



State of New Jersey
DEPARTMENT OF HEALTH
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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

Request for Applications Reviewer Certification of No Conflict of Interest

I, [REDACTED], an employee of the Department of HEALTH, will participate in the Medicinal Marijuana Program Request for Applications – Alternative Treatment Centers Review Committee (“Review Committee”) with the New Jersey Department of Health (DOH). In my capacity as a Review Committee member, I understand and agree that my duties include the impartial review and scoring of applications for permits to cultivate and dispense medicinal marijuana under the authority of the Department of Health, Division of Medicinal Marijuana.

The Department of Health has provided me with a list of the applications to be reviewed.

By signing this document below, I certify and attest the following:

I have read this certification and have reviewed the attached list of entities and associated principals, partners, investors, members, board members, directors, trustees and officers. I have no personal bias, and neither I nor my immediate family as defined in N.J.S.A. 52:13D-13 has any financial interest or relationship, in any of the listed entities or principals. I further agree that if in the course of performing my duties as a Review Committee member I discover or determine that I have a relationship that may conflict or appear to conflict with my duties as a Review Committee member, that I will recuse myself from the Review Committee and immediately notify the Commissioner of the Department of Health, or his designee.

[REDACTED]
Print Name

[REDACTED]
Signature

9/10/2013
Date