

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt, Governor

Reviewer Number: __/___

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

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

Application Control Number: <u>/9-00/3</u> Application Type (C, X, D)			
Ĩ	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.		

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	18
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.	15	14
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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JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

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

scoring all the applications, scan the so hard copies to be collected by DOH.	coresheets and upload to	sharepoint. Retain
Reviewer Number:		
Applicant Name: Law Offices of Application Control Number:	J. Draz, W	-C NS Holish
Application Control Number:	Application Type	(C, V,🕞)
Measure/Criterion 9-00(=	S 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	8
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	
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	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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JUDITH M. PERSICHILLI, RN, BSN, MA

Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Scorer 3-2

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: 3 Applicant Name: THE Law Application Control Number: 19-0013	OFFICES OF Application Type	Juliana Diaz Lo
Measure/Criterion Criterion 7	Total Possible Points	Assigned Score
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30 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.



State of New Jersey

DEPARTMENT OF HEALTH

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: THE LAW OFFICES	OF JULIANA DIAZ	LLC	
Application Control Number: 19-0013	Application Type (C, \	/ , 6):	
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	grandenskaa.	
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
Governor

SHEILA Y. OLIVER

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

Reviewer Number: 5	A A .	110		
Applicant Name: The Law Offic	es of Juliana D	Jaz Holistic Care		
Application Control Number: $19-0013$ Application Type (C, V, D):				
Measure/Criterion	Total Possible Points	<u>Assigned Score</u>		
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	

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.

QC Crect.
Total:



State of New Jersey

DEPARTMENT OF HEALTH

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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor 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.

nard copies to be collected by DOH.			
Reviewer Number: 6			
Applicant Name: Law Offices of	Suliana Diaz LLC		
Application Control Number: 19-001	Application Type	(C, V(D):	
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 1			
Measure 1: Security Plan	10	0/	
Measure 2. Environmental impact plan	10	9	
Measure 3. Quality control and quality assurance plan	10	10	
	A Section Communication Commun		

Criterion 2

Measure 1: Background of	20	
principals, board members, and		70
owners:		_

Criterion 3

Measure 1, Financing plan:	20	70

Criterion 4.

Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	₹ 8

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



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SHEILA Y. OLIVER Lt. Governor

PHILIP D. MURPHY

Governor

Judith M. Persichilli, RN, BSN, MA Acting Commissioner

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: The LAW	VOFFices of Juliana DIAZ, LLC
Application Control Number:	Application Type (C, V, (b):
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

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Lt. Governor

0

PHILIP D. MURPHY

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

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

Reviewer Number: 0		, nativiti
Applicant Name: Law Office OF	Julianim Via	
Application Control Number: 19-0013	Application Type (C	c, v,(<u>D)</u> :
	<u>Total</u>	
Measure/Criterion	<u>Possible</u> <u>Points</u>	<u>Assigned</u> <u>Score</u>
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedur related to the cultivation of medical cannabis.	res 20	

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	14
6.3.3: Patient education and counseling methods.	15	Companies (Companies Companies Compa
6.3.4: Employee education procedures for patient-facing staff members.	15	10
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	12

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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SHEILA Y. OLIVER Lt. Governor

Reviewer Number: 9

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JUDITH M. PERSICHILLI, 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.

Applicant Name: LAW OFFICE OF JULIANA DIAZ

Application Control Number: (C-0013 Application Type (C, V,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.		1.72
	20	(8
6.3.2: Experience/education in the treatment of		
patients with qualifying health conditions.	20	(7
6.3.3: Patient education and counseling methods.		
	15	(3
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.		
	15	15

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