

State of New Jersey

DEPARTMENT OF HEALTH

PO BOX 360 TRENTON, N.J. 08625-0360

Governor
SHEILA Y. OLIVER
Lt. Governor

Reviewer Number: __/___

PHILIP D. MURPHY

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Team 2</u>

Applicant Name: THE LAW DFFICES of JULIANA DIAZ, LCC			
Application Control Number: 19-0014 Application Type (0, X, D)			
Measure/Criterion	Total Possible Points	Assigned Score	
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 biochemisty, 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	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	18
6.3.3: Patient education and counseling methods.	` 15	14
6.3.4: Employee education procedures for patient-facing staff members.	15	14
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		14
6.3.6: Explanation of how the proposed dispensary location expands access to patients	. 15	14
and caregivers.	15	/3

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



PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 1

Reviewer Number: 2	· ·	
Applicant Name: Law Office Application Control Number: Measure/Criterion	1 of Joran	uc WHC
Application Control Number:	Application Type	(C, V, Ø):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1	* .	
Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	8
Criterion 2	·	
Measure 1: Background of principals, board members, and owners:	20	17
Criterion 3		
Measure 1, Financing plan:	20	20
•		

Criterion 4.

Measure 1, Ties to the local community:	20	9
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	68

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



PO BOX 360 TRENTON, N.J. 08625-0360

www.nj.gov/health

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet – Scorer 3-2</u>

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.

adia opio to be concerned by = ori		
Reviewer Number: 3		•
Applicant Name: The Law OFFic	ies of Julia	na Diez LLC
Application Control Number:	Application Type (C	s, v, ⑥)
Measure/Criterion	<u>Total Possible</u> <u>Points</u>	Assigned Score
Criterion 7		
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30

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.



PO BOX 360

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

TRENTON, N.J. 08625-0360 www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet – Scorer 3-3</u>

Reviewer Number:		
Applicant Name: THE LAW OFFICE S	OF THIANA DIA	Z. LLC.
Application Control Number: 19-0014 Application Type (C, V, D):		
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	generates to
By checking this box, I hereby certify that I, Reviewer, completed a full review of the assigned measures in this application and that these scores represent my work alone.		



Completed 1/4/21

PHILIP D. MURPHY

SHEILA Y. OLIVER

PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 1

Reviewer Number: 5 The Law-offices of Juliana Diaz, LLC Applicant Name: Applicant Name: Applicant Name: Applicant Name:				
Applicant Name:	Applicant Name: dba NJ Hollstic Care			
Application Control Number: $/9-0$	014 Application Type	(C, V, D):		
Measure/Criterion	Total Possible Points	Assigned Score		
Criterion 1				
Measure 1: Security Plan	10	9		
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	18		
Criterion 3				
Measure 1, Financing plan:	20	19		

Criterion 4.

Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	88

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.



State of New Jersey

DEPARTMENT OF HEALTH

PO BOX 360 TRENTON, N.J. 08625-0360

www.nj.gov/health

Governor SHEILA Y. OLIVER Lt. Governor

PHILIP D. MURPHY

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 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:		
Applicant Name: Law office > &		
Application Control Number: \(\frac{1}{2-66}\)	Application Type	(C, V,/D):
Measure/Criterion	Total Possible Points	Assigned Score

Criterion 1

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

Criterion 2

	1	
Measure 1: Background of	20	
principals, board members, and		10
owners:		Ü

Criterion 3

Measure 1, Financing plan:	20	70
	•	[

Criterion 4.

Measure 1, Ties to the local	20	
community:		Ze

Criterion 5.

Measure 1, Research contributions:	10	٩	
Total (add up all assigned scores)	100	90	

By checking this box, I hereby certify that I, Reviewer <u>\$\int_{\phi}\$</u>, completed a full review of the assigned measures in this application and that these scores represent my work alone.



PO BOX 360 TRENTON, N.J. 08625-0360

www.nj.gov/health

Governor
SHEILA Y. OLIVER
Lt. Governor

PHILIP D. MURPHY

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1</u>

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:		
Applicant Name: The LAW Office	es of Juliana DIA	Z, LLC
Application Control Number:	Application Type (C	
19-0014 Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7	•	
Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		
	20	20
/		

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



State of New Jersey

DEPARTMENT OF HEALTH

PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 2

Reviewer Number:	. 1	
Applicant Name: Law Office of Julia	Spill annu	
Application Control Number: (- 00/ 4	application Type (c, v,(b).
	<u>Total</u> Possible	Assigned
Measure/Criterion	Points	Score Score
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	5	
Totalou to the cultivation of mountain cultivation	20	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those		

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 biochemisty, 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.	
onipioyood.	20

Measure 3: Dispensary plan

100

20	14
20	14
15	11
15	70
15	12
15	12
	20 15 15

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



PO BOX 360 TRENTON, N.J. 08625-0360

www.nj.gov/health

Governor
SHEILA Y. OLIVER
Lt. Governor

Reviewer Number: ____

PHILIP D. MURPHY

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Team 2</u>

Applicant Name: LAW OFFICE OF JULIANA DIAZ		
Application Control Number: <u>(역 - ৩이니</u> Application Type (C, V, ⑥:		
Measure/Criterion	Total Possible Points	Assigned Score
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	1
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 biochemisty, 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	(8
6.3.2: Experience/education in the treatment of		
patients with qualifying health conditions.	20	17
6.3.3: Patient education and counseling methods.		
	15	13
6.3.4: Employee education procedures for		
patient-facing staff members.	15	13
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
	15	14
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		:
and caregivers.	15	15

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