

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

Alternative Treatment Center Reviewer Scoresheet - Team 2

Applicant Name: Wonmouth WELLNESS A	D HEALTH	LLC	
Application Control Number: 19-0076 Application Type (8,7,6):			
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	***************************************	
···	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	6
6.3.2 : Experience/education in the treatment of patients with qualifying health conditions.		
patients with qualifying fleatin conditions.	20	18
6.3.3: Patient education and counseling methods.		
	15	12
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	//
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	14

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

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

hard copies to be collected by DOH.	scoresheets and upload to	sharepoint. Retain
Reviewer Number:		
Applicant Name: Monmont	h Wellness	+ Healine
Applicant Name: Monwoodd Application Control Number: 19-00	Application Type	(c, v, 6)?
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	q
Measure 2. Environmental impact plan	10	8
Measure 3. Quality control and quality assurance plan	10	6
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	16
Criterion 3		
Measure 1, Financing plan:	20	()
		<u> </u>

Criterion 4.

Measure 1, Ties to the local community:	20	14
Criterion 5.		
Measure 1, Research contributions:	10 .	3
Total (add up all assigned scores)	100	67

By checking this box, I hereby certify that I, Reviewer 2, 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

PHILIP D. MURPHY

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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: MONMOUTH	wellness & Healing	1 460
Application Control Number: 19-0076	Application Type (C, V,	():
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	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.



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PHILIP D. MURPHY
Governor

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Acting Commissioner

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

Reviewer Number: 4		
Applicant Name: MONMOUTH WELL		2
Application Control Number: 19-0076	Application Type (C, \	/ , 6) [!] :
Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	18
By checking this box, I hereby certify to review of the assigned measures in this a represent my work alone.		



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SHEILA Y. OLIVER
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PHILIP D. MURPHY

completed applied

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

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

Reviewer Number: 5		
Applicant Name: + 4 60761	Monmouth Wellness &	Healing LLC di
Application Control Number: 19-0076 Application Type (C, V(D):		(C, V(D);)
Measure/Criterion	Total Possible Points	<u>Assigned Score</u>
Criterion 1		
Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	10
Measure 3. Quality control and quality assurance plan	10	10
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	20
Criterion 3		
Measure 1, Financing plan:	20	19
	<u>L</u>	· · · · · · · · · · · · · · · · · · ·

Criterion 4.

Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	98

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

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PHILIP D. MURPHY Governor

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

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Reviewer Number: 🕝		
Applicant Name: Manmonth Us Application Control Number: 19-00	ellness and Healing 16 Application Type	LL((C, V, Ø))
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	(s
Measure 3. Quality control and quality assurance plan	10	9
1		,

Criterion 2

Measure 1: Background of	20	
principals, board members, and		19
owners:		` \

Criterion 3

Measure 1, Financing plan:	20	17

Criterion 4.

Measure 1, Ties to the local community:	20	10
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	95



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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: /		
Applicant Name: Monmooth Well,	1455 + HEALING	
Application Control Number:	Application Type (C	, V (D):
Measure/Criterion 9-007 6	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		
	30	20
Measure 2: Labor Compliance Plan	30	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.



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<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.

Reviewer Number:	8		
A	1.	 _ 1.	10 llago

Applicant Name: Monmouth Wellness

Application Control Number: 19-0076 Application Type (C, VD)

	<u>Total</u>	
	Possible	<u>Assigned</u>
Measure/Criterion	<u>Points</u>	<u>Score</u>

Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20
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6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20
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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.		
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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.		
employees.	20	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	16
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	16
6.3.3: Patient education and counseling methods.	15	12
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	9
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	14

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 - Team 2</u>

Reviewer Number:		
Applicant Name: MONMOUTH WEL	WESS t	HEALING
Application Control Number: 19-0076 App	olication Type (C, V(D):
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score
Criterion 6		
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	20	

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6.3.5 : Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
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6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	13

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