



**State of New Jersey**  
**DEPARTMENT OF HEALTH**  
 PO BOX 360  
 TRENTON, N.J. 08625-0360  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

JUDITH M. PERSICILLI, RN, BSN, MA  
*Acting Commissioner*

**Alternative Treatment Center Reviewer Scoresheet – Team 2**

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number:   1  

Applicant Name:   CANNIBLOGIC MED NJ, LLC  

Application Control Number:   19-0019   Application Type (  E, N, D  ):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
<b>Criterion 6</b>		
<b>Measure 1: Cultivation plan</b>		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	
6.1.3: Methods to control insects that do not include the application of pesticides.	20	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	

**Measure 2: Manufacturing plan**

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
<b>6.2.2:</b> Experience/education in biochemistry, laboratory science, engineering and cannabinoid extraction methods.	20	
<b>6.2.3:</b> Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	
<b>6.2.5:</b> Health and safety standards for lab employees.	20	

**Measure 3: Dispensary plan**

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	19
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	17
<b>6.3.3:</b> Patient education and counseling methods.	15	12
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	11
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	12
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	13

By checking this box, I hereby certify that I, Reviewer 1, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Alternative Treatment Center Reviewer Scoresheet – Team 1

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Reviewer Number: 2

Applicant Name: Chronologic

Application Control Number: 19-0019 Application Type (C, V, D):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
<b>Criterion 1</b>		
Measure 1: Security Plan	10	3
Measure 2: Environmental impact plan	10	3
Measure 3: Quality control and quality assurance plan	10	2

**Criterion 2**

Measure 1: Background of principals, board members, and owners:	20	9
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**Criterion 3**

Measure 1, Financing plan:	20	13
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Criterion 4.

Measure 1, Ties to the local community:	20	12
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Criterion 5.

Measure 1, Research contributions:	10	2
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Total (add up all assigned scores)	100	44
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By checking this box, I hereby certify that I, Reviewer 2 completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Alternative Treatment Center Reviewer Scoresheet – Scorer 3-2

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Reviewer Number: 3

Applicant Name: Chroni Logic Med NJ LLC

Application Control Number:  
19-0019

Application Type (C, V, D):

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 3: Minority-owned, women-owned or veteran-owned business certification	30	1
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By checking this box, I hereby certify that I, Reviewer 3, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Scorer 3-3**

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**Reviewer Number:** 4

**Applicant Name:** CHRONOLOGIC MED NJ LLC CENTRAL

**Application Control Number:** 19-0019      **Application Type (C, V, D):** (D)

<b><u>Measure/Criterion</u></b>	<b><u>Total Possible Points</u></b>	<b><u>Assigned Score</u></b>
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**Criterion 7**

<b>Measure 4: Workforce and job-creation plan</b>	20	15
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By checking this box, I hereby certify that I, Reviewer 4, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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*Completed &  
sent 11/5/21*

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 Acting Commissioner

**Alternative Treatment Center Reviewer Scoresheet – Team 1**

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Reviewer Number: 5

Applicant Name: Chronologic Med NJ LLC d/b/a Chronologic

Application Control Number: 19-0019 Application Type (C, V, D): (D)

**Measure/Criterion**    **Total Possible Points**                      **Assigned Score**

**Criterion 1**

<b>Measure 1: Security Plan</b>	10	7
<b>Measure 2: Environmental impact plan</b>	10	7
<b>Measure 3: Quality control and quality assurance plan</b>	10	7

**Criterion 2**

<b>Measure 1: Background of principals, board members, and owners:</b>	20	17
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**Criterion 3**

<b>Measure 1, Financing plan:</b>	20	18
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**Criterion 4.**

<b>Measure 1, Ties to the local community:</b>	20	18
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**Criterion 5.**

<b>Measure 1, Research contributions:</b>	10	9
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<b>Total (add up all assigned scores)</b>	100	83
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By checking this box, I hereby certify that I, Reviewer 5, completed a full review of the assigned measures in this application and that these scores represent my work alone.





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Alternative Treatment Center Reviewer Scoresheet – Team 1

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Reviewer Number: 6

Applicant Name: Chronilogic Med NS LLC Central

Application Control Number: 19-0019 Application Type (C, V, D)

Measure/Criterion                      Total Possible Points      Assigned Score

Criterion 1

Measure 1: Security Plan	10	7
Measure 2: Environmental impact plan	10	8
Measure 3: Quality control and quality assurance plan	10	9

Criterion 2

Measure 1: Background of principals, board members, and owners:	20	20
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Criterion 3

Measure 1, Financing plan:	20	18
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**Criterion 4.**

Measure 1, Ties to the local community:	20	20
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**Criterion 5.**

Measure 1, Research contributions:	10	9
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Total (add up all assigned scores)	100	91
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By checking this box, I hereby certify that I, Reviewer C, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Scorer 3-1**

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 7

Applicant Name: Chronologic Med NJ LLC

Application Control Number: 19-0019

Application Type (C, V, D):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
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Criterion 7

Measure 1: Labor Peace Agreement	30	<u>30</u>
Measure 2: Labor Compliance Plan	20	<u>20</u>

By checking this box, I hereby certify that I, Reviewer 7, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Team 2**

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 8  
 Applicant Name: Chronilogic  
 Application Control Number: 19-0019 Application Type (C, V, D):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
<b>Criterion 6</b>		
<b>Measure 1: Cultivation plan</b>		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	
6.1.3: Methods to control insects that do not include the application of pesticides.	20	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	

**Measure 2: Manufacturing plan**

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
6.2.2: Experience/education in biochemistry, laboratory science, engineering and cannabinoid extraction methods.	20	
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	
6.2.5: Health and safety standards for lab employees.	20	

**Measure 3: Dispensary plan**

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	12
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	13
6.3.3: Patient education and counseling methods.	15	9
6.3.4: Employee education procedures for patient-facing staff members.	15	8
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	9
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	11

By checking this box, I hereby certify that I, Reviewer 8, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Team 2**

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Reviewer Number: 9

Applicant Name: CHRONOLOGIC MED NJ

Application Control Number: 19-0019 Application Type (C, V, **D**):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
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**Criterion 6**

**Measure 1: Cultivation plan**

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	
6.1.3: Methods to control insects that do not include the application of pesticides.	20	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	

**Measure 2: Manufacturing plan**

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
6.2.2: Experience/education in biochemistry, laboratory science, engineering and cannabinoid extraction methods.	20	
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	
6.2.5: Health and safety standards for lab employees.	20	

**Measure 3: Dispensary plan**

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	16
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	13
6.3.3: Patient education and counseling methods.	15	10
6.3.4: Employee education procedures for patient-facing staff members.	15	11
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	10
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	11

By checking this box, I hereby certify that I, Reviewer G, completed a full review of the assigned measures in this application and that these scores represent my work alone.