information, and with continued advocacy, we can use our unique expertise and perspective to improve public health as providers.

Provider status for pharmacists will allow for reimbursing and staffing for cognitive abilities as well as extend the reach of healthcare. Outpatient pharmacists are reimbursed based on prescription volume while inpatient pharmacists are commonly staffed on models such as doses dispensed. Pharmacy practice is at its best when medication is optimized for the patient, and provider status will encourage a patient-centered model with an extended footprint.

Pharmacists also serve as trusted advisors to our legislators and government agencies, and our advocacy efforts remain a cornerstone of our organization. As a highly regulated industry, it is important that pharmacists tell our story of how our practice impacts the lives of our patients and our communities. Continued advocacy is necessary to maintain pharmacist autonomy and discourage unfair business practices that limit patient access, increase costs, and destabilize important programs.

Christy M. Norman, PharmD, MS, BCPS, CPEL, FASHP (Christy.norman@emoryhealthcare.org) serves as senior vice president of pharmacy at Emory Healthcare. In her role as the senior executive, she leads the strategic direction for practice across the continuum of care, promoting best practices and innovative solutions. Norman is also committed to pharmaceutical education, acting as a preceptor and mentor to pharmacy students and residents, as well as contributing as a guest lecturer on medication effectiveness and safety.

Norman earned her PharmD from the University of Georgia and obtained an MS degree in health system pharmacy administration during her PGY1/PGY2 health-system pharmacy administration residency at The Ohio State University/Wexner Medical Center. She furthered her professional development in leadership through participation in the Emory University Woodruff Leadership Academy.

An active member of the ASHP state affiliate, Norman holds the position of past-president and currently co-chairs the legislative committee. Her engagement with ASHP includes various leadership roles, including chair of the Pharmacy Executive Leadership Alliance (PELA) advisory committee, member of the Pharmacy Practice Accreditation Commission, past chair of the Council on Pharmacy Practice Management, past chair of the Multi-Hospital Pharmacy Executives Committee, and Georgia representative to the House of Delegates. Norman has been recognized as a fellow and earned the designation of Certified Pharmacy Executive Leader.

Norman has received numerous accolades for her contributions to the pharmacy profession, including being named a UGA College of Pharmacy Distinguished Alumni and recipient of the William T. Robie Inclusive Excellence Award.

Statement of Philosophy

The landscape and dynamics for healthcare delivery are continually evolving, with pharmacy playing an essential role in developing adaptive solutions. Addressing current challenges while anticipating future opportunities requires leadership, agility, and a proactive approach. A pharmacy colleague once described the profession as being “multilingual” because we must possess expertise in operations, finance, technology, care delivery, and quality/safety, among other areas. Furthermore, pharmacists collaborate with patients, providers, nurses, clinical support professionals, administrative/financial teams, and payors across the continuum of care, always prioritizing patient-centered outcomes. This multidisciplinary perspective has consistently earned the pharmacy profession a trusted position within healthcare.

The moment demands an invigorated and connected workforce that values contributions from all team members, including students, residents, technicians, pharmacists, and support staff. The experience of seasoned practitioners combined with the fresh perspectives of eager new practitioners creates an ideal balance to reconcile past successful practices with future needs.

National statistics predict a shortfall of over 17,000 pharmacists by 2037. ASHP launched the “We’re Your Pharmacist” campaign to spread awareness about the crucial role of pharmacists in delivering safe, effective, and accessible medications. Additionally, the quality of care we provide is strengthened by the positive contributions of a well-trained pharmacy technician workforce. Whether it be navigating costly novel therapeutics, drug shortages, new healthcare policies, or advancements in

technology, our patients and communities will be seeking the expertise of our teams. They are counting on us. This is our calling, our mission, and our time.

Christopher M. Scott, PharmD, BCPS, FASHP, FCCM (Christopher.Scott@eskenazihealth.edu) serves as the chief clinical operating officer at Eskenazi Health, Indianapolis, IN. Scott earned his BS and PharmD from Purdue University and completed a PGY1 pharmacy residency and a PGY2 critical care residency at Indiana University Health. He is board-certified in pharmacotherapy and recognized as a fellow with the American College of Critical Care Medicine and ASHP (American Society of Health-System Pharmacists).

Additionally, Scott holds an adjunct clinical faculty appointment at Purdue University College of Pharmacy and Indiana University School of Medicine. Before his executive roles, he practiced as a clinical pharmacy specialist in trauma/surgical critical care and directed PGY1 and PGY2 residency programs at Eskenazi Health. His professional interests include postgraduate pharmacy training, patient safety, clinical service advancement, promoting healthcare equity, and growing future leaders.

He has a longstanding record of service to ASHP, including roles on the Council on Pharmacy Management, as an ASHP Forecast Advisory Committee member and chapter author, on the Commission on Credentialing, in the House of Delegates, with the International Accreditation Commission, and on the Pharmacists in the C-Suite Advisory Panel. He has also served as a practitioner surveyor for over 50 residency programs nationwide.

Statement of Philosophy

I'm a "focus on the fix, get out of our own way" leader who believes pharmacy's future depends on empowering people, acting authentically, and removing barriers limiting our potential. Throughout my career—from bedside clinician to classroom instructor to executive leader—I have witnessed the transformative impact of the pharmacy workforce when we are trusted, supported, and equipped to lead.

My leadership philosophy is grounded in empathy, efficiency, accountability, and altruism. Whether I am developing residency programs, expanding clinical services, or mentoring future leaders, my focus has always been clear: put people first, concentrate on meaningful action, and propel pharmacy forward with purpose.

I envision a future where pharmacy practice is inclusive, technologically advanced, and centered on equitable access to care. Building a thriving workforce culture where every pharmacist, learner, and technician can contribute and succeed is critical to achieving that vision. We must prioritize innovation, workforce well-being, and breaking down the regulatory and cultural barriers that slow our progress.

I am committed to leading with integrity, collaboration, and a relentless drive to elevate pharmacy's role in healthcare. Most importantly, I am committed to working alongside you to shape a future where pharmacy propels healthcare forward. I am honored to offer my experience, passion, and voice to the ASHP Board of Directors candidate pool to help shape our profession's bold, inclusive, and action-driven future.

Martin J. Torres, PharmD, FCSHP (martit3@hs.uci.edu) is a director of pharmacy at UC Irvine (UCI) in Orange, California with administrative oversight of quality, safety, education, and research. Torres provides executive leadership in strategic planning, medication safety, regulatory compliance, formulary review, preceptor development, PGY1/2 residency programs, and investigational drug trials in addition to serving on the UC Irvine Health Council on Diversity, Equity, and Inclusion.

Torres is also an adjunct professor of pharmacology and pharmacology curriculum coordinator at the Southern California College of Optometry in Fullerton and on faculty at the UCI School of Pharmacy and Pharmaceutical Sciences.

Torres received his PharmD from the USC School of Pharmacy, completed a residency at LAC/USC Medical Center, and while providing direct patient care, established clinical programs in several community hospitals. In leadership roles in academic and hospital medical centers with increasing responsibilities, Torres was privileged to lead teams in acute care and outpatient settings in developing patient care services across multiple transitions of care.

Torres has been an active member of ASHP for 40 years with his most recent service including the Commission on Affiliate Relations (2022-current), member, meeting with legislators during Policy Week, and California delegate to the ASHP House of Delegates (2018-2021). He has been very active with the 4,000 member California Society of Health System Pharmacists (CSHP) as chair House of Delegates (2018-2021), co-chair/member Committee on Professional Affairs (2014-2017), president, Orange County Society of Health System Pharmacists (2017-2018), frequent speaker at state meetings, member of state conference planning committees, and being recognized as a fellow of CSHP.

Statement of Philosophy

Join with me as we control the narrative on our profession and reinforce our identity as medication management experts with an expertise in patient safety! ASHP's leadership has provided a platform for telling our story, but do all pharmacy organizations articulate our value with the same sharp focus? We must continue our leadership role on how our profession is promoted to the patients we serve and the policy makers who determine payment. It is imperative we drive unified messaging across all pharmacy organizations highlighting "taking care of patients is what we do" and avoid confusing terminology which diminishes our role in patient care.

We must use our training as clinical scientists with patient care experience to develop healthcare leaders not only for the pharmacy enterprise, but as CEOs, COOs, vice presidents of quality, patient safety, and population health management (PHM). If not a pharmacist, then who?

Let's further standardize the pharmacist's role in medication histories in all settings, TOC within and between health systems with handoffs to community pharmacies, telepharmacy, and promote research which provides statistically significant evidence for the value of pharmacy on outcomes and not solely cost reduction.

We must establish an unequivocal role for pharmacy in PHM, independent of medication dispensing, based on medication and medical history/lab reviews at every patient interaction.

Additionally, we need to define our responsibilities in pharmacogenomics, gene and cellular therapies, and artificial intelligence.

Together we can do this! Please send me a note to share your thoughts.