

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

PHILIP D. MURPHY
Governor
www.nj.gov/health

SHEILA Y. OLIVER Lt. Governor

Reviewer Number: \_\_/

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.

Applicant Name: <u>LIRCE THERAPEUTICS</u> , LLC			
Application Control Number: 19-005/ Application Type (C, V/D):			
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score	
Criterion 6			
Measure 1: Cultivation plan	•		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	· .	
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20		
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.	20		
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20		
<b>6.1.5:</b> 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 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	
<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	18
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	2
6.3.3: Patient education and counseling methods.		
	15	14
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	14
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
	15	7
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	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.



## State of New Jersey DEPARTMENT OF HEALTH

PO BOX.360

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> 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: 2		
Applicant Name: Circl Thera	peuhes	
Application Control Number	A	(C, V, D);
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		•
Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	3
Measure 3. Quality control and quality assurance plan	10	3
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	1/
Criterion 3		
Measure 1, Financing plan:	20	

### Criterion 4.

Measure 1, Ties to the local community:	20	.10
Criterion 5.		
Measure 1, Research contributions:	10	
Total (add up all assigned scores)	100	46

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

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Reviewer Number: 3			,	
Applicant Name: CIRCE	Therapeutics	LLC		
Application Control Number:	Application Ty	ype (C, V	( <b>D</b> ),	
19-0051	Total Possib	le		
Measure/Criterion	<u>Points</u>	<u>~</u>	Assigned Score	
Criterion 7				
Measure 3: Minority-owned, wo owned or veteran-owned busin certification	men- ess	30	25	

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

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Reviewer Number:		-	
Applicant Name: CIRCE THERAPEUT	TICS LLC		
Application Control Number: 19-6657	Application Type (C, \	v, <b>6</b> ):	
Measure/Criterion	<u>Total Possible Points</u>	<b>Assigned Score</b>	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	10	
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.			



## DEPARTMENT OF HEALTH

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## 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.

Applicant Name: Crce The	iapeuncs			
Application Control Number: 19-005/ Application Type (C, V(D):				
Measure/Criterion	Total Possible Points	Assigned Score		
Criterion 1				
Measure 1: Security Plan	10	/٥		
Measure 2. Environmental impact plan	10	10		
Measure 3. Quality control and quality assurance plan	10	9		
Criterion 2				
Measure 1: Background of principals, board members, and owners:	20	17		
Criterion 3				
Measure 1, Financing plan:	20	19		

### Criterion 4.

Measure 1, Ties to the local community:	20	18	
Criterion 5.			
Measure 1, Research contributions:	10	8	
Total (add up all assigned scores)	100	9/	
□ By checking this box, I hereby certify that I, Reviewer <u>5</u> , completed a full review of the assigned measures in this application and that these scores represent my work alone.			



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## <u>Alternative Treatment Center Reviewer Scoresheet – Team 1</u>

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hard copies to be collected by DOH.	r	1
Reviewer Number: $Q$		
Applicant Name: Circe Therapa	Hes LC	$\sim$
Application Control Number: \q-oc5	Application Type	(C, V(D):)
<u>Measure/Criterion</u>	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	10	10

#### Criterion 2

Measure 1: Background of	20	
principals, board members, and	·	1.0
owners:		

#### **Criterion 3**

Measure 1, Financing plan:	20	18
	<u> </u>	

#### 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	94

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#### **DEPARTMENT OF HEALTH**

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#### Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1

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Reviewer Number: 7	•	
Applicant Name: Circe There	apeutics	
Application Control Number:	Application Type (C, V, D):	
Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		.~
/	20	<u> </u>
		-
By checking this box, I hereby certif		

review of the assigned measures in this application and that these sc represent my work alone.



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## Alternative Treatment Center Reviewer Scoresheet - Team 2

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Reviewer Number: $\&$	. C	
Applicant Name: Circle Therapeuti	()	
Application Control Number: 19-0051	Application Type (	C, V,(D)
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score

#### Criterion 6

#### Measure 1: Cultivation plan

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

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<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	18
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	15
<b>6.3.3:</b> Patient education and counseling methods.	15	13
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	13
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	13
<b>6.3.6:</b> 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 \_\_\_\_\_\_, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Applicant Name: CIRCE THERAPEUTICS		
Application Control Number: <u>19-0051</u> Application Type (C, V,D):		
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
<b>6.1.2:</b> 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	
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	
<b>6.1.5:</b> 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	
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	
<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	20
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	18
<b>6.3.3:</b> Patient education and counseling methods.	15	14
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	15
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	13	12
	15	,

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