

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number: __/___

www.nj.gov/health

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

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

Applicant Name: Community WEULESS	CONTEL OF N	AT LLC
Application Control Number: <u>/9-000</u> App	olication Type 🎉	2.N(D))
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	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	/7
6.3.2: Experience/education in the treatment of		
patients with qualifying health conditions.	20	14
6.3.3: Patient education and counseling methods.		
	15	14
6.3.4: Employee education procedures for patient-facing staff members.		
	15	/3
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
	15	12
6.3.6: Explanation of how the proposed dispensary location expands access to patients 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.



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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

hard copies to be collected by DOH.	and apious to	sharepoint. Retain
Reviewer Number:		
Applicant Name: Community	Wellness	
Application Control Number: 19-90	•	(C, V, Đ):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1	·	
Measure 1: Security Plan	10	8
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	-
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	18
Criterion 3		
Measure 1, Financing plan:	20	20.
		

Criterion 4.

Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10 .	3
Total (add up all assigned scores)	100	8/

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.



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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER

Reviewer Number: 3

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.

Applicant Name: Community	Wellness	Center	of NJ
Application Control Number: 9-000 9 Measure/Criterion	Application Total Poper Points	on Type (C, V ssible	Assigned Score
Criterion 7			. *
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30	25
	-	7	

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.

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

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

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

Reviewer Number:		
Applicant Name: COMMUNITY WELL	JESS CENTER OF	・ハブ
Applicant Name: Community Welluess Center of NJ Application Control Number: 19-0009 Application Type (C, V, D):		
<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	14
By checking this box, I hereby certify to review of the assigned measures in this a represent my work alone.	that I, Reviewer, cor pplication and that these	mpleted a full e scores



MARION

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Measure 1, Financing plan:

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

<u>Alternative Treatment Center Reviewer Scoresheet - Team 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.

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Reviewer Number: 5	, , , , , , A : A	de granden
Applicant Name: Community	Wellness Center of	NI, LLC
Applicant Name: Community Application Control Number: 19-60	09 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	10
Measure 3. Quality control and quality assurance plan	10	8
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	90
Criterion 3		

20

C	ri	te	ri	O	n	4.
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Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	9/2

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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Governor
Sheila Y. Oliver
Lt. Governor

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: 🖟		
Applicant Name: (ommunty (Jellness Center of	FNJ
Application Control Number: \% -0	009 Application Type	(c, v <u>, b)</u> ;
Measure/Criterion	Total Possible Points	
Criterion 1		
Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	9
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	70
Criterion 3	•	
Measure 1, Financing plan:	20	lo

Criterion 4.

Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	76

By checking this box, I hereby certify that I, Reviewer 6, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Lt. Governor

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<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: Community Wellness Center			
Application Control Number: /9-0009	Application Type (C	, v (, D),	
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 1: Labor Peace Agreement	,		
	30	30	
Measure 2: Labor Compliance Plan			
	20	20	



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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

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

<u>Alternative Treatment Center Reviewer Scoresheet - Team 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.

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Reviewer Number: 8	ch f	
Applicant Name: Community Wellnes	is Center	
Application Control Number: (9-0009	Application Type (c, v(D)!
	<u>Total</u> Possible	Assigned
Measure/Criterion	<u>Points</u>	<u>Score</u>
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20

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safety in cultivation environments.

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for plant disease and other contamination.

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Measure 2: Manufacturing plan

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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	15
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	9
6.3.3: Patient education and counseling methods.	15	//
6.3.4: Employee education procedures for patient-facing staff members.	15	/3
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.	15	15

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Alternative Treatment Center Reviewer Scoresheet - Team 2

Applicant Name: COMMUNITY WELL	NESS CE	NIER OF M
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6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	00	18
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	15	15
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.	15	15
6.3.6: Explanation of how the proposed dispensary location expands access to patients		
and caregivers.		14
	15	·

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