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ALTERNATIVE MEDICINE
ASSOCIATES

Alternative Medicine Associates
8899 Main Street, Suite #7
Williamsville, NY 14221
(716) 580-7208

NYS Department of Health
Howard Zucker MD,
Commissioner of Health NYS
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Commissioner Zucker:

Alternative Medicine Associates, LLC (AMA) hereby submits its application for initial registration as a registered organization for the purpose of manufacturing and dispensing approved medical marihuana products as permitted by Section 3369-a of the Public Health Law, Chapter XIII, Part 1004 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York.

Pursuant to NYCRR Part 1004.6: Consideration of Registered Organization Applications, we are confident that Alternative Medicine Associates, LLC has clearly demonstrated that we are more than capable to meet and exceed the registration requirements as defined in the regulations. Moreover, we have demonstrated to the State, through our submitted materials and documentation, that our full scale operation and capacity plans will adequately serve the needs of the qualified patient population here in New York.

AMA acknowledges that a crucial element in the spirit of the Compassionate Care Act is to ensure that approved medical marihuana products reach certified patients within six (6) months of the issuance of a registration.

To ensure this six (6) month timeline, Alternative Medicine Associates, LLC has raised sufficient funds to complete the first phase of this project, which at this time we believe is sufficient to meet initial demand. Furthermore, we will have renovated our manufacturing facility which will accommodate a phased execution of our Operating Plan by phasing in additional cultivation capacity within sixty days as demand increases. We would begin implementing our Operating Plan immediately upon registration issuance. This immediate access to existing funds enables us to uphold our commitment to have an approved medical marihuana product market ready by January 2016.

Our phased operations approach gives us a unique advantage. It allows us the ability to focus our immediate attention on portions of our manufacturing facility that are critical to beginning cultivation so that we can expedite and begin production immediately. Once we have initial crops underway, we will then bring the remaining portion of the manufacturing facility on-line for full scale production up to 100% capacity as product demand warrants.

Our timeline allows for easy scalability to support the phased execution of our Operating Plan. From the time of application submission to dispensing, each implementation phase is clearly outlined and can

easily be adjusted for scale to ensure the swiftness of approved medical marihuana products to market within the State's required six (6) month timeframe.

PROJECT DETAILS

DATE	MILESTONE
	Redacted pursuant to N.Y. Public Officers Law, Art. 6

Our Operating Plan includes a budget for the following items:

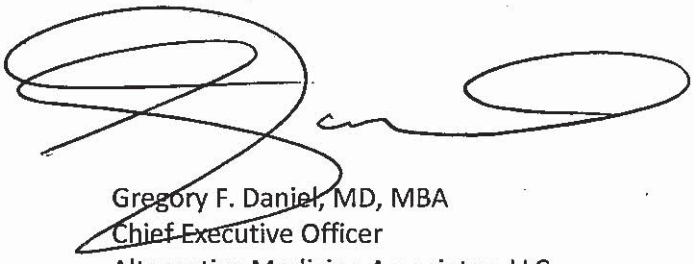
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Our Operating Plan will be completed with the current capital we have committed. We will have a fully functioning, productive manufacturing facility, which will deliver medical marihuana products in January 2016, sufficient to meet our projections of demand. Furthermore, should additional capacity be necessary, our current plan provides for acquisition of all the required equipment and material upon designation as a registered organization. As we approach full-scale operational capacity we would

require additional power, which is available and located less than 1/10 mile from the manufacturing facility.

On behalf of Alternative Medicine Associates, LLC we thank you for your consideration of our application for selection as a registered organization. We look forward to the medical advancement of marihuana treatment options for some of the debilitating conditions many in our communities suffer from with no current relief. We would consider it an honor to participate in providing them with the much needed treatment option of medical marihuana.

Respectfully Submitted,



Gregory F. Daniel, MD, MBA
Chief Executive Officer
Alternative Medicine Associates, LLC

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Section A: Business Entity Information

1. Business Name: Alternative Medicine Associates, LLC

2. Organization Type (choose one):
- [x] For-profit
- [ ] Non-profit

3. Business Type (choose one):
- [ ] Corporation
- [x] Limited Liability Company
- [ ] Sole Proprietorship
- [ ] General Partnership
- [ ] Limited Partnership
- [ ] Other:

4. Phone: (716) 580-7208

5. Fax: N/A

6. Email: gdaniel@luthuligroup.com

7. Business Address: 8899 Main Street,

8. City: Williamsville

9. State: NY

10. ZIP Code: 14221

11. Mailing Address (if different than Business Address):

12. City:

13. State:

14. ZIP Code:

Section B: Primary Contact Information

15. Name: Gregory Daniel MD, MBA

16. Title: CEO

17. Phone: [redacted]

18. Fax: N/A

19. Email: gdaniel@luthuligroup.com

20. Mailing Address: [redacted]

21. City: [redacted]

22. State [redacted]

23. ZIP Code: [redacted]

Section C: Proposed Manufacturing Facility Information

24. Proposed Facility Name: Kaya Facility

25. Proposed Facility Address: 665 Perry Street

26. City: Buffalo

27. State: NY

28. ZIP Code: 14210

29. County:
Erie County

30. Property Status (choose one):
- [ ] Owned by the applicant
- [ ] Leased by the applicant
- [x] Other: Under contract to purchase

If you checked "Other" above, describe the property status in the field provided.

31. Proposed Hours of Operation:

Monday:	7AM to 7PM	Friday:	7AM to 7PM
Tuesday:	7AM to 7PM	Saturday:	7AM to 7PM
Wednesday:	7AM to 7PM	Sunday:	7AM to 7PM
Thursday:	7AM to 7PM		

An additional entry is included below for applicants who are proposing to use more than one manufacturing facility (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling).

32. Proposed Facility Name:		
33. Proposed Facility Address:		
34. City:	35. State:	36. ZIP Code:
37. County:	38. Property Status (choose one): ☐ Owned by the applicant ☐ Leased by the applicant ☐ Other: **If you checked "Other" above, describe the property status in the field provided.**	

39. Proposed Hours of Operation:

Monday:	to	Friday:	to
Tuesday:	to	Saturday:	to
Wednesday:	to	Sunday:	to
Thursday:	to		

Section D: Proposed Dispensing Facility #1 Information

40. Proposed Facility Name: 5020 Transit Road		
41. Proposed Facility Address: 5020 Transit Road		
42. City: Depew	43. State: **NY**	44. ZIP Code: 14043
45. County: Erie County	46. Property Status (choose one): ☐ Owned by the applicant ☑ Leased by the applicant ☐ Other: **If you checked "Other" above, describe the property status in the field provided.**	

47. Proposed Hours of Operation:

Monday:	10AM to 6PM	Friday:	10AM to 6PM
Tuesday:	10AM to 6PM	Saturday:	10AM to 6PM
Wednesday:	10AM to 6PM	Sunday:	10AM to 6PM
Thursday:	10AM to 6PM		

Section E: Proposed Dispensing Facility #2 Information

48. Proposed Facility Name: 1065 Ridge Road		
49. Proposed Facility Address: 1065 Ridge Road		
50. City: Webster	51. State: **NY**	52. ZIP Code: 14580
53. County: Monroe County	54. Property Status (choose one): ☐ Owned by the applicant ☑ Leased by the applicant ☐ Other: **If you checked "Other" above, describe the property status in the field provided.**	

55. Proposed Hours of Operation:

Monday:	10AM to 6PM	Friday:	10AM to 6PM
Tuesday:	10AM to 6PM	Saturday:	10AM to 6PM
Wednesday:	10AM to 6PM	Sunday:	10AM to 6PM
Thursday:	10AM to 6PM		

Section F: Proposed Dispensing Facility #3 Information

56. Proposed Facility Name: 6459 Ridge Road

57. Proposed Facility Address: 6459 Ridge Road

58. City: Syracuse	59. State: NY	60. ZIP Code: 13206

61. County: Onondaga County

62. Property Status (choose one):
- ☐ Owned by the applicant
- ☑ Leased by the applicant
- ☐ Other:

If you checked "Other" above, describe the property status in the field provided.

63. Proposed Hours of Operation:

Monday:	10AM to 6PM	Friday:	10AM to 6PM
Tuesday:	10AM to 6PM	Saturday:	10AM to 6PM
Wednesday:	10AM to 6PM	Sunday:	10AM to 6PM
Thursday:	10AM to 6PM		

Section G: Proposed Dispensing Facility #4 Information

64. Proposed Facility Name: 596 Upper Court Street

65. Proposed Facility Address: 596 Upper Court Street

66. City: Binghampton	67. State: NY	68. ZIP Code: 13904

69. County: Broome County

70. Property Status (choose one):
- ☐ Owned by the applicant
- ☑ Leased by the applicant
- ☐ Other:

If you checked "Other" above, describe the property status in the field provided.

71. Proposed Hours of Operation:

Monday:	10AM to 6PM	Friday:	10AM to 6PM
Tuesday:	10AM to 6PM	Saturday:	10AM to 6PM
Wednesday:	10AM to 6PM	Sunday:	10AM to 6PM
Thursday:	10AM to 6PM		

Section H: Legal Disclosures

72. Has the applicant, any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action? ☐Yes ☑No

If the answer to this question is "Yes," a statement providing details of such bankruptcy or insolvency must be included with this application.

73. Does any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner, or a combination of such persons collectively, maintain a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

OR

Does any entity maintain a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

☑Yes ☐No

If the answer to either of these questions is "Yes," a statement with the name and address of the entity together with a description of the goods, leases, or services and the probable or anticipated cost to the registered organization, must be included with this application.

74.

A. Is the applicant a corporate subsidiary or affiliate of another corporation? ☑Yes ☐No

If the answer to this question is "Yes," a statement setting forth the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate, and the extent to which the parent will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the subsidiary must be included with this application. The organizational and operational documents of the corporate subsidiary or affiliate must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the subsidiary or affiliate's financial or contractual obligations with respect to the applicant.

B. Is any owner, partner or member of the applicant not a natural person? ☑Yes ☐No

If the answer to this question is "Yes," a statement must be included with this application setting forth the name and address of the entity, the primary activities of the entity, the interest in the applicant held by the entity, and the extent to which the entity will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the applicant. The organizational and operational documents of the entity must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the entity's financial or contractual obligations with respect to the applicant, and the identification of all those holding an interest or ownership in the entity and the percentage of interest or ownership held in the entity. If an interest or ownership in the entity is not held by a natural person, the information and documentation requested herein must be provided going back to the level of ownership by a natural person (Principal Stakeholder).

75. Has construction, lease, rental, or purchase of the manufacturing facility been completed? ☐ Yes ☑ No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

76. Has construction, lease, rental, or purchase of the dispensing facilities been completed? ☐ Yes ☑ No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

Section I: Required Attachments

Applications received without the required attachments will not be eligible for consideration until the required attachments are received. All such attachments must be postmarked by the Deadline for Submission of Applications.

77. ☑ The applicant has enclosed a non-refundable application fee in the amount of $10,000.
Applications received without the $10,000 application fee will not be considered.

78. ☑ The applicant has enclosed a conditionally refundable registration fee in the amount of $200,000.
Applications received without the $200,000 registration fee will not be considered.
The $200,000 registration fee will be refunded to applicants that are not selected as registered organizations.

79. ☑ The applicant has attached all required statements from Section H: Legal Disclosures, if applicable.

80. ☑ The applicant has attached identification of all real property, buildings, and facilities that will be used in manufacturing and dispensing activities, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(2), and labeled this attachment as "**Attachment A.**"

81. ☑ The applicant has attached identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale, and dispensing activities described in the application and operating plan, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(3), and labeled this attachment as "**Attachment B.**"

82. ☑ The applicant has attached copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, showing that the applicant possesses or has the right to use sufficient land, buildings, other premises, and equipment, and contains the language required in 10 NYCRR § 1004.5(b)(9), if applicable, or, in the alternative, the applicant attached proof that it has posted a bond of not less than $2,000,000, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(9), and labeled this attachment as "**Attachment C.**"

83. ☑ The applicant has attached an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as "**Attachment D – Operating Plan**" with the information clearly labeled and divided into the following sections:

Section 1 - Manufacturing (§ 1004.5(b)(4))
Section 2 - Transport and Distribution (§ 1004.5(b)(4))
Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
Section 4 - Devices (§ 1004.5(b)(4)(i))
Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))

84. ☑ The applicant has attached copies of the organizational and operational documents of the applicant, pursuant 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as "**Attachment E.**"

85. ☑ "**Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members**" has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).

86. ☑ The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as "**Attachment F.**"

87. ☑ The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as "**Attachment G.**"

88. ☑ The applicant has completed **"Appendix B – Architectural Program"** and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).

89. ☑ The applicant has attached the security plan of the applicant's proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as "**Attachment H.**"

90. ☑ The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as "**Attachment I.**"

91. ☑ The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as "**Attachment J.**"

92. ☑ The applicant has attached proof from the local internet service provider(s) that all of the applicant's manufacturing and dispensing facilities are located in an area with internet connectivity and labeled this attachment as "**Attachment K.**" Internet connectivity will be required to support the use of a Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities.

93. ☑ The applicant has attached a timeline demonstrating the estimated timeframe from growing marijuana to production of a final approved product, and labeled this attachment as "**Attachment L.**"

94. ☑ The applicant has attached a statement and/or documentation showing that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8), and labeled this attachment as "**Attachment M.**"

Section J- Attestation and Signature

As the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, I hereby authorize the release of any and all applicant information of a confidential or privileged nature to the Department and its agents. If granted a registration, I hereby agree to ensure the registered organization uses the Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities. I hereby certify that the information provided in this application, including in any statement or attachments submitted herewith, is truthful and accurate. I understand that any material omissions, material errors, false statements, misrepresentations, or failure to provide any requested information may result in the denial of the application or other action as may be allowed by law.

95. Signature:

96. Date Signed: 6-1-2015

97. Print Name: Dr. Gregory Daniel

The application must include a handwritten signature by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, and must be notarized.

Notary Name: CARL F. SMUKALL	Notary Registration Number: 4981241
Notary (Notary Must Affix Stamp or Seal) CARL F. SMUKALL Notary Public, State of New York No. 4981241 Qualified in Genesee County 19 Commission Expires May 6, 20 19	Date: 6/01/15

ALTERNATIVE MEDICINE ASSOCIATES, LLC
SECTION H: LEGAL DISCLOSURES, QUESTION 73
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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ALTERNATIVE MEDICINE ASSOCIATES, LLC
SECTION H: LEGAL DISCLOSURES, QUESTION 74(a)

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Alternative Medicine Associates, LLC ("AMA")
Section I: Legal Disclosures: Q. 74(a)

Alternative Medicine Associates, LLC ("AMA") is "affiliated" with the corporations listed below solely because they are under common control or ownership with another who owns 10% or more of an equity interest. They have **no interest** in AMA and they **do not have any involvement** in the activities, financial or contractual obligations of AMA. Organizational documents for these entities are included following this spreadsheet.

Entity Group / Entity Name	Address	Interst in AMA Held by Entity	Involvement of Entity in Activities, Financial or Contractual Obligations of AMA
Redacted pursuant to Public Officers Law, Art. 6			

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ALTERNATIVE MEDICINE ASSOCIATES, LLC
SECTION H: LEGAL DISCLOSURES, QUESTION 74(b)

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ALTERNATIVE MEDICAL ASSOCIATES, LLC
SUMMARY PAGE OF QUESTIONS 75 & 76
ANTICIPATED SOURCES AND APPLICATION OF FUNDS-MANUFACTURING, DISPENSING & EQUIPMENT
NEW YORK STATE DEPARTMENT OF HEALTH APPLICATION MEDICAL MARIJUANA PROGRAM

	QUESTION NO. 75 MFG. FACILITY	QUESTION NO. 76 DISPENSARIES	EQUIPMENT	TOTAL

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ALTERNATIVE MEDICAL ASSOCIATES, LLC
QUESTION # 75
ANTICIPATED SOURCES AND APPLICATION OF FUNDS-MANUFACTURING
NEW YORK STATE DEPARTMENT OF HEALTH APPLICATION MEDICAL MARIJUANA PROGRAM

QUESTION NO. 75
MFG. FACILITY

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ALTERNATIVE MEDICAL ASSOCIATES, LLC
QUESTION # 76
ANTICIPATED SOURCES AND APPLICATION OF FUNDS-DISPENSING
NEW YORK STATE DEPARTMENT OF HEALTH APPLICATION MEDICAL MARIJUANA PROGRAM

QUESTION NO. 76
DISPENSARIES

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CULTIVATION CENTER PLAN
655 Perry Street
Buffalo, NY

BUILDING & CONSTRUCTION PLANS WITH SUPPORTING DETAILS (5.3.3.1)

Property Description

The proposed Cultivation Center for Alternative Medicine Associates, LLC ("AMA") is a facility located at 50 Van Rensselaer Street, with a street address of 665 Perry Street, in the city of Buffalo. The 165,000 square foot building is a recently decommissioned Tyson Foods plant which processed deli meats. The medical marihuana cultivation facility will operate in an existing stand-alone building located in an M2 general industrial district for manufacturing and processing. In accordance with §1004.10(b)(1), the facility will only perform cultivation and will not dispense product—AMA's Buffalo dispensary is 9 miles away--and moreover will not engage in any other activity.

M2 zoning allows for medical marihuana cultivation and production facilities. The facility is more than 1,000 feet from a public or private school (§1004.10(b)(7)).

In addition to location compliance, this site was selected for the following reasons:

- Site's previous USDA-regulated operation was modern and "food safe;"
- The building meets all basic and many of the advanced cultivation requirements;
- Many pre-existing security features already meet requirements;
- Adjacency to I-190 makes it easily accessible to dispensaries; and,
- Cultivation operations would recoup area job losses in plant's 2014 closure.

Exterior Features and Appearance

The building exterior consists of brick, masonry, and insulated metal panels.

Construction materials for the building were selected based on the functional necessities of the previous operation, but in all cases meet or exceed State requirements for medical marihuana cultivation. For example, areas that Tyson used for production feature walls made of a combination of construction tile, insulated metal panels, and brick. Areas for refrigerated and frozen storage feature insulated metal panel walls. Mechanical areas are a combination of masonry block and insulated metal panels, and office areas are brick.

The AMA Cultivation Center solidly meets the requirement of §1004.10(a)(3) that “a registered organization shall…only manufacture…medical marihuana products in an indoor, enclosed, secure facility located in New York State…”

AMA’s security design makes the best out of a building that already has structural integrity and layered protection. AMA has thoroughly addressed any and all concerns of §1004.13 over building security and vulnerability.

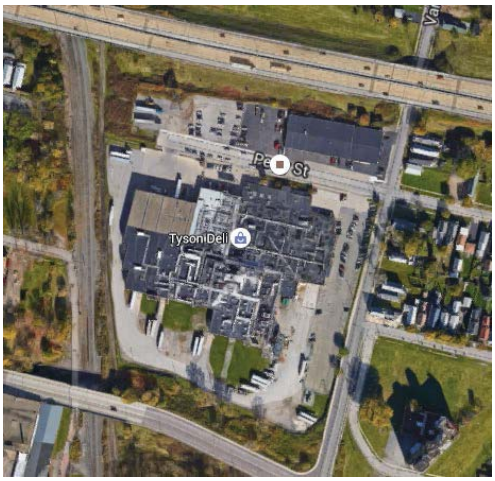
The existing security conditions favor a quick upgrade to AMA’s robust security platform:

- Cameras are already installed strategically throughout indoor and outdoor areas,
- Shipping/receiving on opposite sides of the building with dedicated ingress/egress,
- Card/fob access at doorways and gateways to shipping receiving and into building,

- Functional perimeter guardhouse with 360º views and climate control,
- Daunting boundaries on two sides of the building, i.e., train tracks and an interstate,
- High perimeter fencing with ribbon wire on top in certain areas.

AMA will build on these measures; with biometric locks, additional cameras, creating two rings of fencing in certain areas, multiple alarm systems inside the facility, etc., as described in the Security Plan.

The operations of the AMA facility will not be visible, just as Tyson Foods' operations were not visible from outside the facility, and a quick scan of Google Earth will show no visibility from above the structure:



All signage for the facility, along with any item or vehicle on facility grounds, will have discreet and professional signage that is consistent with the State regulations found in §1004.16(a),(b) and (c).

Interior Room Descriptions

The following floor plan describes the workflow through Alternative Medicine Associates, LLC's cultivation facilities.

Laboratory and Offices: These spaces include all worker common areas and entryways. Security and Research and Development will be housed here as well.
Security: The Security Room will be able to monitor facility cameras. Workers will input and extract data through BioTrack Cultivation software while mobile in the facility.

(A1) Propagation and Genetics: Mother Plants and proprietary genetic stock are kept here. The propagation area contains all the elements outlined in our cultivation operations manual. This is a laboratory based propagation room with genetically clean material for uniform cannabis production reducing vast needs for power and space by utilizing the latest horticultural technology available for

uniform plant propagation with minimal amount of parent plant material needed. Micro-propagation consumes 1/100 of the amount of mother plant material, grow cell space, artificial lighting energy consumption, and man-hours that traditional cloning methods consume.

Pre-Planting: All soil management takes place here, including Soil Delivery & Mixing, Propagation, and Potting.

Soil Delivery & Mixing: Soil delivery/cleaning/trash will be in designated loading/unloading areas within the facility. Sterilization equipment (soil recycling, inbound soil/amendment sterilization) and steam heat will be stored in this area.

(A2) Potting & Transplanting: Dirt and pots will be stored in this area. Once healthy white roots are showing on most cuttings (95-100%), each individual Power Cloner unit will be unplugged from the power source and placed on rolling Heavy Duty Wire Carts (2 per cart – 4 carts). Individual plantlets are loaded onto carts by workers and taken into the Potting and Transplanting Area where workers will transplant plugs into 5 gallon pots machine filled with pre-mixed nutrient rich soil and load them into the conveyor belt system that transfers potted plants into a separated section.

(A3-A4) Vegetative Area: All vegetative growth will take place in this area.

(A5) Flowering Area: All flowering cycles will be maintained in this area. The photoperiod will be maintained by automated curtain systems.

(A6-A8) Product Processing: All drying, curing, trimming, weighing, and packaging takes place in the Product Processing Room.

In addition to addressing patient needs and market demand, Alternative Medicine Associates, LLC, has also ensured that our facilities provide optimized space for employees to work in a safe, clean, and comfortable environment. Alternative Medicine Associates, LLC, has meticulously planned each and every process to incorporate lean manufacturing protocol and automated workflow to the maximum extent possible. At stages where manual workforce is required, Alternative Medicine Associates, LLC has addressed multiple human-factor considerations to ensure that the working environment is comfortable, conducive to completing the required tasks, and meets all OSHA standards of Part 1928, “Occupational Safety and Health Standards for Agriculture.” For example, Alternative Medicine Associates, LLC has ensured that adequate space is provided for walkways providing access to the marihuana crop, as well as accommodating ergonomic considerations through the design of our table system, ensuring an adjustable, ideal height to provide comfort for cultivators and trimmers.

Building and Construction Plans – AMA Cultivation Center

The following building and construction plans that have been provided in the following pages include:

- Facility Site Plan AS-101
- Facility Floor Plan A-101
- Demolition Plan AD-101
- Security Plan A-103
- Roof Plan A-102

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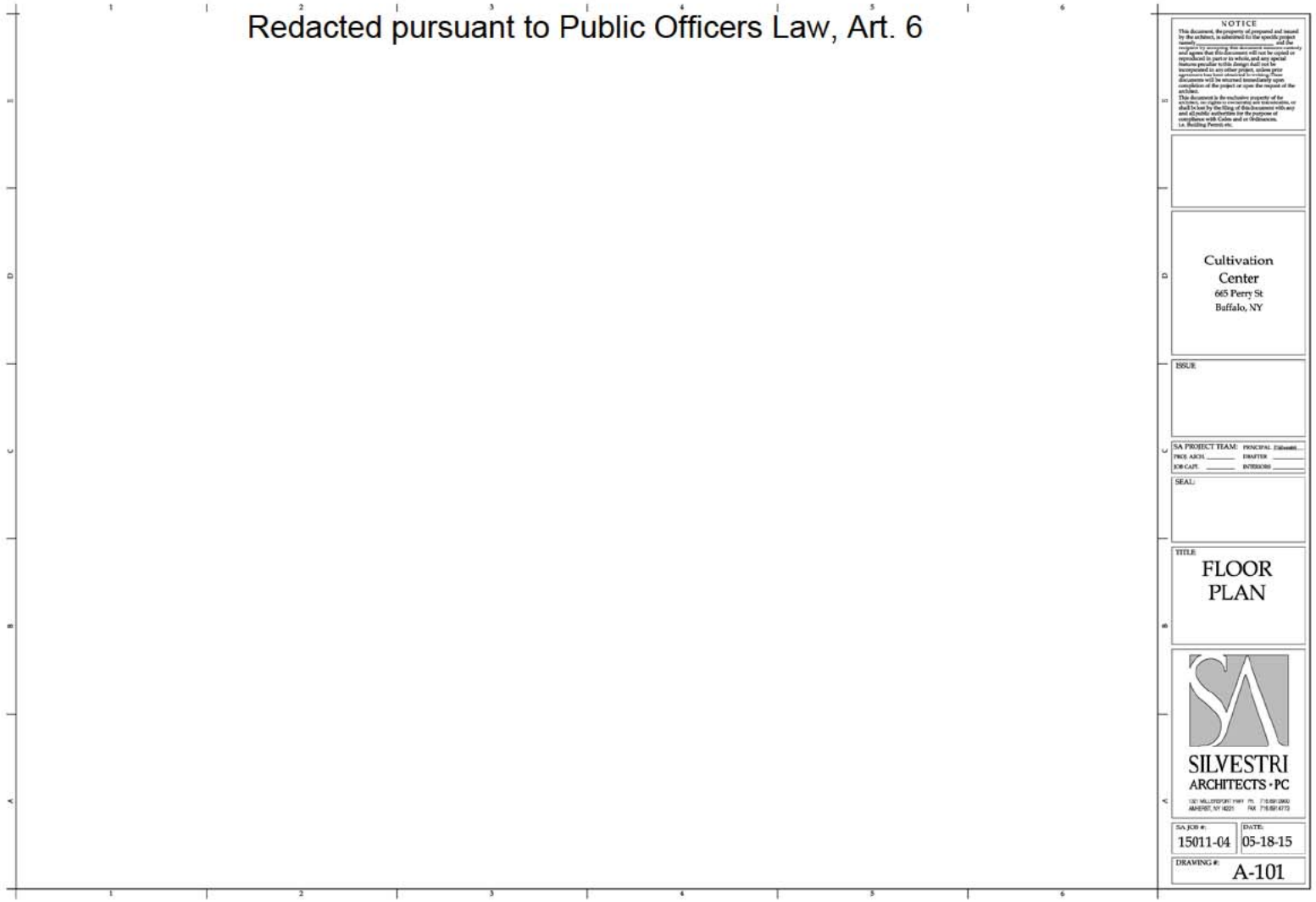

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Cultivation
Center
665 Perry St
Buffalo, NY

ISSUE

SA PROJECT TEAM: PRINCIPAL [illegible]
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE
FLOOR
PLAN

SILVESTRI
ARCHITECTS • PC
120 MILLSPORT HWY PH. 716.691.0663
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-04
DATE: 05-18-15
DRAWING #: A-101

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Cultivation Center
665 Perry St
Buffalo, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL
PROJ. ARCH. DRAFTER
JOB CAPT. INTERIORS

SEAL:

TITLE:
DEMOLITION PLAN

SILVESTRI
ARCHITECTS • PC
1321 MILLERSPORT HWY PH: 716.8012900
AMHERST, NY 14221 FAX: 716.8014773

SA JOB #: 15011-04
DATE: 05-18-15
DRAWING #: AD-101

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Cultivation Center
665 Perry St
Buffalo, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL: P.Silvestri
PROJ. ARCH: ______ DRAFTER: ______
JOB CAPT.: ______ INTERIORS: ______

SEAL:

TITLE:

SECURITY PLAN

SILVESTRI ARCHITECTS · PC

SA JOB #	DATE
15011-04	05-26-15

DRAWING #: A-103

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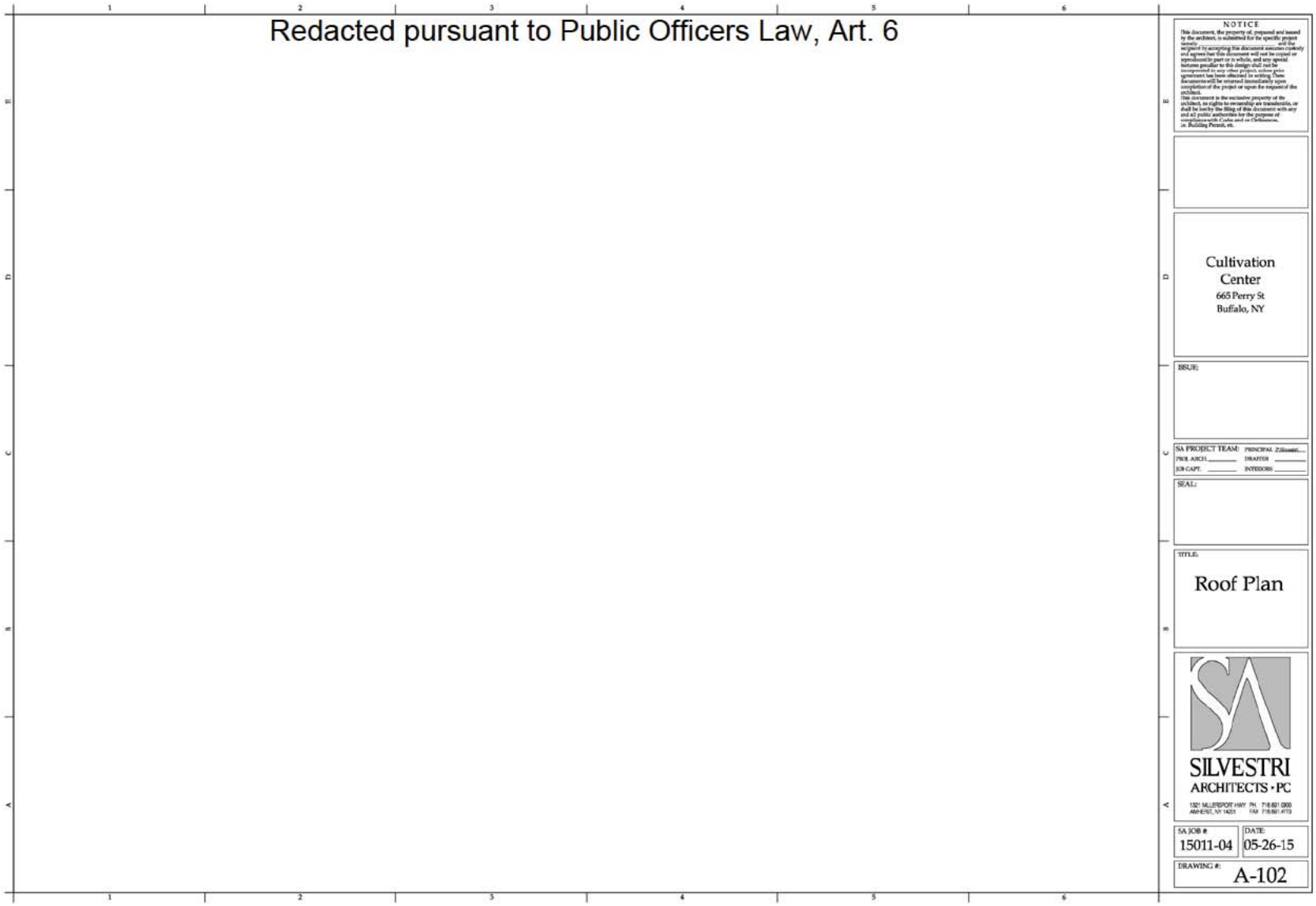

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Cultivation Center
665 Perry St
Buffalo, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL [redacted]
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:
Roof Plan

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AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-04
DATE: 05-26-15
DRAWING #: A-102

PROPOSED DISPENSING FACILITY #1:

CHEEKTOWAGA, NY

BUFFALO METRO AREA

Property Description

The proposed facility for our first dispensary is located at 5020 Transit Road in the City of Cheektowaga, which borders Buffalo, New York's second largest city. Cheektowaga is the home of Buffalo Niagara International Airport. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the cultivation center (§1004.10 (b) (1)). The Cultivation Center is nine miles away from the Cheektowaga dispensary site. The AMA dispensary in Cheektowaga will be located in a stand-alone building in a commercial zone overlay. Specifically, the site is located within COM1, a general commercial zoning district.

This one-acre site is owned by an AMA affiliate and has been land-developed, that is, prepared with permits, plans, grading and the installation of utilities. It is located more than 1,000 feet from any public or private school, day care, or church (§1004.10 (b) (7)). This site was selected for its State-compliant location and its position next to an existing medical use, a Western New York Immediate Care facility built and owned by a company founded and managed by AMA principals.

AMA's historical experience with the medical facility on the neighboring parcel provides us with first-hand knowledge of the feasibility of a successful medical dispensary in this area in terms of site visibility and access.

In determining the square footage necessary for a best-in-class dispensary, AMA used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Scout by Buxton]

Patient Projections

Our facility is accessible to 2,275,010 people within a 90-mintute drive *[Source: Experian Population Facts].*

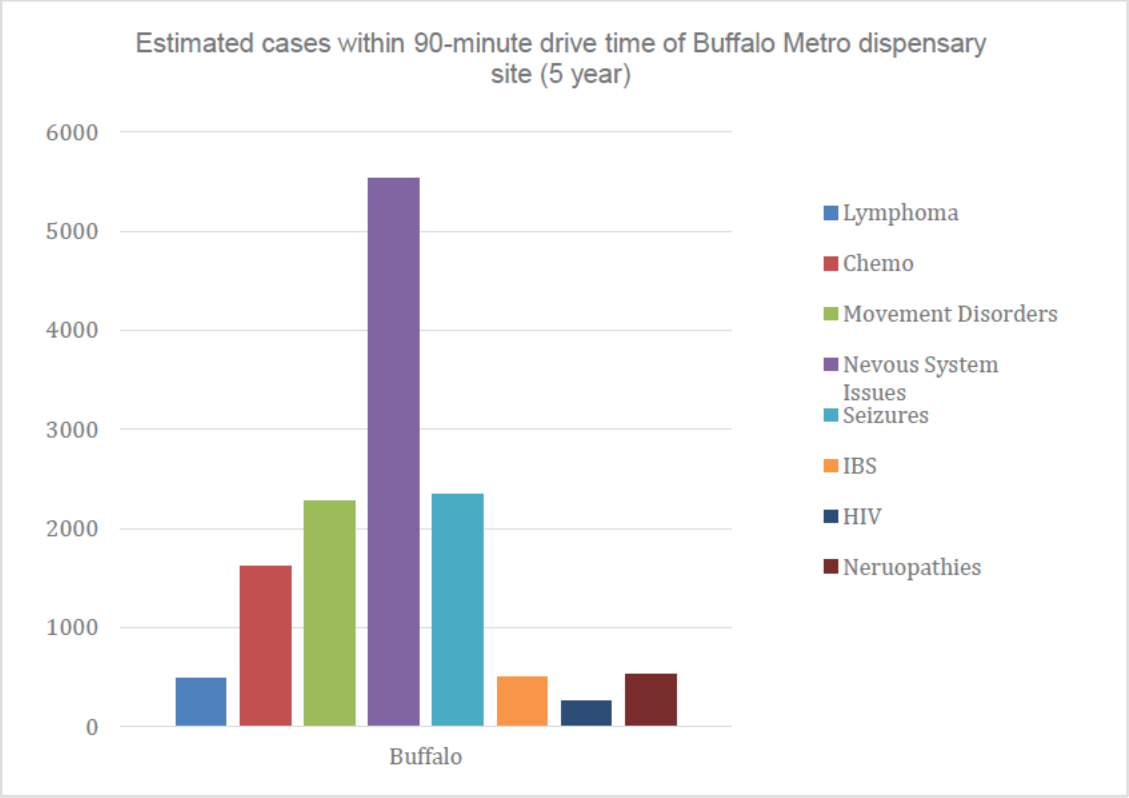
The five year diagnostic projection data sourced from *MMA Inc. Health Service Demand Estimates*, for patients in a 90-minute drive radius from the facility estimates that 13,561 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neuropathies or will require Chemo Therapy within a 5 year period beginning in the year 2012. All of these ailments are eligible for treatment with medical marihuana in New York State.

From this data, the Buffalo service area can expect an average of 2,712 new patients per year. If 50% of this pool utilizes the Buffalo Metro facility 12 times per year, we could expect 16,273 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Table 1: Population By Disease Process in Dispensary Service Area

Ailments	Estimated Diagnosis within 90-minute drive time of Buffalo Metro Dispensary (5-year)
Lymphoma	493
Chemo	1,622
Movement Disorders	2,274
Nervous System Issues	5,529
Seizures	2,350
IBS	504
HIV	256
Neuropathies	533
Total	**13,561**

(Source: MMA Inc. Health Service Demand Estimates)



(Source: MMA Inc. Health Service Demand Estimates)

Site Advantages

The selected site, 5020 Transit Road, confers a number of advantages in addition to its ease of regional and local access:

- Maximum rural and city service area convenience due to location on major throughfare and close proximity to Interstate 90
- At a planned 7,360 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Buffalo Metro Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discreet regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

The site is along Transit Road, one of the most well-traveled local and regional thoroughfares in Buffalo, acting as a major connector of southern and northern Metro communities. Intersected by many major east-west roads and Routes 5 (Main St.), 20, 33, and 400, and with an exit off Interstate 90, Transit is also accessible from the north by I-190 and I-290 and from the south by Routes 16 and 219. Transit Road is an easy-to-find draw for Metro patients, and will be easily identifiable to visitors from all over western New York.

At one acre, AMA Cheektowaga will provide copious at-grade parking for dispensary clients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

The exterior elevation of AMA Cheektowaga will be modeled from its neighbor, the Western New York Immediate Care building, which has won numerous awards and praise for its architecture and design. As can be seen in the attachment, the architecture is tasteful, stylish, with a mix of earthy hues, interplay of stone and smooth finishes, and contemporary flourishes like bronze trim and reflective windows.

As with all AMA dispensaries, picturesque landscaping consonant with the built environment will complete the welcoming presence that is the object of our design.

In all, the effect will be of attractive visual themes carried through, a landmark site hard to miss even on a busy road.

The proposed exterior will hearken to the best style of medical facilities as a professional, orderly, and dignified environment. As with all AMA dispensaries, the Buffalo Metro dispensary will enhance the look and feel of the surrounding community.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a) (1)-(4)).

Use of Interior Space

The layout of AMA Cheektowaga is approximately 7,360 square feet, ample space to serve the needs of our patients and caregiver visitor flow. Seamless patient flow, personal staff interaction with each individual patient, and ensuring patient privacy were the driving considerations of the interior design for patient experience. Equally important was attention to meeting or exceeding State security requirements (§1004.13). The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary. Within the back office, only authorized employees will have access to the security surveillance room and the vaults (§1004.13 (b),(d)).

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e. retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Cheektowaga dispensary will be equipped with a separate loading area located on the opposite side of the main entrance guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking

of all medicinals so as to minimize the occurrence of theft, product loss, and diversion (§1004.7 (c)(2)(i), 1004.13(a)). The dispensary will have two vaults for a higher-than-average level of security by storing and managing cash separately from medicinals (§1004.13 (j),(k)). The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

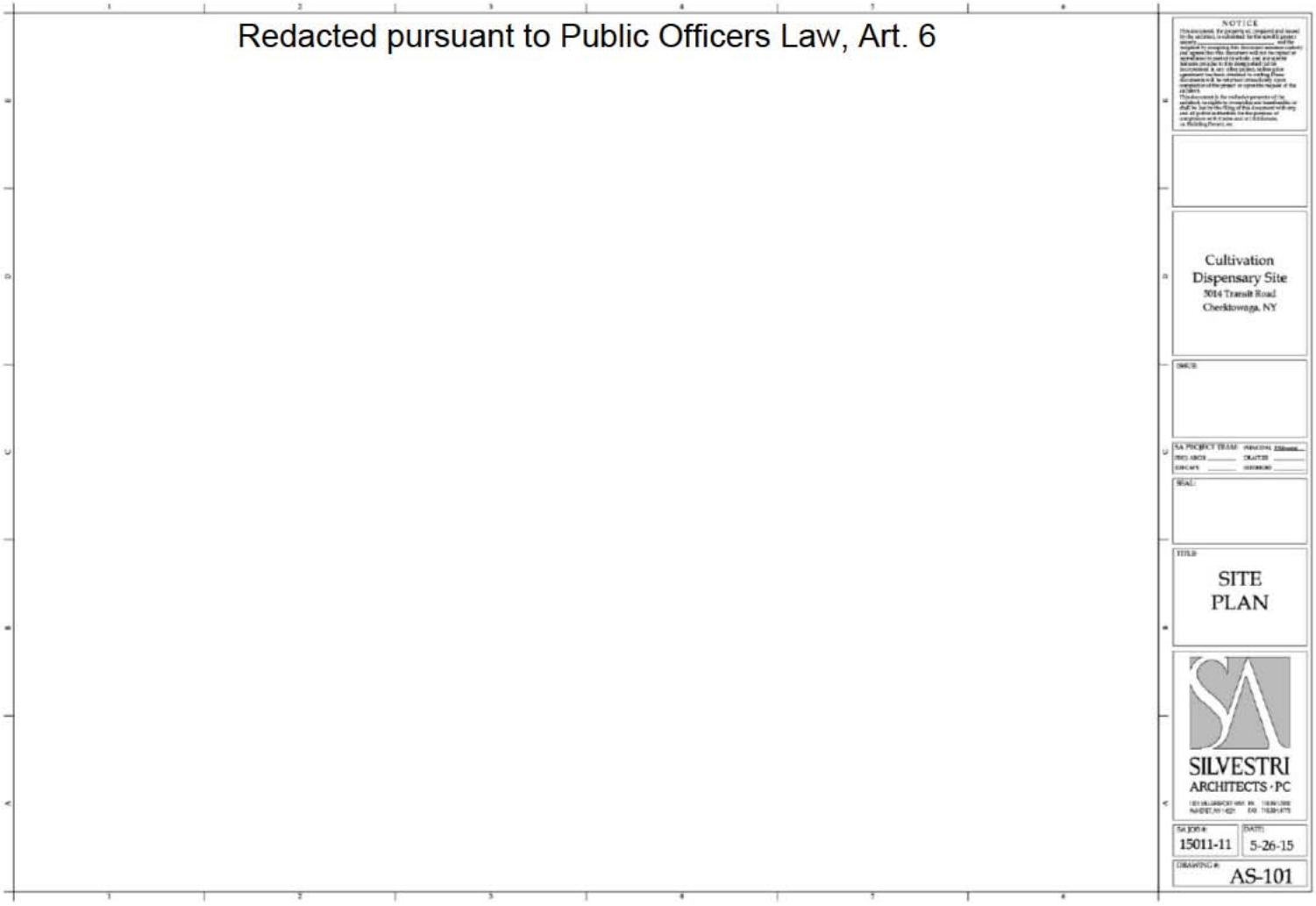
Building and Construction Plans

The following building and construction plans have been provided in the following pages:

- Proposed Architectural Style (Neighboring Building)
- Dispensary Site Plan
- Dispensary Floor Plan
- Exterior Elevation Plan

Proposed Architectural Style (Neighboring Building)

Redacted pursuant to Public Officers Law, Art. 6



NOTICE

Cultivation
Dispensary Site
5014 Transit Road
Cheektowaga, NY

SITE
PLAN

SILVESTRI
ARCHITECTS · PC

SA JOB #: 15011-11

DATE: 5-26-15

DRAWING #: AS-101

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Cultivation
Dispensary Site
5014 Transit Road
Cheektowaga, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL: P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

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SA JOB #: 15011-11
DATE: 5-25-15

DRAWING #: A-101

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Cultivation
Dispensary Site
5014 Transit Road
Cheektowaga, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL ______
PROJ. ARCH: ______ DRAFTER ______
[illegible] ______ INTERIORS ______

SEAL:

TITLE:

EXTERIOR ELEVATIONS

SILVESTRI
ARCHITECTS · PC

SA JOB #:	DATE:
15011-11	5-26-15

DRAWING #: A-201

PROPOSED DISPENSING FACILITY #2:

WEBSTER, NY

ROCHESTER METRO AREA

Property Description

The proposed facility for our second dispensary is located at 1067 Ridge Road in the Town of Webster adjacent to Rochester, the third largest city in New York State. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the cultivation center (§1004.10 (b)(1)). The AMA dispensary in Webster will be located within Webster's 'MC' zoning district, which allows for medium-intensity commercial uses such as pharmacies.

AMA's dispensary in Webster will operate independently, but will be 'Unit B' in a 10,970 square foot building on one story and with two separate entrances, owned by an affiliate company of AMA and will share with Rochester Immediate Care, Unit A. This is a built but unfinished retail space of 3,714 square feet.

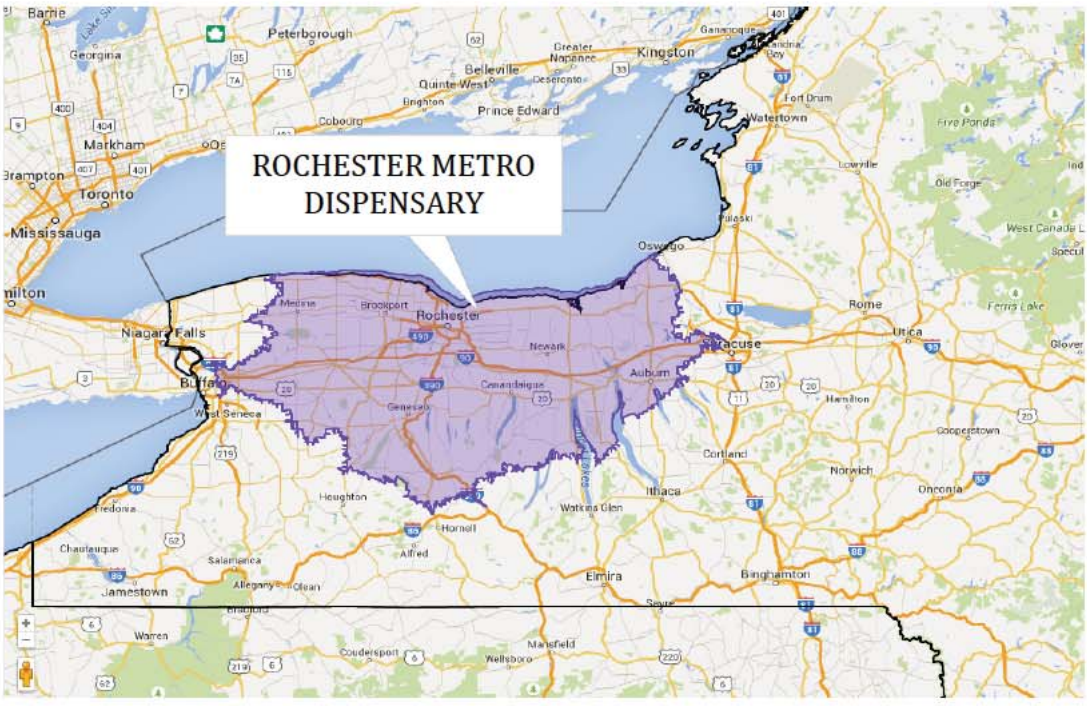
The facility is owned by an AMA affiliate and located more than 1,000 feet from any public or private school, day care, or a church (§1004.10 (b)(7)). This site was selected due to its State-compliant location, the ease with which the space can be conformed to the dispensary's requirements, its high-visibility siting across the street from a Target-anchored shopping center and its position next to an existing medical use, a Rochester Immediate Care facility built and owned by a company founded and managed by AMA principals.

AMA's historical experience with the medical facility in the neighboring suite provides us with first-hand knowledge of the feasibility of a successful medical dispensary in this area in terms of site visibility and access.

In determining the square footage necessary for a best-in-class dispensary, AMA, LLC used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Scout by Buxton]



Patient Projections

Our facility is accessible to 1,525,048 people within a 90-mintute drive time *[Source: Experian Population Facts].*

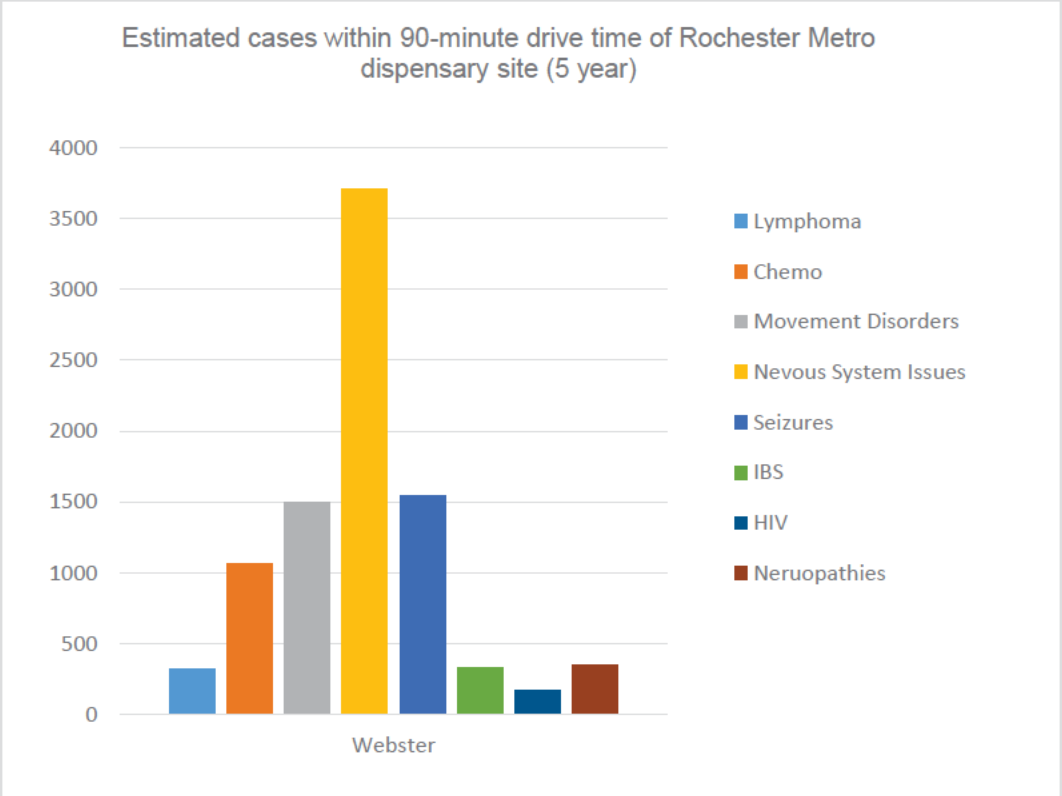
The five year diagnostic projection data, for patients in a 90-minute drive radius from the facility estimates that 8,994 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neruopathies or will require Chemo Therapy sourced from within a 5 year period beginning in the year 2012 [*Source: MMA Inc. Health Service Demand Estimates].* All of these ailments are eligible for treatment with medical marihuana in New York State.

From this projected data, the Rochester service area can expect an average of 1,799 new eligible patients per year. If 50% of this eligible patient pool utilizes the Rochester Metro facility 12 times per year, we could expect 10,792 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Table 1: Population By Disease Process in Dispensary Service Area

Ailments	Estimated cases within 90-minute drive time of Rochester Metro dispensary site (5 year)
Lymphoma	324
Chemo Therapy	1,062
Movement Disorders	1,499
Nervous System Issues	3,711
Seizures	1,547
Irritable Bowel Syndrome (IBS)	330
HIV	169
Neuropathies	352
Total	**8,994**

(Source: MMA Inc. Health Service Demand Estimates)



Site Advantages

The selected site, 1067 Ridge Road, confers a number of key advantages of significant importance to patients in the service area:

- Maximum rural and city service area convenience due to close proximity to major throughfare and Interstate 90,
- Public transportation access via bus to and from downtown Rochester,
- At 3,714 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Webster Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discrete regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

The location is on Ridge Road, a major east-west thoroughfare in Rochester that runs parallel to close-by Route 104, which through its interchange with I-390 and I-590 connects to most of the interstates in the Metro area and ultimately to I-90 after a short ride. Across the street is Towne Centre Webster, an 800,000 square foot major shopping center with Target, Dick's Sporting Goods, Bed, Bath & Beyond, T.J. Maxx, Kohl's, Old Navy and other national retailers.

Because of Towne Centre, Rochester public transportation is available for patients who don't have a car or cannot drive because of their condition. The RTS Bus Route 103 stops at Towne Centre, just in front of the Webster dispensary. We anticipate that this amenity will encourage such patients to select our dispensary as their designated provider.

At 1.83 acres, AMA's dispensary location in Webster will provide copious at-grade parking for dispensary clients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition, and will be met with approval from patients with a range of medical conditions, making ours the dispensary of choice.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

As can be seen in the attachment, the architecture is tasteful, stylish, with a mix of earthy hues, an interplay of stone and smooth finishes, and contemporary flourishes like bronze trim and reflective windows.

As with all AMA dispensaries, picturesque landscaping consonant with the built environment will complete the welcoming presence that is the object of the design. In all, the effect will be of attractive visual themes carried through, a landmark site that is hard to miss even on a busy road.

The proposed exterior will hearken to the best style of medical facilities as a professional, orderly, and dignified environment. As with all AMA dispensaries, the Webster dispensary will enhance the look and feel of the surrounding community.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a)(1)-(4)).

Use of Interior Space

The total square footage of AMA Webster is approximately 3,714 square feet, ample space to serve the medical needs of our patients. Careful consideration was given to the design elements to ensure the facility layout accommodates seamless patient flow and encourages isolated staff

interaction with each individual patient so that patients can receive individualized attention in privacy. Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition. The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary. Within the back office, only authorized employees will have access to the security surveillance room and the vaults (§1004.13 (b)(d)).

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e. retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Webster dispensary will be equipped with a separate loading area located on the opposite side of the main entrance guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking of all medicinals so as to minimize the occurrence of theft, product loss, and diversion (§1004.7 (c)(2)(i), 1004.13(a)). The dispensary will have two vaults for a higher-than-average level of security by storing and managing cash separately from medicinals (§1004.13 (j)(k)). All Marihuana product is monitored and recorded from the point the transport vehicle enters the Secure Delivery area to the point product is dispensed and carried off the premises by the patient. The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

Building and Construction Plans

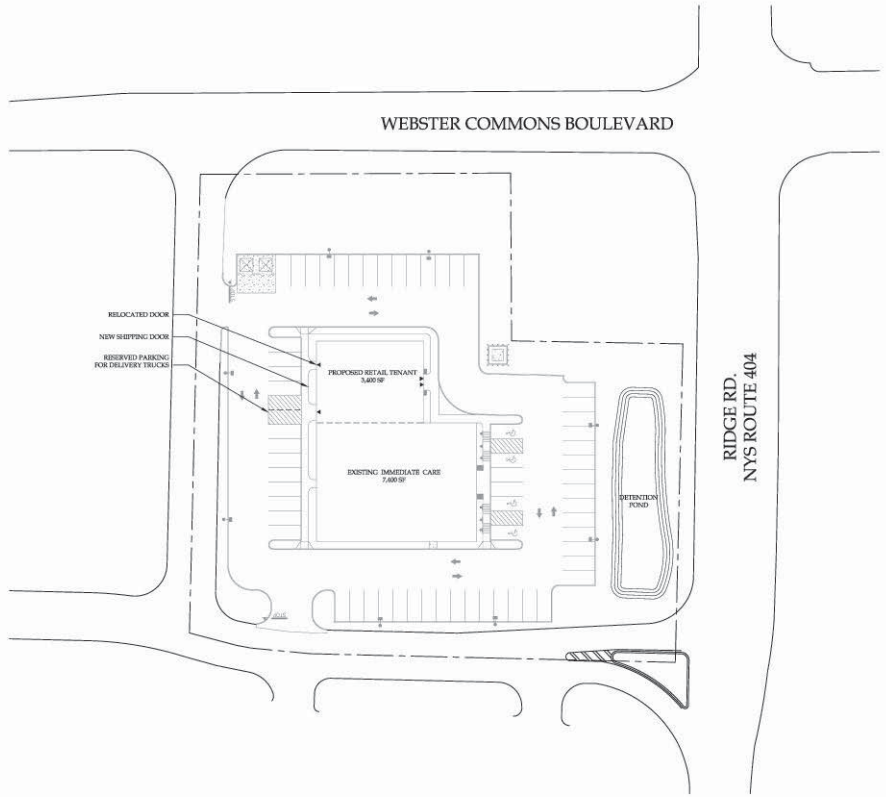
The following building and construction plans have been provided in the following pages:

- Photos of Dispensary Entrance and Immediate Care Entrance
- Exterior Elevation Plan
- Dispensary Site Plan
- Dispensary Floor Plan

Photos of Dispensary Entrance and Immediate Care Entrance

Entrance to Webster Dispensary

Entrance to Adjacent Immediate Care Facility



B1 SITE PLAN
SCALE:1"=30'-0"

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Cultivation
Dispensary Site
Ridge Road
Webster , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

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SA JOB #: 15011-10
DATE: 5-26-15
DRAWING #: A-201

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Ridge Road
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PROJ. ARCH. _____ DRAFTER _____
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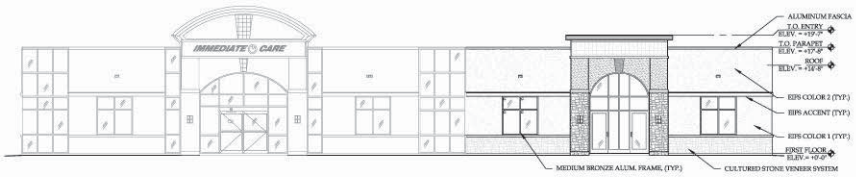
SA JOB #: 15011-10
DATE: 5-27-15
DRAWING #: A-101



D1 NORTH ELEVATION
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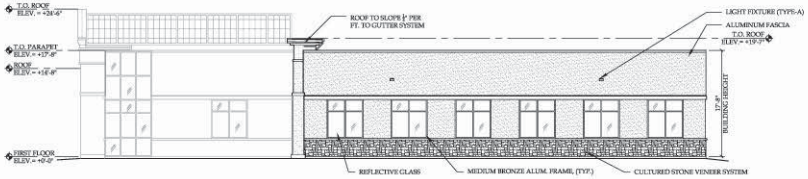
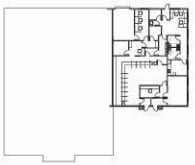


C1 WEST ELEVATION
SCALE:1/8"=1'-0"

A1 SOUTH ELEVATION
SCALE:1/8"=1'-0"



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Cultivation
Dispensary Site
Ridge Road
Webster , NY

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SA JOB #: 15011-10
DATE: 5-26-15
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PROPOSED DISPENSING FACILITY #3:

SYRACUSE, NY

Property Description

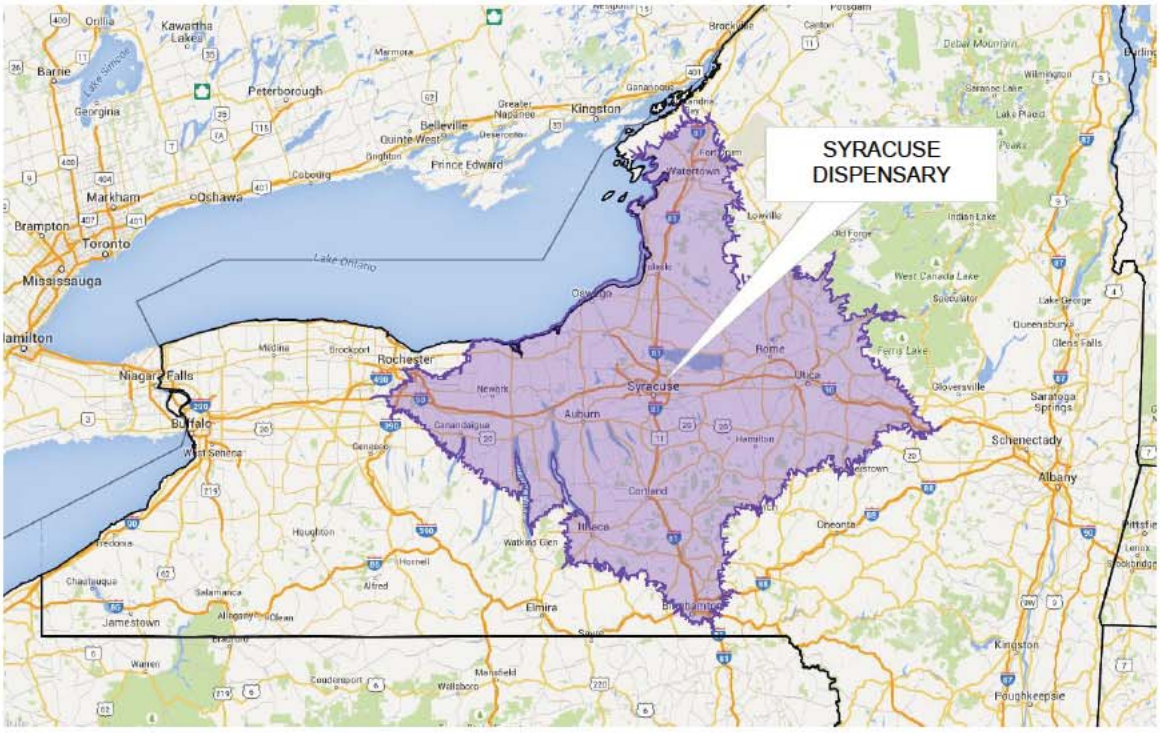
The proposed facility for our third dispensary is located at 6489 Ridings Road in the Town of DeWitt next to the City of Syracuse, the fifth largest city in New York State. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the cultivation center (§1004.10 (b)(1)). AMA's Syracuse dispensary will be housed in a stand-alone building whose former function was a repair facility for CAT scans and other medical machines. The immediate surroundings form an office and light-industrial park with no residential uses. Specifically, the site is located within the Town of DeWitt's COM 1 zoning district for general commercial uses.

The 8,137 square foot facility is located more than 1,000 feet from any public or private school, day care center, community center, or church (§1004.10 (b)(7)). This site was selected for its State-compliant location, its cleanliness, its rational layout for an easy transition into a functional dispensary, and its closeness to Military Circle, a high traffic hub.

In determining the square footage necessary for a best-in-class dispensary, AMA, LLC used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Source: Scout by Buxton]



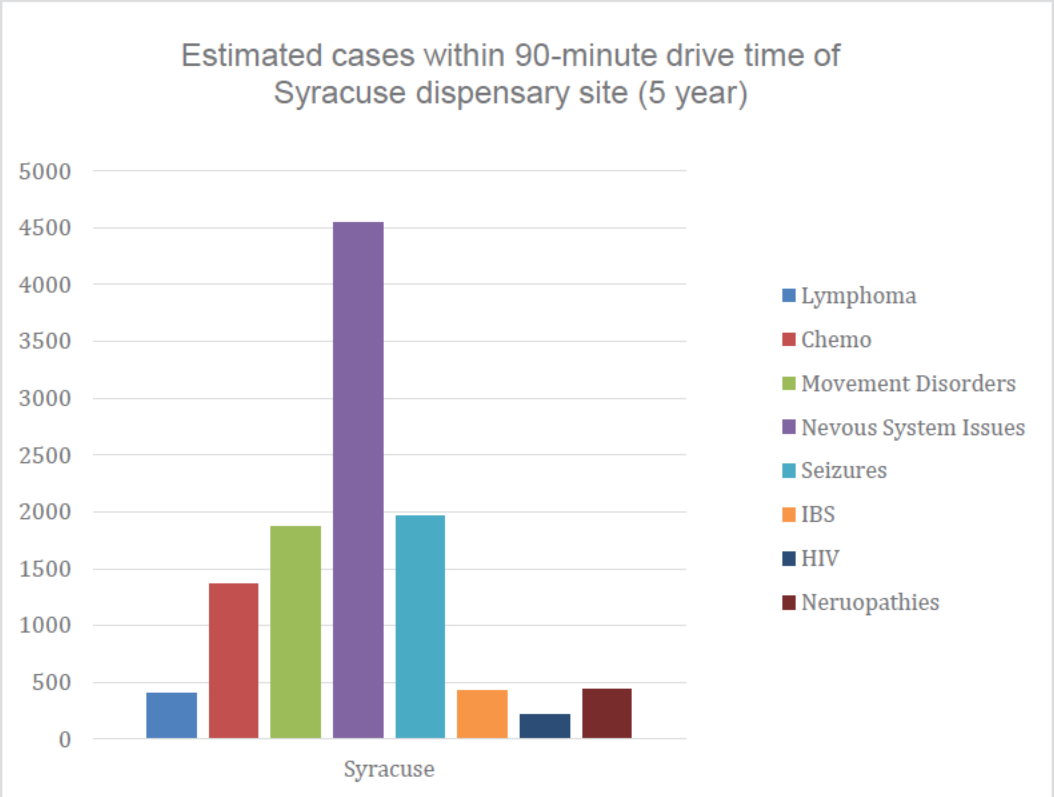
Patient Projections

Our facility is accessible to 1,892,639 people within a 90-minute drive time time *[Source: Experian Population Facts]*.

The five year diagnostic projection for patients in a 90-minute drive time radius from the facility estimates that 11,224 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neruopathies or will require Chemo Therapy within a 5 year period beginning in the year 2012 [*Source: MMA Inc. Health Service Demand Estimates*]. All of these ailments are eligible for treatment with medical marihuana in New York State.

From this projected data, the Syracuse service area can expect an average of 2,245 new eligible patients per year. If 50% of this eligible patient pool utilizes the Syracuse facility 12 times per year, we could expect 13,470 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Ailments	Estimated cases within 90-minute drive time of Syracuse dispensary site (5 year)
Lymphoma	403
Chemo Therapy	1,367
Movement Disorders	1,874
Nervous System Issues	4,550
Seizures	1,960
Irritable Bowel Syndrome (IBS)	419
HIV	211
Neuropathies	440
Total	**11,224**



Site Advantages

The selected site, 6489 Ridings Road, confers a number of key advantages of significant importance to patients in the service area:

- Maximum rural and city service area convenience due to proximity of a two major Interstate hubs (I-90, I-86),
- Public transportation access via Centro Bus 52 to and from downtown
- At 8,137 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Binghamton Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discrete regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

The site, at 6489 Ridings Road, is minutes away from the interchange of two major Interstates, I-90 (east-west) and I-81 (north-south) which runs through the heart of central New York. The site will not only service the Syracuse Metro, but can be expected to regularly draw visitors from as far north as Watertown and as far south as Binghamton along I-81. To the east, the eligible residents around Utica can be expected to participate as part of the patient pool. In all, the site is within a circle formed by I-90, I-81, I-690, and I-481, which makes it extraordinarily accessible by many areas of Central New York, including the Finger Lakes Region.

For local patients without access to their own vehicle, this site is conveniently located on Centro Bus line 52 which is a highly accessible route with a stop downtown at Central Public Library.

At nine-tenths (0.9) of an acre, AMA Syracuse will provide copious at-grade parking for dispensary clients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

The architecture of the site is unremarkable, but highly functional and efficient, as light industrial uses are frequently designed to be. The neat, simple brick exterior is in excellent condition. Despite its modest and straightforward appearance, the site is nonetheless distinguished by being strikingly different from its neighbors. We do not anticipate that patients will have trouble locating the building even with minimal signage. With minor amounts of improvement needed, the appearance of the façade is already professional, orderly, and dignified.

The modest, workmanlike landscaping will be improved to liven up the approach to the location. As with all AMA dispensaries, picturesque landscaping will complete the welcoming presence that is the object of the design.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a) (1)-(4)).

Use of Interior Space

The total square footage of AMA Syracuse is approximately 8,137 square feet, ample space to serve the medical needs of our patients. Careful consideration was given to the design elements to ensure the facility layout accommodates seamless patient flow and encourages isolated staff interaction with each individual patient so that patients can receive individualized attention in privacy. Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition. The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary.

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e., retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Syracuse dispensary will be equipped with a separate loading area located on the opposite side of the main entrance guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking of all medicinals so as to minimize the occurrence of theft, product loss, and diversion. The dispensary will have two vaults installed for a higher-than-average level of security by storing and managing

of cash separately from medicinals. The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

Building and Construction Plans

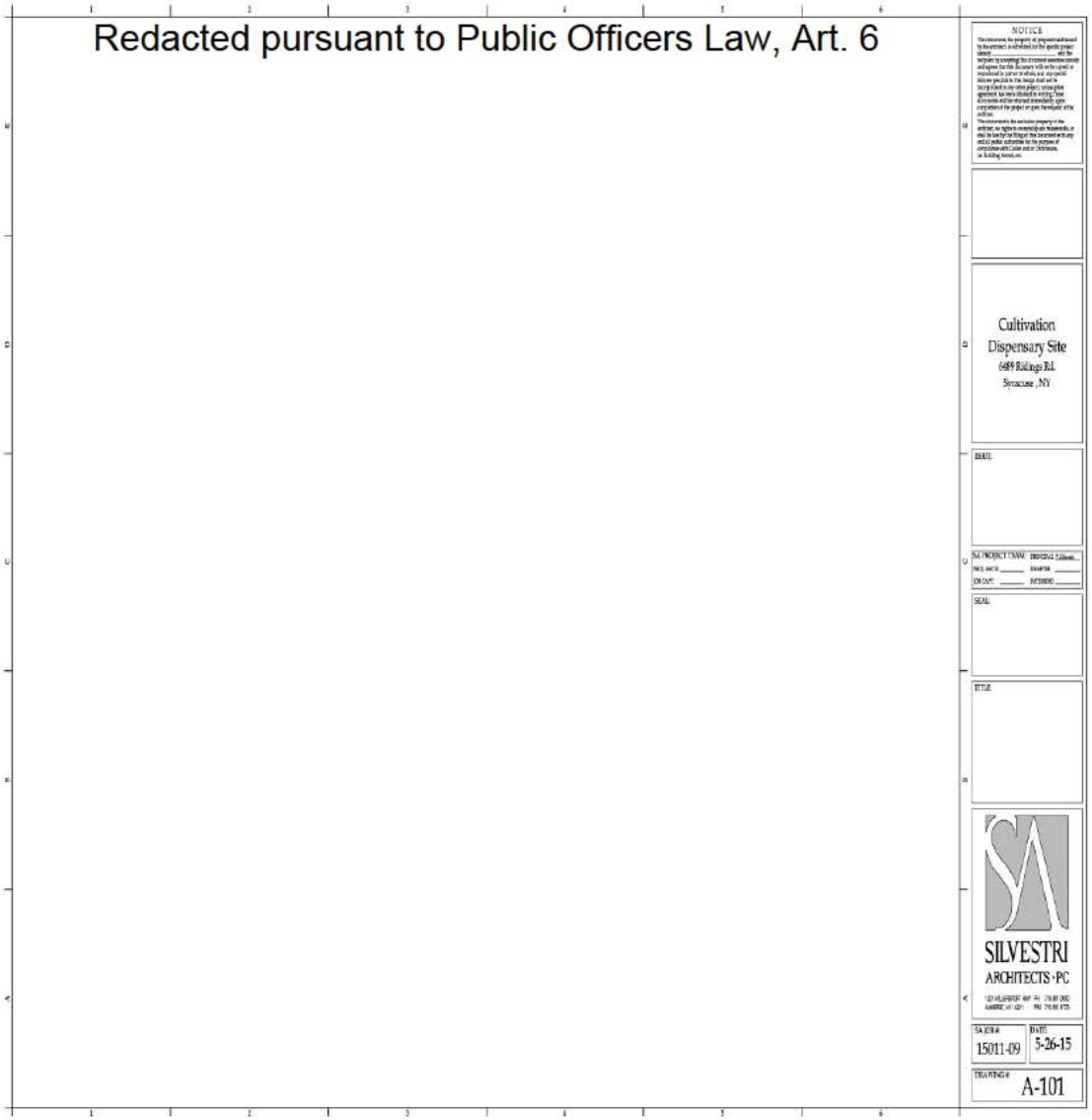
The following building and construction plans have been provided in the following pages:

- Exterior Photo (Entrance)
- Dispensary Floor Plan

Exterior Photo (Entrance)

Entrance to 6489 Ridings Road

Redacted pursuant to Public Officers Law, Art. 6



NOTICE

Cultivation
Dispensary Site
6689 Billings Rd.
Syracuse , NY

SILVESTRI
ARCHITECTS · PC

SA JOB #
15011-09

DATE
5-26-15

DRAWING #
A-101

PROPOSED DISPENSING FACILITY #4:

BINGHAMTON, NY

Property Description

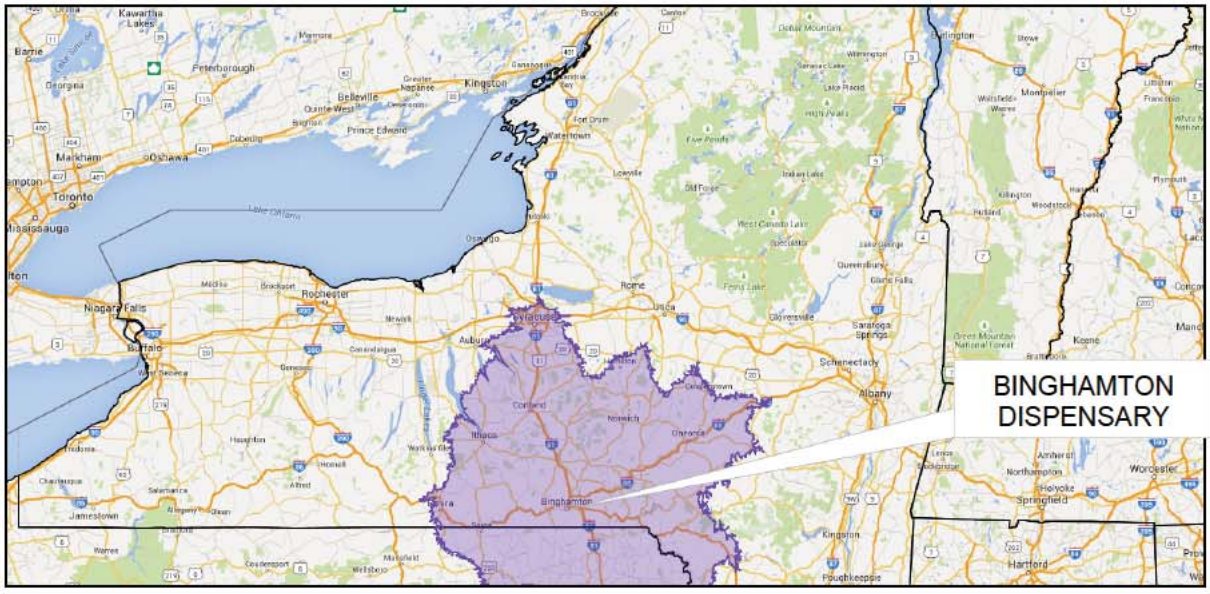
The proposed facility for our fourth dispensary is located at 596 Court Street in the City of Binghamton, Town of Kirkwood. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the cultivation center (§1004.10 (b) (1)). The AMA dispensary in Binghamton is in a stand-alone building in a commercial or industrial zone overlay. Specifically, the site is located within Kirkwood's B-2-E zoning district, which allows a wide range of non-residential uses.

The 4,920 square foot facility on a 0.62 acre lot is located more than 1,000 feet from any public or private school, day care center, community center, or church (§1004.10 (b)(7)). From a positioning standpoint, this site was selected for its regional access, its compliance with State rules and accessibility along a main thoroughfare, and the anticipated likelihood that the Town of Kirkwood would allow a dispensary in an area specifically encouraging non-residential uses. The site's neighboring uses include a self-storage building, a motel, an RV dealer, repair facilities, and a shopping center. The rear of the property borders railroad train tracks. The facility is within close proximity to a point of convergence for three US Interstates (I-81, I-86, and I-88) allowing for easy patient access from a wide geographic range.

In determining the square footage necessary for a best-in-class dispensary, AMA, LLC used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Source: Scout by Buxton]



Patient Projections

Our facility is accessible to 1,675,086 people within a 90-minute drive time time *[Source: Experian Population Facts]*. Of this population, 25% is ineligible due to Pennsylvania residency.

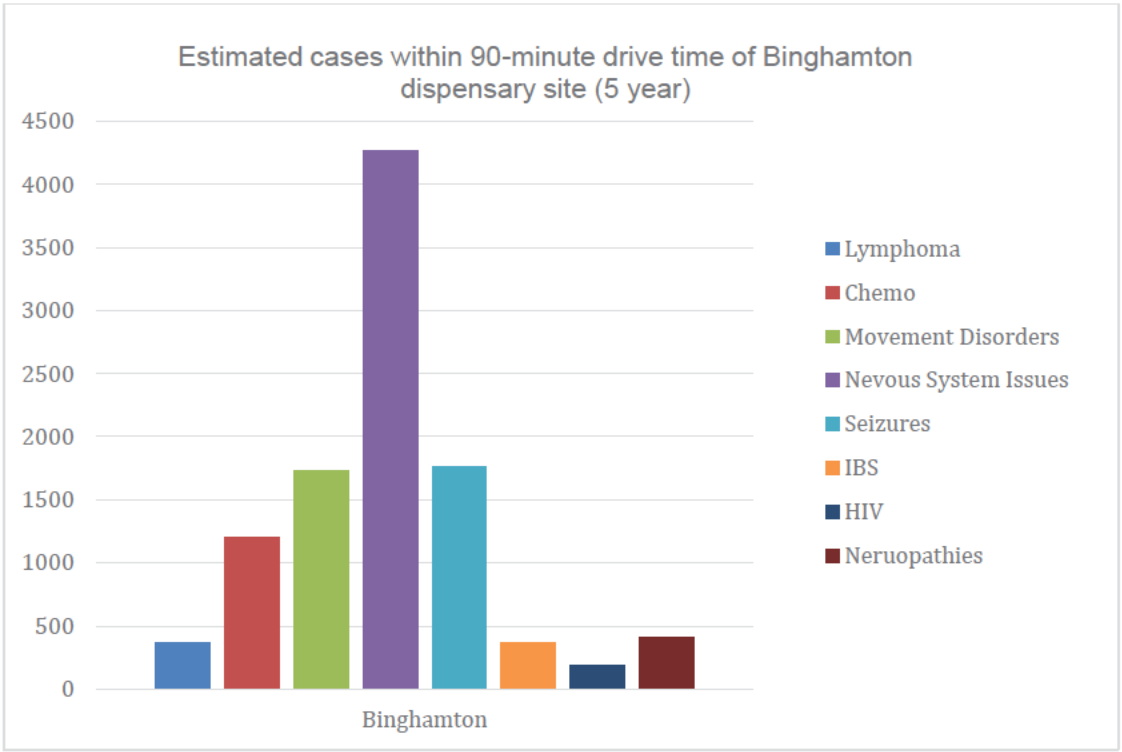
The five year diagnostic projection for patients in a 90-minute drive time radius from the facility estimates that 10,298 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neruopathies or will require Chemo Therapy within a 5 year period beginning in the year 2012 [*Source: MMA Inc. Health Service Demand Estimates*]. All of these ailments are eligible for treatment with medical marihuana in New York State. Of these projected cases, again, 25% will be ineligible due to Pennsylvania residency, leaving 7,723 New York patients that are expected to be diagnosed with these ailments in the five year period.

From this projected data, the Binghamton service area can expect an average of 1,545 new eligible patients per year. If 50% of this eligible patient pool utilizes the Binghamton facility 12 times per year, we could expect 9,270 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Table 1: Population By Disease Process in Dispensary Service Area

Ailments	Estimated cases within 90-minute drive time of Binghamton dispensary site (5 year)
Lymphoma	370
Chemo Therapy	1,200
Movement Disorders	1,732
Nervous System Issues	4,264
Seizures	1,766
Irritable Bowel Syndrome (IBS)	370
HIV	190
Neuropathies	406
Total	**10,298**

(Source: MMA Inc. Health Service Demand Estimates)



(Source: MMA Inc. Health Service Demand Estimates)

Site Advantages

The selected site, 596 Court Street, confers a number of key advantages of significant importance to patients in the service area:

- Maximum rural and city service area convenience due to proximity of a 3-interstate hub (I-86, I-88, I-81)
- Proximity to Binghamton General Hospital and a regional VA outpatient center,
- At 4,920 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Binghamton Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discrete regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

Located near major freeways, the proposed location offers a seamless retail experience with accessibility and convenience for patients and caregivers. Free parking will be provided; the number of parking spaces is more than sufficient for the expected demand.

At 0.62 of an acre, AMA's dispensary location in Binghamton will provide copious at-grade parking for dispensary patients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums. AMA has an agreement with the neighboring lot to share parking capacity presenting the opportunity to provide an overflow lot completely contiguous with our parking lot. The surface of AMA's dispensary parking lot with the neighboring parking lot is without partition or variation in grade thus creating a smooth transition between the two lots and affording our patients an oversized oasis of parking.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

The proposed exterior and interior appearance will be professional, orderly, dignified, and consistent with the best design of pharmacies and medical offices. An exterior design scheme meant to enhance the appearance of the surrounding community will be incorporated. The existing building is steel frame and steel-clad, painted black consistent with its prior use. AMA will repaint the building and reorder elements of the façade to achieve an appearance more consistent with its new medical use.

The landscape plan will tie together all of the exterior elements, incorporating new plantings and a resealed/repainted parking lot with discreet, regulatory-compliant signage, and crowned by a refreshed building façade to enhance the aesthetic appeal of the site as a whole, augmenting the surrounding neighborhood.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a) (1)-(4)).

Use of Interior Space

The total square footage of AMA's Binghamton dispensary site is approximately 4,920 square feet, ample space to serve the medical needs of our patients. Careful consideration was given to the design elements to ensure the facility layout accommodates seamless patient flow and encourages isolated staff interaction with each individual patient so that patients can receive individualized attention in privacy. Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition. The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary. Within the back office, only authorized employees will have access to the security surveillance room and the vaults (§1004.13 (b),(d)).

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e. retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Binghamton dispensary will be equipped with a separate loading area located on the opposite side of the main entrance and guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking of all medicinals so as to minimize the occurrence of theft, product loss, and diversion (§1004.7 (c)(2)(i), 1004.13(a)). The dispensary will have two vaults for a higher-than-average level of security by storing and managing cash separately from medicinals (§1004.13 (j),(k)). At the dispensary level, all marihuana product is monitored and recorded from the point the transport vehicle enters the Secure Delivery area to the point product is dispensed and carried off the premises by the patient. The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

Building and Construction Plans

The following building and construction plans have been provided in the following pages:

- Photo of Front Elevation
- Dispensary Floor Plan

Photo of Front Elevation

Redacted pursuant to Public Officers Law, Art. 6

NOTICE
This document, the property of, prepared and issued by the architect, is submitted for the specific project namely _____ and the recipient by accepting this document assumes custody and agrees that this document will not be copied or reproduced in part or in whole, and any special features peculiar to this design shall not be incorporated in any other project, unless prior agreement has been obtained in writing from the architect. All documents will be returned immediately upon completion of the project or upon the request of the architect.
This document is the exclusive property of the architect, no rights to ownership are transferred, or shall be lost by the filing of this document with any and all public authorities for the purpose of compliance with Codes and or Ordinances, i.e. Building Permit, etc.

Cultivation
Dispensary Site
596 Court St.
Binghamton, NY

ISSUE:

SA PROJECT TEAM:
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

SILVESTRI
ARCHITECTS · PC
1221 WILLIAMSVILLE HWY. TH. 716.627.0806
AMHERST, NY 14221 FAX 716.626.4713

SA JOB #: 15011-07
DATE: 05-20-15
DRAWING #: A-101

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

OneBeacon
INSURANCE GROUP

BOND
(License or Permit - Continuous)

Bond No. 800020900

KNOW ALL MEN BY THESE PRESENTS:

THATWE Alternative Medicine Associates, LLC, 8899 Main Street, Suite 7, Williamsville, NY 14221 as Principal, and ATLANTIC SPECIALTY INSURANCE COMPANY, a corporation duly incorporated under the laws of the State of New York and authorized to do business in the State of New York, as Surety, are held and firmly bound unto The New York State Department of Health, Corning Tower Room 2701, Albany, NY 12237-0016, as Obligee, in the penal sum of Two Million Dollars & 00/100---------- (2,000,000.00) Dollars, for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license or permit for Registered Organization - Medical Use of Marijuana under NYCRR 80-1

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall faithfully comply with all applicable laws, statutes, ordinances, rules or regulations, pertaining to the license or permit issued, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall become effective on June 2, 2015

PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above.

PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts of the Principal at any time by giving thirty (30) days written notice of such termination to the Obligee.

SIGNED, SEALED AND DATED this 2nd Day of June, 2015

Alternative Medicine Associates, LLC

By: _____
Principal

ATLANTIC SPECIALTY INSURANCE COMPANY
150 Royall Street, Canton, MA 02021

By: _____
Miguel Ferreira — Attorney-in-fact

01/13

OneBeacon
INSURANCE GROUP

Power of Attorney

No. 2000406

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: **Miguel Ferreira**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer"), may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this ninth day of October, 2012.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By Paul H McD
Paul H. McDonough, Senior Vice President

STATE OF MINNESOTA
HENNIPEN COUNTY

On this ninth day of October, 2012, before me personally came Paul H. McDonough, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

TARA JANELLE STAFFORD
NOTARY PUBLIC - MINNESOTA
My Commission Expires Jan. 31, 2015

Tara Stafford
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 2nd day of June, 2015.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
October 1, 2014

Secretary

Power of Attorney not valid without blue border

SURETY ACKNOWLEDGMENT

Commonwealth of Massachussets

County of Norfolk

On **June 2, 2015** before me personally appeared **Miguel Ferreira** who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(seal) Signature Marilyn A Frost

MARILYN A. FROST
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
January 18, 2019

PRINCIPAL ACKNOWLEDGMENT

State of New York

County of Erie

On June 3, 2015 before me personally appeared Dr. Greg Daniel who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(seal) Signature Carl F. Smukall

CARL F. SMUKALL
Notary Public, State of New York
No. 4981241
Qualified in Genesee County
Commission Expires May 6, 20 19

OneBeacon
INSURANCE GROUP

Atlantic Specialty Insurance Company

Period Ended 12/31/2014

Dollars displayed in thousands

Admitted Assets	
Investments:	
Bonds	$ 1,317,645
Preferred Stocks	84,208
Common Stocks	409,904
Mortgage Loans	-
Real Estate	42,934
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	108,915
Other Investments	138,657
Total Cash & Investments	2,102,262
Premiums and Considerations Due	241,456
Reinsurance Recoverable	20,336
Receivable from Parent, Subsidiary or Affiliates	30,168
All Other Admitted Assets	156,671
Total Admitted Assets	2,550,903

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 970,688
Loss Adjustment Expense Reserves	157,992
Total Loss & LAE Reserves	1,128,680
Unearned Premium Reserve	538,239
Total Reinsurance Liabilities	34,695
Commissions, Other Expenses, and Taxes due	41,137
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	86,637
Total Liabilities	1,829,388
Capital and Surplus	
Common Capital Stock	9,000
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	114,522
Other Including Gross Contributed	597,993
Capital & Surplus	721,515
Total Liabilities and C&S	2,550,903

State of Massachusetts
County of Norfolk ss

I, James Jordan, Assistant Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2014, according to the best of my information, knowledge and belief.

Assistant Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Massachusetts on this 15th day of March 2015.

Notary Public

SA LESHA V. S. BEEKS
Notary Public
State of Minnesota
My Commission Expires
January 31, 2020

Lawley Construction Solutions

361 Delaware Avenue
Buffalo, NY 14202
Phone: (716) 849-8618
Fax: (716) 849-8291
Website: www.lawleyinsurance.com

Invoice # 2015	Page 1 of 1
Account Number	Date
	6/3/2015
BALANCE DUE ON	
6/3/2015	
AMOUNT PAID	Amount Due
	$40,000.00

Alternative Medicine Associates, LLC
8899 Main Street, Suite 7
Williamsville, NY 14221

Performance &/or Payment Bond	PolicyNumber: 8000020900	Effective: 6/2/2015	to 6/2/2016

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
496818					$40,000.00

$2,000,000 - License and Permit Bond - Registered Organization - Medical Use of Marijuana under NYCRR 80-1. The bond is continuous and can not be cancelled until release by the State of New York.

Premium payable annually until released.

Total Invoice Balance: $40,000.00

If payment is due, please make check payable to Lawley Service. Thank you.

Rest insured.

Lawley

Compensation Disclosure

The following disclosure is provided pursuant to New York State Department of Financial Services Regulation No. 194 (11 NYCRR 30.1 et seq.):

Lawley Service, Inc. and/or branch offices, ("the producer") is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

LEASE AGREEMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

REAL ESTATE PURCHASE AGREEMENT

This Real Estate Purchase Agreement (this "Agreement") is made and entered into as of June ___, 2015 (the "Effective Date") between Kaya NY Holdings, LLC, a New York State limited liability company ("Purchaser"), and Zemco Industries, Inc., a Delaware corporation ("Seller"). Purchaser and Seller are sometimes collectively referred to herein as the "Parties" and each of the Parties is sometimes singularly referred to herein as a "Party".

WHEREAS, Seller is the owner of the Property (as hereinafter defined);

WHEREAS, Seller desires to sell, and Purchaser desires to purchase, the Property in accordance with, and subject to, the terms set forth herein.

NOW, THEREFORE, in consideration of the sum of $10.00, the mutual covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

ARTICLE I
DEFINITIONS

As used herein, the following terms shall have the meanings indicated:

"Closing" shall mean the consummation of the sale and purchase of the Property provided for herein, to be held at the offices of the Title Company, or such other place as the Parties may mutually agree.

"Closing Date" shall mean the earlier of the date which is (a) fifteen (15) days following the expiration of the Due Diligence Review Period, (b) fifteen (15) days following written waiver by Purchaser of the final condition to Purchaser's obligations contained in Section 6.1, or (c) mutually agreeable to both parties.

"Deed" shall mean a warranty deed with full covenants executed by Seller, as grantor, in favor of Purchaser, as grantee, conveying the Property to Purchaser, subject to the Permitted Exceptions, including the restriction set forth on Exhibit C and in a substantially the form as contained in Exhibit D, subject to the Title Company's acceptance.

"Due Diligence Review Period" shall mean a period commencing on the Effective Date and ending on the date which is sixty (60) days following the Effective Date unless extended or earlier waived by Purchaser as provided in this Agreement.

"Earnest Money Deposit" shall mean the earnest money deposit to be paid by Purchaser pursuant to the provisions of Section 3.1 hereof.

"Effective Date" shall mean the date set forth in the introductory paragraph of this Agreement.

"Escrow Agrent" shall mean Chicago Title Insurance Company.

"Land" shall mean the real property located at 50 Van Rennsselaer Rd., Buffalo, New York, 14210 with a street address of 665 Perry St., Buffalo, New York, 14210, and more particularly described on Exhibit A attached hereto, consisting of approximately 10.27 acres of land.

"Permitted Exceptions" shall mean those title exceptions which have been approved in writing by Purchaser or are deemed to have been approved by Purchaser during the Title Review Period, but specifically excluding mortgages, deeds of trust, other liens that can be released with the payment of money.

"Property" shall mean the Land, any improvements erected thereon, excepting any easements, rights of way, other matters of record affecting the Land, and the personal property and equipment specifically listed on Exhibit B (as refined as provided for herein) including without limitation, a 164,491 square foot building, other ancillary buildings, structures and all appurtenances.

"Purchase Price" shall have the meaning set forth in Article 3 below.

"Purchase Price Allocation" shall mean the allocation of the Purchase Price between (a) the Land together with any improvements erected thereon and (b) the personal property and equipment specifically listed Exhibit B (as will be refined as provided for herein).

"Searches" shall mean fully guaranteed tax, title and U.S. District Court searches with local tax certificates for county, city and school taxes and county, and New York State, Delaware State and any other applicable State searches under the Uniform Commercial Code.

"Survey" shall mean an ALTA/ACSM land title survey conducted by Surveying Company as more particularly described in the estimate attached hereto as Exhibit E.

"Surveying Company" shall mean Nussbaumer & Clarke, Inc.

"Title Commitment" shall mean a commitment issued by the Title Company to the Purchaser pursuant to the terms of which the Title Company shall commit to issue the Title Policy to Purchaser in accordance with the provisions of this Agreement.

"Title Company" shall mean Chicago Title Insurance Company, 44 Exchange Boulevard, 1st Floor, Rochester, New York 14614.

"Title Policy" shall mean a standard owner's policy of title insurance insuring up to the amount of the Purchase Price good and marketable title to the fee interest in the Property as being vested in Purchaser, subject to the Permitted Exceptions.

"Title Review Documents" shall mean the Searches, Title Commitment, and the Survey.

"Title Review Period" shall mean a period commencing on the Effective Date and continuing until the earlier of (i) Purchaser's waiver or consent as more particularly described in Section 4.4 herein, or (ii) sixty (60) days following the Effective Date.

ARTICLE II
AGREEMENTS TO SELL AND PURCHASE

2.1 Agreement to Sell and Purchase Property. On the Closing Date, subject to the performance by the Parties of the terms and provisions of this Agreement, Seller shall sell, convey, assign, transfer and deliver to Purchaser and Purchaser shall purchase, acquire and accept from Seller, the Property, for the Purchase Price therefor and subject to the terms and conditions of this Agreement.

ARTICLE III
EARNEST MONEY

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ARTICLE IV

DUE DILIGENCE, TITLE & SURVEY REVIEW

Redacted pursuant to Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ARTICLE V
REPRESENTATIONS AND WARRANTIES

5.1 Representations and Warranties of Seller. Seller represents and warrants to Purchaser as follows:

(a) Seller holds good and marketable title to the Property. Seller will have at Closing the unconditional right to convey, transfer and assign to Purchaser, good, marketable and insurable right and title to the Property free and clear of any deeds of trust, mortgages, liens, encumbrances, leases, tenancies, security interests and judgments, subject to the Permitted Exceptions.

(b) Seller has been duly formed and organized under the laws of the State of Delaware and is in good standing under the laws of such state and is duly qualified to do business in the State of New York. Seller has duly and validly authorized and executed this Agreement and has full right, title, power and authority to enter into this Agreement and to consummate the transactions provided for herein, and the joinder of no person or entity will be necessary to convey the Property to Purchaser at the Closing. The execution by Seller of this Agreement and the consummation by Seller of the Closing do not, and at the Closing will not, result in a breach of any of the terms or provisions of, or constitute a default or a condition which upon notice would ripen into a default under, Seller's bylaws or certificate or articles of organization; and does not constitute a violation of any laws, order, rule or regulation applicable to Seller or any portion of the Property of any court or of any federal, state or municipal regulatory body or administrative agency or other governmental body having jurisdiction over Seller or any portion of the Property.

(c) To Seller's knowledge, there are no adverse parties in possession of the Property or of any part thereof. To Seller's knowledge, there are no unrecorded outstanding licenses or leases that effect the use or possession of the Property.

(d) To Seller's knowledge, there are no pending condemnation, eminent domain, assessment or similar proceeding or charge affecting the Property or any portion thereof which are not filed of record.

(e) To Seller's knowledge, there are no actions, suits or proceedings pending threatened, before or by any judicial body or any governmental authority, against Seller which would affect in any material respect Seller's ability to proceed with the transaction contemplated by this Agreement or adversely affect the Property.

(f) To Seller's knowledge, there is no pending or threatened litigation or administrative proceedings which, if resolved adversely to Seller, would adversely affect title to the Property or any part thereof or the ability of Seller to perform any of its obligations hereunder.

(g) Seller has not received written notice of the intention of any governmental authority to file or impose any liens (other than statutory liens for real estate taxes not yet due and payable) or special assessments against any of the Property.

(h) Seller is not a "foreign person" within the meaning of Sections 1445 and 7701 the Internal Revenue Code of 1986, as amended (hereinafter the "Code"). This covenant shall survive transfer of title and recording of the Deed.

(i) To Seller's knowledge, there are no unrecorded easements, rights of way, gas, timber, mineral rights or other encumbrances except as set forth in the Title Review Documents.

(j) **SELLER MAKES NO REPRESENTATION OR WARRANTY (EXCEPT AS TO THE WARRANTY OF TITLE CONTAINED IN THE DEED AND THE REPRESENTATIONS AND WARRANTIES CONTAINED IN THIS AGREEMENT) CONCERNING THE VALUE OF THE PROPERTY, THE CONDITION OF ANY IMPROVEMENTS LOCATED UPON THE PROPERTY, THE ENVIRONMENTAL CONDITION OF THE PROPERTY, THE PRESENCE OR ABSENCE OF ANY HYDROCARBONS, ASBESTOS, ENVIRONMENTAL, HAZARDOUS MATERIALS OR TOXIC CONTAMINATION OF THE PROPERTY, THE SUITABILITY OF THE PROPERTY FOR A PARTICULAR PURPOSE, THE GEOLOGICAL CONDITION OF THE PROPERTY, THE**

MERCHANTABILITY OF THE PROPERTY, OR ITS FITNESS FOR A PARTICULAR PURPOSE. THIS SECTION SHALL SURVIVE THE CLOSING OR EARLIER TERMINATION OF THE AGREEMENT. The term "Hazardous Materials" means any substance (a) the presence of which requires reporting, investigations, or remediation under any current federal, state, or local statute, regulation or ordinance or (b) which are currently defined as hazardous substances, toxic substances, regulated substances, pollutants, or contaminants under any current federal, state, or local statue, regulation, or ordinance, including hydrocarbons and asbestos.

(k) Other than as disclosed or made available during the Due Diligence Review Period, Seller has no knowledge of any lawsuits, notices of violation or other regulatory, administrative, judicial or legal proceedings pending against Seller in connection with, either directly or indirectly, the environmental conditions at the Property.

5.2 Representations and Warranties of Purchaser. Purchaser represents and warrants to Seller as follows:

(a) Purchaser has duly and validly authorized and executed this Agreement, and has full right, title, power and authority to enter into this Agreement and to consummate the transactions provided for herein, and the joinder of no person or entity will be necessary to purchase the Property from Seller at Closing. The execution by Purchaser of this Agreement and the consummation by Purchaser of the transactions contemplated hereby do not, and at the Closing will not, result in a breach of any of the terms or provisions of, or constitute a default or a condition which upon notice or lapse of time or both would ripen into a default under, Purchaser's bylaws or certificate or articles of organization; and does not constitute a violation of any laws, order, rule or regulation applicable to Purchaser of any court or of any federal, state or municipal regulatory body or administrative agency or other governmental body having jurisdiction over Purchaser.

(b) There are no actions, suits or proceedings pending, or to the actual knowledge of Purchaser, threatened, before or by any judicial body or any governmental authority, against Purchaser which would affect in any material respect Purchaser's ability to proceed with the transaction contemplated by this Agreement.

(c) Except as expressly set forth otherwise in this Agreement, Purchaser has not relied upon and will not rely upon, either directly or indirectly, any representation or warranty of Seller or Seller's agents and acknowledges that no such representations have been made. Other than Seller's representations and warranties provided herein, Purchaser is solely relying upon, and as of the expiration of the Purchase Agreement Title Review Periods will have conducted, its own, independent inspection, investigation, and analysis of the Property as it deems necessary or appropriate in so acquiring the Property from Seller, including, without limitation, an analysis of any and all matters concerning the suitability of the Property for Purchaser's intended purposes, and a review of all applicable laws, ordinances, rules and governmental regulations (including, but not limited to, those relative to building, zoning, and land use) affecting the development, use, occupancy or enjoyment of the Property. Upon Settlement, Purchaser shall assume the risk, except for risks that the Seller intentionally conceals from the Purchaser, that adverse matters, including, but not limited to, adverse physical and environmental conditions, may not have been revealed by Purchaser's inspections and investigations. Purchaser acknowledges and agrees that, except as otherwise expressly provided herein, upon Settlement, Seller shall sell and convey to Purchaser and Purchaser shall accept the Property "AS-IS" and "WITH ALL FAULTS." Seller is not liable or bound in any manner by any oral or written statements, representations, or information pertaining to the Property furnished by any real estate broker, agent, employee, servant, or other person, unless the same are specifically set forth or referred to in this Agreement. Purchaser

acknowledges that the Purchase Price reflects the "as is" nature of this sale and any faults, liabilities, defects or other adverse matters that may be associated with the Property.

(d) Except for any claim of Purchaser for Seller's breach of its representations and warranties expressly set forth in this Agreement, Purchaser, on behalf of itself, its officers, directors and its and their respective successors, shall, and by the execution of the Agreement, hereby does, and upon the Settlement shall, forever release Seller, its partners, officers, directors, agents, employees, affiliates, and its and their respective successors, of and from any and all losses, liabilities, damages, claims, demands, causes of action, costs, and expenses that Purchaser may now or hereafter have against the foregoing parties.

ARTICLE VI
CONDITIONS TO OBLIGATIONS

6.1 Conditions to the Purchaser's Obligations. The obligations of Purchaser to purchase the Property from Seller and to consummate the transactions contemplated by this Agreement are subject to the satisfaction, at all times prior to and as of the Closing with respect to the Property (or such other time period specified below), of each of the following conditions:

(a) All of the representations and warranties of Seller set forth in this Agreement shall be true at all times prior to, at and as of, the Closing in all material respects.

(b) Seller shall have delivered, performed, observed and complied with, all of the items, instruments, documents, covenants, agreements and conditions required by this Agreement to be delivered, performed, observed and complied with by it prior to, or as of, the Closing.

(c) Seller shall not be in receivership or dissolution or have made any assignment for the benefit of creditors, or admitted in writing its inability to pay its debts as they mature, or have been adjudicated a bankrupt, or have filed a petition in voluntary bankruptcy or a petition or answer seeking reorganization or an arrangement with creditors under the federal bankruptcy law or any other similar law or statute of the United States or any state, and no such petition shall have been filed against it.

(d) The Property shall not have been destroyed by fire or other casualty.

Notwithstanding the foregoing, Purchaser may provide Seller with written notice waiving any above set forth conditions and the Parties shall complete sale and purchase of the Property in accordance with the terms and conditions of this Agreement.

6.2 Failure of Conditions to Purchaser's Obligations. In the event any one or more of the conditions to Purchaser's obligations found in Section 6.1, above, are not satisfied or waived in whole or in part at any time prior to or as of the Closing of the Property, Purchaser, at Purchaser's option, shall be entitled to: (a) terminate this Agreement with regard to the Property by giving written notice thereof to Seller; or (b) proceed to Closing hereunder. Notwithstanding the foregoing, to the extent that Purchaser shall elect not to proceed to Closing hereunder with respect to the Property, Purchaser will return all copies of materials regarding the Property provided to Purchaser pursuant to Section 4.1 hereof to Seller.

6.3 Conditions to the Seller's Obligations. The obligations of Seller to sell the Property to Purchaser and to consummate the transactions contemplated by this Agreement are subject to the satisfaction, at all times prior to and as of the Closing with respect to the Property (or such other time period specified below), of each of the following conditions:

(a) All of the representations and warranties of Purchaser set forth in this Agreement shall be true at all times prior to, at and as of, the Closing in all material respects.

(b) Purchaser shall have delivered, performed, observed and complied with, all of the items, instruments, documents, covenants, agreements and conditions required by this Agreement to be delivered, performed, observed and complied with by it prior to, or as of, the Closing.

6.4 Failure of Conditions to Seller's Obligations. In the event any one or more of the conditions to Seller's obligations are not satisfied or waived in whole or in part at any time prior to or as of the Closing, Seller, at Seller's option, shall be entitled to: (a) terminate this Agreement with respect to the Property by giving written notice thereof to Purchaser, whereupon the Earnest Money Deposit shall be immediately paid over to Seller, and Seller shall have no further obligations or liabilities hereunder; or (b) proceed to Closing hereunder.

ARTICLE VII
PROVISIONS WITH RESPECT TO THE CLOSING

7.1 Seller's Closing Deliveries. At the Closing with respect to the Properties, Seller shall furnish and deliver or cause to have delivered to the Purchaser the following:

(a) The Deed;

(b) Bills of sale or assignments reasonably satisfactory to Purchaser conveying title to Purchaser of the property listed on Exhibit B;

(c) Such affidavits or letters of indemnity from Seller to the Title Company as the Title Company shall reasonably request;

(d) Any and all keys in the possession of the Seller to locks located on the Property;

(e) An affidavit required by Section 1445 of the Internal Revenue Code of 1986, as amended ("Code"), and the Regulations pursuant thereto, and acceptable to the Purchaser ('FIRPTA Affidavit");

(f) An appropriate TP-584 form required by the New York State Department of Taxation and Finance;

(g) Such instruments or documents as are necessary, or are reasonably required by Purchaser or the Title Company, to evidence the authority of the person or persons who are executing the various documents on behalf of Seller in connection with the purchase and sale transaction contemplated hereby.;

(h) A closing statement showing all closing costs and expenses of each party, all credits, debits and all pro-rations and showing the net amount due from Purchaser at Closing; and

(i) Such other documents as are reasonably required by Purchaser to carry out the terms and provisions of this Agreement.

7.2 Purchaser's Closing Deliveries. At the Closing with respect to the Property, Purchaser shall furnish and deliver to Seller the following:

(a) Federal Reserve, wire transfer funds or other immediately available collected funds payable to the order of Seller representing the Purchase Price due in accordance with Section 3.4 hereof, less the Earnest Money Deposit.

(b) Such instruments or documents as are necessary, or are reasonably required by Seller or the Title Company, to evidence the authority of the person or persons who are executing the various documents on behalf of Purchaser in connection with the purchase, sale and lease transaction contemplated hereby.

(c) An appropriate TP-584 form required by the New York State Department of Taxation and Finance.

(d) A closing statement showing all closing costs and expenses of each party, all credits, debits and all pro-rations and showing the net amount due from Purchaser at Closing

(e) Such instruments or documents as are required by the Title Company to release and pay over the Earnest Money Deposit to Seller.

(f) Such other documents as are reasonably required by Seller to carry out the terms and provisions of this Agreement.

ARTICLE VIII
EXPENSES OF CLOSING

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ARTICLE IX
DEFAULT AND REMEDIES

9.1 Seller's Default; Purchaser's Remedies.

(a) Seller's Default. Seller shall be deemed to be in default hereunder upon the occurrence of one of the following events (in each instance, a "Seller Default"): (i) any of Seller's warranties or representations set forth herein shall be untrue in any material respect when made or at Closing; or (ii) Seller shall fail to meet, comply with, or perform any covenant, agreement or obligation on its part required within the time limits and in the manner required in this Agreement, which, in either of such events, is not cured by Seller within ten (10) days following receipt by Seller of written notice of default from Purchaser.

(b) Purchaser's Remedies. In the event of a Seller Default, Purchaser, as its sole and exclusive remedies hereunder, may (1) terminate this Agreement by written notice delivered to Seller on or before the Closing whereupon (i) the Earnest Money Deposit shall be refunded to Purchaser and (ii)

Seller shall pay to Purchaser an amount equal to Purchaser's costs and expenses incurred for the Title Review Documents, escrow charges, reasonable attorneys' fees and costs and Purchaser's direct damages incurred as result of the Seller Default. Seller shall cooperate with Purchaser in obtaining the Earnest Money Deposit, including the execution of all documents reasonably requested by the Title Company.

9.2 Purchaser's Default; Seller's Remedies.

(a) Purchaser's Default. Purchaser shall be deemed to be in default hereunder upon the occurrence of one of the following events (in each instance, a "Purchaser Default"): (i) any of Purchaser's warranties or representations set forth herein shall be untrue in any material respect when made or at Closing; or (ii) Purchaser shall fail to meet, comply with, or perform any covenant, agreement or obligation on its part required within the time limits and in the manner required in this Agreement, which, in either of such events, is not cured by Purchaser within ten (10) days following receipt by Purchaser of written notice of default from Seller.

(b) Seller's Remedies. In the event of a Purchaser Default, Seller may (i) terminate this Agreement by written notice to Purchaser on or before the Closing whereupon the Earnest Money Deposit shall be paid over to Seller as liquidated damages (including any accrued interest on such Earnest Money Deposit) as the parties recognize that it would be extremely difficult to ascertain the extent of actual damages caused by Purchaser's breach, and that the Earnest Money Deposit represents a fair approximation of such actual damages as the parties can now determine or (ii) Purchaser shall pay to Seller an amount equal to Seller's actual costs and expenses incurred as result of the Purchaser's Default, or (iii) seek specific performance of Purchaser's obligations under this Agreement. Purchaser shall cooperate with Seller in obtaining the Earnest Money Deposit, including the execution of all documents reasonably requested by the Title Company.

9.3 Acknowledgement. The Parties acknowledge and agree that the respective remedies described in Sections 9.1 and 9.2 herein represent the sole and exclusive remedy for each Party hereunder for a Seller Default or Purchaser Default, and that the Parties shall have no other remedies at law or equity arising out of an alleged or actual breach of this Agreement. This Section 9.3 shall survive the Closing or termination of this Agreement, as applicable

ARTICLE X
MISCELLANEOUS

10.1 Assignment. Without Purchaser's prior written consent, Seller will not assign all or any of its interest under this Agreement. Notwithstanding the foregoing, Seller may assign its right to receive the Purchase Price under this Agreement, provided that any such assignment shall not constitute a release of Seller from its obligations under this Agreement. Purchaser may assign its rights under this Agreement, provided that any such assignment shall not constitute a release of Purchaser from its obligations under this Agreement. Notwithstanding the foregoing, Purchaser may without limitation assign all or any of its interest under this Agreement to an Affiliate of Purchaser and such assignment shall release Purchaser from its obligations under this Agreement. As referred to herein the term "Affiliate" shall mean, with respect to Purchaser, any persons or entities that own or control, are owned or controlled by, or are under common ownership or control with, Purchaser.

10.2 Notices. All notices, requests and other communications under this Agreement shall be in writing and shall be either (a) delivered in person, (b) sent by certified mail, return-receipt requested, or (c) delivered by a recognized delivery service as follows:

If intended for Purchaser:	Kaya NY Holdings, LLC 1 John James Audubon Parkway Amherst, New York 14228 Attention: Legal Department
With a copy to:	Underberg & Kessler LLP 300 Bausch & Lomb Place Rochester, New York 14604 Phone: (585) 258-2894 Attention: Chairperson of the Real Estate Department
If intended for Seller:	Zemco Industries, Inc. 2200 Don Tyson Parkway Springdale, AR 72762 Phone: 479-290-3447 Attention: Adam Kees, Treasury Manager
With a copy to:	Tyson Foods, Inc. 2200 Don Tyson Parkway Springdale, AR 72762 Phone: (479) 290-2258 Attn: Legal Department

or at such other address, and to the attention of such other person, as the parties shall give notice as herein provided. A notice, request and other communication shall be deemed to be duly received if delivered in person or by a recognized delivery service, when delivered to the address of the recipient, if sent by mail, on the date of receipt by the recipient as shown on the return receipt card; provided that if a notice, request or other communication is served by hand on a day which is not a business day, or after 5:00 P.M. (recipient's local time) on any business day at the addressee's location, such notice or communication shall be deemed to be duly received by the recipient at 9:00 A.M. on the first business day thereafter.

10.3 Entire Agreement; Modifications. This Agreement, together with the other documents, instruments and agreements heretofore or hereinafter entered into in connection with the transactions contemplated herein, embody and constitute the entire understanding between the Parties with respect to the transactions contemplated herein, and all prior or contemporaneous agreements, understandings, representations and statements (oral or written) are merged into this Agreement. Neither this Agreement nor any provision hereof may be waived, modified, amended, discharged or terminated except by an instrument in writing signed by the Party against whom the enforcement of such waiver, modification, amendment, discharge or termination is sought, and then only to the extent set forth in such instrument.

10.4 Captions. The captions in this Agreement are inserted for convenience of reference only and in no way define, describe, or limit the scope or intent of this Agreement or any of the provisions hereof.

10.5 Binding Effect. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective successors and assigns.

10.6 Time is of the Essence. With respect to all provisions of this Agreement, time is of the essence. However, if the first date of any period which is set out in any provision of this Agreement falls on a day which is not a business day, then, in such event, the time of such period shall be extended to the next day which is a business day.

10.7 Waiver of Conditions. Any Party may at any time or times, at its election, waive any of the conditions to its obligations hereunder, but any such waiver shall be effective only if contained in a writing signed by such Party. No waiver by a Party of any breach of this Agreement or of any warranty or representation hereunder by the other Party shall be deemed to be a waiver of any other breach by such other Party (whether preceding or succeeding and whether or not of the same or similar nature), and no acceptance of payment or performance by a Party after any breach by the other Party shall be deemed to be a waiver of any breach of this Agreement or of any representation or warranty hereunder by such other Party, whether or not the first Party knows of such breach at the time it accepts such payment or performance. No failure or delay by a Party to exercise any right it may have by reason of the default of the other Party shall operate as a waiver of default or modification of this Agreement or shall prevent the exercise of any right by the first Party while the other Party continues to be so in default.

10.8 Confidentiality. Except as hereinafter provided, from and after the execution of this Agreement, Seller and Purchaser shall keep this Agreement and the contents hereof confidential and shall not disclose the contents hereof except (if and to the extent reasonably necessary) to their respective attorneys, accountants, engineers, surveyors, financiers, bankers and other parties necessary for the consummation of the contemplated transactions and except to the extent any such disclosure is reasonably necessary in connection with the enforcement of the right of a Party hereunder.

10.9 Attorneys' Fees. To the extent permitted by applicable law, if either Party obtains a judgment against the other Party by reason of a breach of this Agreement, reasonable attorneys' fees as fixed by the court shall be included in such judgment.

10.10 Remedies Cumulative. Except as herein expressly set forth, no remedy conferred upon a Party by this Agreement is intended to be exclusive of any other remedy herein or by law provided or permitted, but each shall be cumulative and shall be in addition to every other remedy given herein or now or hereafter existing at law, in equity or by statute.

10.11 Terminology. The words "include", "includes" and "including" shall be deemed to be followed by the phrase "without limitation". The words "herein", "hereof", "hereunder" and similar terms shall refer to this Agreement unless the context requires otherwise. Whenever the context so requires, the neuter gender includes the masculine and/or feminine gender, and the singular number includes the plural and vice versa.

10.12 Estoppel. Each Party confirms and agrees that it (a) has read and understood all of the provisions of this Agreement; (b) is an experienced real estate investor and is familiar with major sophisticated transactions such as that contemplated by this Agreement; (c) has negotiated with the other Party at arm's length with equal bargaining power; and (d) has been advised by competent legal counsel of its own choosing.

10.13 Joint Preparation. This Agreement (and all exhibits thereto) is deemed to have been jointly prepared by the Parties hereto, and any uncertainty or ambiguity existing herein, if any,

shall not be interpreted against any Party, but shall be interpreted according to the application of the rules of interpretation for arm's-length agreements.

10.14 Counterparts. This Agreement may be executed in counterparts, and it is agreed that such counterpart signatures, when assembled into a single document with multiple signature pages, shall be binding upon and enforceable against the parties hereto to the same extent as if all signatures were set forth on the same copy of this Agreement. Delivery of an executed counterpart of a signature page to this Agreement by telecopier shall be as effective as delivery of a manually executed counterpart of this Agreement. In proving this Agreement, it shall not be necessary to produce or account for more than one such counterpart signed by the Party against whom enforcement is sought.

10.15 Joint and Several Liability. In the event that the Purchaser consists of more than one individual or entity, the liabilities and obligations of each party constituting the Purchaser shall be the joint and several obligations of each such party.

10.16 Recording. This Agreement shall not be recorded. Upon a Party's reasonable request, the Parties will execute a memorandum of this Agreement ("Memorandum") which Memorandum, at such requesting Party's expense, may be recorded in the appropriate public land records. In the event the Memorandum is executed, such requesting Party shall simultaneously execute a quitclaim deed in favor of the other Party conveying the Property, such deed to be held in escrow by the Title Company. In the event this Agreement is terminated prior to Closing (pursuant to such terminating Party's rights hereunder), then the Title Company shall file such deed in the public land records for the jurisdiction in which the Memorandum was filed. For purposes of certainty, in the event this Agreement is terminated as described in this Section 10.16, the ability of a Party to enforce this provision shall be deemed to survive such termination until the quitclaim deed is filed as described herein.

10.17 1031 Exchange. The Parties acknowledge that Purchaser and/or Seller may desire to qualify the purchase or sale of some or all of the Property described in this Agreement as part of a like-kind exchange, qualifying as such under Section 1031 of the Internal Revenue Code. In connection therewith, (A) if Purchaser deems appropriate, Purchaser shall be entitled to direct Seller to convey the Property which is the subject of this Agreement, or any portion thereof, to a qualified intermediary for the benefit of Purchaser and Purchaser may assign and reassign Purchaser's rights under this Agreement or (B) if Seller deems appropriate, Seller shall be entitled to assign and reassign Seller's rights under this Agreement to one or more qualified intermediaries who shall in turn convey the Property which is subject to this Agreement, or any portion thereof, to Purchaser and such performance by the qualified intermediaries shall be deemed performance by Seller, provided, however, that any such conveyance or assignment shall not relieve the assigning party of any liability to the other party hereunder should any such assignee or transferee fail to close this Agreement in accordance with the terms hereof. Each party agrees to cooperate with the other in any reasonable manner, but at no cost to the cooperating party, in connection with qualifying the transaction contemplated hereby as part of a like-kind exchange under Section 1031 of the Internal Revenue Code. Notwithstanding the foregoing, neither party makes any promises, agreements, covenants, or representations to the other of any kind or nature that the transaction contemplated hereby can qualify for treatment under Section 1031 of the Internal Revenue Code.

10.18 Legal Description Refinement. Notwithstanding the legal description set forth on Exhibit A, the Parties acknowledge that the legal description and approximate dimensions of the subject property herein set forth may contain minor inaccuracies, may not be complete, or may lack definition which can only be provided through a survey. The Parties agree that such legal

description and dimensions of the subject property shall be subject to refinement, correction or completion, based on the Title Commitment and/or Title Policy. This provision shall survive the Closing.

10.19 Personal Property and Equipment Description Refinement. Notwithstanding the personal property and equipment description set forth on Exhibit B, the Parties acknowledge that such personal property and equipment description herein set forth may contain minor inaccuracies, may not be complete, or may lack definition which can only be provided through an inspection and appraisal of such personal property and equipment. The Parties agree that such personal property and equipment description shall be subject to refinement, correction or completion, based on an inspection and appraisal completed for Purchaser, provided that in no event shall the equipment and personal property in Exhibit B contain items which are not located at the Property. This provision shall survive the Closing.

[Signature page immediately follows.]

EXECUTED to be effective as of the Effective Date.

SELLER:

ZEMCO INDUSTRIES, INC.
a Delaware corporation

By: Dennis Leatherby
Its: Executive Vice President & Chief Financial Officer

PURCHASER:

KAYA NY HOLDINGS, LLC

By: GREGORY DANIEL
Its: Member

ESCROW AGENT:

CHICAGO TITLE INSURANCE COMPANY

By: STUART COOPER
Its: Assistant Vice President

EXECUTED to be effective as of the Effective Date.

SELLER:

ZEMCO INDUSTRIES, INC.
a Delaware corporation

By: Dennis Leatherby
Its: Executive Vice President & Chief Financial Officer

PURCHASER:

KAYA NY HOLDINGS, LLC

By: GREGORY DANIEL
Its: Member

ESCROW AGENT:

CHICAGO TITLE INSURANCE COMPANY

By: STUART COOPER
Its: Assistant Vice President

Exhibit A

[Legal Description Subject to Revision as Provided in Section 10.18]

Legal Description

Parcel A

ALL THAT TRACT OR PARCEL OF LAND situate in the City of Buffalo, County of Erie and State of New York, being part of Lot Number 14, Township 11, Range 8 of the Holland Land Company's Survey and also part of Outer Lot 65, bounded and described as follows:

Beginning at a point which is 255.31 feet south of the intersection of the westerly line of Van Rensselear Street with the southerly line of Perry Street; thence southerly along the westerly line of Van Rensselear Street a distance of 354.68 feet to the north line of lands conveyed to New York State Department of Transportation by instrument dated June 18, 1980 being designated Parcel Number 8 on New York State Department of Transportation Map Number 7, South Park Avenue, Katherine Street to Lee Street; thence westerly at right angles to the last above described line a distance of 10 feet; thence southwesterly at an interior angle of 230° 12' 13" a distance of 78 feet which point is also the northwesterly line of said lands conveyed to New York State Department of Transportation last above mentioned; thence easterly 7.55 feet measured 3.16 feet record to the east line of said lands conveyed to New York State Department of Transportation by instrument dated June 18, 1980 being designated Parcel Number 6 on New York State Department of

Transportation Map Number 7, South Park Avenue, Katherine Street to Lee Street; thence northwesterly along the northeasterly line of lands conveyed to the New York State Department of Transportation, last above mentioned, a distance of 371 feet; thence continuing northwesterly along said lands of the State of New York Department of Transportation last above mentioned, at an interior angle of 192° 42' 58" a distance of 174 feet to the east line of lands of the Consolidated Rail Corporation (formerly Penn Central Transportation Company); thence northerly parallel with the lands of Consolidated Rail Corporation, forming an interior angle of 105° 02' 29" a distance of 380.85 feet; thence easterly at an interior angle of 74° 43' 16" a distance of 222.64 feet; thence continuing easterly an interior angle of 180° 21' 12" a distance of 96 feet; thence southerly at an exterior angle of 270° 00' 00" a distance of 35.25 feet; thence easterly at right angles to the last above described line a distance of 382.86 feet to the westerly line of Van Rensselear Street at the point or place of beginning.

Parcel B

ALL THAT TRACT OR PARCEL OF LAND situate in the City of Buffalo, County of Erie and State of New York, being part of Lot Number 14, Township 11, Range 8 of the Holland Land Company's Survey and also part of Outer Lot 65, bounded and described as follows:

BEGINNING at the point of intersection of the southerly line of Perry Street with the westerly line of Van Rensselear Street; thence westerly along the southerly line of Perry Street a distance of 760.37 feet more or less to the easterly line of Consolidated Rail Corporation (formerly Penn Central Transportation Company) lands, said line also being the west line of lands conveyed to Zemco Industries, Inc. by Robert W. Blanchette et al, as Trustees by deed recorded in Liber 8636 of Deeds at page 105; thence southerly along said easterly line of said Consolidated Rail Corporation lands, a distance of 227.92 feet; thence easterly forming an interior angle of 105° 16' 44" a distance of 222.64 feet; thence continuing easterly forming an exterior angle of 180° 21' 12" a distance of 96 feet; thence southerly at an interior angle of 270° 00' 00" a distance of 35.25 feet; thence easterly at right angles to the last above described line a distance of 382.86 feet to the westerly line of Van Rensselear Street; thence northerly along the westerly line of Van Rensselear Street a distance of 255.31 feet to the point or place of beginning.

Parcel C

ALL THAT CERTAIN PLOT, PIECE OR PARCEL OF LAND, WITH THE BUILDINGS AND IMPROVEMENTS THEREON ERECTED, situate, lying and being in the City of Buffalo, County of Erie and State of New York, being part of Lot No. 14, Township 11, Range 8 in said City, bounded and described as follows:

BEGINNING at the point of intersection of the westerly line of Van Rensselaer Street with the northerly line of Fulton Street; thence westerly along the northerly line of Fulton Street a distance of 437.0' to the west line of Lot 14; thence southerly along the westerly line of Lot 14 a distance of 67.87' to the southerly line of Fulton Street; thence easterly along the southerly line of Fulton Street a distance of 430' more or less to the westerly line of Van Rensselaer Street; thence northerly along the westerly line of Van Rensselaer Street a distance of 66.0' to the point or place of beginning.

Exhibit B

List of Equipment to be Transferred

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit C

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit D
Form of Warranty Deed with Full Covenants

THIS INDENTURE, made the ____ day of _____, Two Thousand and Fifteen

BETWEEN ZEMCO INDUSTRIES, INC., having an address at 2200 Don Tyson Parkway, Springdale, Arkansas 72762 (the "Grantor"), and

_____, having an address at _____ (the "Grantee"),

WITNESSETH that the Grantor, in consideration of One Dollar ($1.00) lawful money of the United States and other good and valuable consideration, paid by the Grantee, does hereby grant and release unto the Grantee, the Grantee's heirs, successors and/or assigns, forever

ALL THAT TRACT OR PARCEL OF LAND situate in the City of Buffalo, County of Erie and State of New York being more particularly described on Schedule "A" attached hereto and made a part hereof.

Together with and Subject to all covenants, easements and restrictions of record, if any, affecting said premises, more particularly described on Schedule "B" attached hereto and made a part hereof.

Being and intending to describe and convey the same premises conveyed to the Grantor by deed recorded in the Erie County Clerk's Office in Liber ____ of Deeds, page _____.

Tax Account No.:
Property Address:
Tax Mailing Address:

TOGETHER with the appurtenances and all the estate and rights of Grantor in and to said premises,

TO HAVE AND TO HOLD the premises herein granted unto Grantee, the Grantee's heirs, successors and/or assigns, forever,

AND said Grantor covenants as follows:

FIRST, that Grantee shall quietly enjoy the said premises;

SECOND, that Grantor will forever WARRANT the title to said premises.

THIRD, That in Compliance with **Section** 13 of the Lien Law, Grantor will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The words "Grantor" and "Grantee" shall be construed to read in the plural whenever the sense of this instrument so requires.

IN WITNESS WHEREOF, the Grantor has executed this indenture on the day and year first above written.

ZEMCO INDUSTRIES, INC.

BY: _____

Its:

STATE OF _____
COUNTY OF _____ SS.:

On the _____ day of _____, 2015, before me, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public

EXHIBIT D

Redacted pursuant to N.Y. Public Officers Law, Art. 6

TABLE A

OPTIONAL SURVEY RESPONSIBILITIES AND SPECIFICATIONS

NOTE: The items of Table A must be negotiated between the surveyor and client. It may be necessary for the surveyor to qualify or expand upon the description of these items (e.g., in reference to Item 6(b), there may be a need for an interpretation of a restriction). The surveyor cannot make a certification on the basis of an interpretation or opinion of another party. Notwithstanding Table A Items 5 and 11(b), if an engineering design survey is desired as part of an ALTA/ACSM Land Title Survey, such services should be negotiated under Table A, Item 22.

If checked, the following optional items are to be included in the ALTA/ACSM LAND TITLE SURVEY, except as otherwise qualified (see note above):

1. ____ *Monuments placed (or a reference monument or witness to the corner) at all major corners of the boundary of the property, unless already marked or referenced by existing monuments or witnesses.*

2. X *Address(es) if disclosed in Record Documents, or observed while conducting the survey.*

3. X *Flood zone classification (with proper annotation based on federal Flood Insurance Rate Maps or the state or local equivalent) depicted by scaled map location and graphic plotting only.*

4 X *Gross land area (and other areas if specified by the client).*

5. ____ *Vertical relief with the source of information (e.g. ground survey or aerial map), contour interval, datum, and originating benchmark identified.*

6. X *(a) Current zoning classification, as provided by the insurer.*

____ *(b) Current zoning classification and building setback requirements, height and floor space area restrictions as set forth in that classification, as provided by the insurer. If none, so state.*

7. X *(a) Exterior dimensions of all buildings at ground level.*

(b) Square footage of:

____ *(1) exterior footprint of all buildings at ground level.*

____ *(2) other areas as specified by the client.*

____ *(c) Measured height of all buildings above grade at a location specified by the client. If no location is specified, the point of measurement shall be identified.*

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8. X *Substantial features observed in the process of conducting the survey (in addition to the improvements and features required under Section 5 above) such as parking lots, billboards, signs, swimming pools, landscaped areas, etc.*

9. X *Striping, number and type (e.g. handicapped, motorcycle, regular, etc.) of parking spaces in parking areas, lots and structures.*

10. _____ *(a) Determination of the relationship and location of certain division or party walls designated by the client with respect to adjoining properties (client to obtain necessary permissions).*

_____ *(b) Determination of whether certain walls designated by the client are plumb (client to obtain necessary permissions).*

11. *Location of utilities (representative examples of which are listed below) existing on or serving the surveyed property as determined by:*

X *(a) Observed evidence.*

_____ *(b) Observed evidence together with evidence from plans obtained from utility companies or provided by client, and markings by utility companies and other appropriate sources (with reference as to the source of information).*

- *Railroad tracks, spurs and sidings;*
- *Manholes, catch basins, valve vaults and other surface indications of subterranean uses;*
- *Wires and cables (including their function, if readily identifiable) crossing the surveyed property, and all poles on or within ten feet of the surveyed property. Without expressing a legal opinion as to the ownership or nature of the potential encroachment, the dimensions of all encroaching utility pole crossmembers or overhangs; and*
- *utility company installations on the surveyed property.*

Note - With regard to Table A, item 11(b), source information from plans and markings will be combined with observed evidence of utilities to develop a view of those underground utilities. However, lacking excavation, the exact location of underground features cannot be accurately, completely and reliably depicted. Where additional or more detailed information is required, the client is advised that excavation may be necessary.

12. _____ *Governmental Agency survey-related requirements as specified by the client, such as for HUD surveys, and surveys for leases on Bureau of Land Management managed lands.*

13. X *Names of adjoining owners of platted lands according to current public records.*

14. X *Distance to the nearest intersecting street as specified by the client.*

15. _____ *Rectified orthophotography, photogrammetric mapping, airborne/mobile laser scanning and other similar products, tools or technologies as the basis for the showing the location of certain features (excluding boundaries) where ground measurements are not otherwise necessary to locate those features to an appropriate and acceptable accuracy relative to a*

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nearby boundary. The surveyor shall (a) discuss the ramifications of such methodologies (e.g. the potential precision and completeness of the data gathered thereby) with the insurer, lender and client prior to the performance of the survey and, (b) place a note on the face of the survey explaining the source, date, precision and other relevant qualifications of any such data.

16. X Observed evidence of current earth moving work, building construction or building additions.

17. X Proposed changes in street right of way lines, if information is available from the controlling jurisdiction. Observed evidence of recent street or sidewalk construction or repairs.

18. X Observed evidence of site use as a solid waste dump, sump or sanitary landfill.

19. ____ Location of wetland areas as delineated by appropriate authorities.

20. ____ (a) Locate improvements within any offsite easements or servitudes benefitting the surveyed property that are disclosed in the Record Documents provided to the surveyor and that are observed in the process of conducting the survey (client to obtain necessary permissions).

____ (b) Monuments placed (or a reference monument or witness to the corner) at all major corners of any offsite easements or servitudes benefitting the surveyed property and disclosed in Record Documents provided to the surveyor (client to obtain necessary permissions).

21. ____ Professional Liability Insurance policy obtained by the surveyor in the minimum amount of $_____ to be in effect throughout the contract term. Certificate of Insurance to be furnished upon request.

22. ____ _____

Adopted by the Board of Governors, American Land Title Association, on October 13, 2010.
American Land Title Association, 1828 L St., N.W., Suite 705, Washington, D.C. 20036.

Adopted by the Board of Directors, National Society of Professional Surveyors, on November 15, 2010.
National Society of Professional Surveyors, Inc., a member organization of the American Congress on Surveying and Mapping, 6 Montgomery Village Avenue, Suite 403, Gaithersburg, MD 20879

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LEASE AGREEMENT

Redacted pursuant to Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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AGREEMENT OF PURCHASE AND SALE

THIS AGREEMENT is made this 29th day of May, 2015 ("Effective Date") by and between COCONUT CREEK REALTY MANAGEMENT, LLC, a New York corporation with an address of 5930 Newhouse Road, East Amherst, New York, 14051, ("Purchaser") and 6489 Ridings Road LLC, by its TW Member (title), Timothy Wright (name) at 6489 Ridings Road, Syracuse, New York, 13206 ("Seller").

WITNESSETH:

WHEREAS, Seller is the owner of that certain parcel of land containing approximately 0.9 +/- acre, ("Land"), and the buildings and improvements ("Improvements") located at 6489 Ridings Road, Syracuse, New York, 13206, located in Town of Dewitt, Onandaga County identified by Tax Map Number: 023.-07-02.2 TW and being more particularly described or shown on Exhibit "A" attached hereto and made a part hereof, together with all easements and rights-of-way benefitting or appurtenant thereto, and all right, title and interest of Seller in and to all oil, gas and other minerals and any land lying in the bed of any public highway, street, road or avenue, opened or proposed, in front of or abutting or adjoining such real property (all of the foregoing is hereinafter referred to collectively as the "Real Estate"); and

WHEREAS, Seller desires to sell the Property (as hereinafter defined), and Purchaser to purchase the Property, upon the terms and conditions set forth in this Agreement;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Seller and Purchaser agree as follows:

1. SALE:

Seller hereby agrees to sell to Purchaser, and Purchaser hereby agrees to purchase from Seller, upon the terms and conditions set forth below in this Agreement the following:

A. The Real Estate

2. PURCHASE PRICE:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

3. REPRESENTATIONS AND WARRANTIES OF SELLER:

Seller represents and warrants to Purchaser that as of the Effective Date and as of the Closing, which representations and warranties shall survive Closing for a period of one (1) year:

A. Seller has and will convey and transfer to Purchaser, good and marketable title to the Property, subject only to the Permitted Exceptions (as hereafter defined).

B. Seller has taken all necessary action to enter into this Agreement and to be bound by the terms of this Agreement and to consummate the transaction contemplated by this Agreement.

C. As of the date of execution hereof, no person, firm, corporation or entity other than Purchaser has any right or option to acquire title to the Property or any portion thereof.

D. Seller is not a "foreign person" as defined in the Foreign Investment in Real Property Tax Act (Section 1445 of the Internal Revenue Code, as amended).

E. Seller by and through its authorized estate representative, has the requisite power and authority to enter into and consummate the transactions contemplated by this Agreement.

F. There are no leases or other agreements for use or occupancy with respect to the Property, written or oral.

G. There are no contracts relating to the ownership, development, construction, operation, management, servicing or use of all or any portion of the Property (including, without limitation, all equipment, supply, maintenance and concession agreements), or any guarantees and warranties extended or assigned to Seller in connection therewith in effect on the date hereof.

H. Seller acknowledges and agrees that the Property, including but not limited to, the plumbing (including sanitary and drainage), HVAC, electrical systems, roof and other structural elements, shall be

at Closing in the same condition as they are in as of the date hereof, subject to reasonable wear and tear. If any other such systems and/or improvements are damaged or are not operational after the date hereof then Seller is responsible for any necessary repairs and replacements, which shall be made prior to Closing.

I. Seller has not received, and has no knowledge of the issuance of, any

(i) notices of any existing violations of any federal, state, county or municipal laws, ordinances, orders, codes, regulations or requirements affecting all or any portion of the Property, or

(ii) notices by any holder of any mortgage on the Property, by any insurance company which has issued a policy with respect to any portion of the Property, or by any board of fire underwriters (or other body exercising similar functions), any of which notices claim any defect or deficiency or request the performance of any repairs, alterations or other work to the Property, or

(iii) notice of any proposed increase in the assessed valuation of the Property or of any proceeding pending for the reduction of the assessed valuation of all or any portion of the Property for tax purposes. Seller shall at Seller's sole cost and expense cure or correct, prior to Closing, any violation of which Seller receives notice prior to the Closing.

J. No actions, suits or proceedings have been instituted and served upon Seller and, to the best of Seller's knowledge, there are no actions, suits or proceedings pending or threatened, which would affect the Property or the right to occupy or utilize the Property, at law or in equity, before any federal, state, county or municipal governmental department, commission, board, bureau, agency or instrumentality. Seller shall indemnify, defend and hold Purchaser harmless from and against any and all claims, demands, damages, liabilities, losses, costs and expenses, including but not limited to, attorneys' fees, arising out or of in any way relating to any such litigation.

K. To the best of Seller's knowledge, no toxic or hazardous substances or materials have been located on, in or under the Property by Seller or its agents or employees during Seller's ownership of the Property, nor, to the best of Seller's knowledge, have any such toxic or hazardous substances or

materials been located on, in or under the Property during Seller's ownership of the Property, and no notice from any governmental body has ever been served upon Seller, its agents or employees or upon any tenant of the Property, claiming any violation of any federal, state or local law, regulation or ordinance concerning the environmental state, condition, or quality of the Property, or requiring or calling attention to the need for any work, repairs, construction, alterations, demolition, renovation or installation on or in connection with the Property in order to comply with any law, regulation or ordinance concerning the environmental state, condition or quality of the Property. Seller has no environmental reports and knows of no environmental reports relating to the Property, except for those environmental reports attached hereto as Exhibit "B" and made a part hereof. In the event Purchaser discovers any adverse environmental condition including asbestos which requires remediation, Purchaser shall have the right to terminate this Agreement and receive the Deposit or waive the condition and proceed to Closing.

L. There are no persons employed on-site by Seller in connection with the management, operation or maintenance of all or any portion of the Property whose employment will not be lawfully terminated by Seller prior to or at Closing, without recourse to Purchaser.

M. There are no unrecorded monetary liens or other encumbrances which affect all or any part of the Property (including, but not limited to, liens relating to environmental matters) except such liens and encumbrances disclosed in the Permitted Exceptions. To the best of Seller's knowledge, there are no violations by Seller, or by any other person or entity, of any restrictive covenants, easements or agreements affecting the Real Estate.

4. SELLER'S COVENANTS:

After execution of this Agreement by both Seller and Purchaser and until the expiration or sooner termination of this Agreement or Closing, whichever occurs first, Seller shall:

A.

(i) not grant or consent to any new easements, liens, encumbrances, encroachments, covenants, restrictions, security interests, rights of way, leases, or any other interest or estate affecting the

Property or any part thereof without the prior written consent of Purchaser, which consent shall not be unreasonably withheld; or

(ii) enter into or agree to any modification or amendment of any existing easement, agreement or any other interest or estate affecting the Property or any part thereof without the prior written consent of Purchaser, which consent shall not be unreasonably withheld;

B. THIS SECTION INTENTIONALLY LEFT BLANK.

C. maintain the Property, all portions thereof and the Improvements in the same condition as on the date hereof (subject to reasonable wear and tear). The Property shall be operated by Seller in substantially the same manner as it has been operated prior to the date hereof; and

5. ACCESS TO PROPERTY:

Seller hereby grants to Purchaser, and Purchaser's duly authorized agents, contractors and employees, the right to enter upon the Real Estate at reasonable times after the Effective Date and during the Due Diligence Period, upon reasonable prior notice to Seller, in order to make such surveys, tests and measurements thereof as Purchaser shall deem necessary. Seller shall have the right (but not the obligation) to have its representative(s) present at such times as such surveys, tests and measurements are taking place. Purchaser agrees to indemnify and hold Seller harmless against any and all losses, expenses, claims or damages (including reasonable attorneys' fees) caused by or resulting from Purchaser's entry upon the Real Estate, including, without limitation, claims for personal injury and/or property damage (including damage to the Real Estate) caused by or resulting from Purchaser's entry upon the Real Estate.

Purchaser further agrees that any damage caused by Purchaser, its agents or employees in the course of such entry shall be promptly repaired by Purchaser at no cost whatsoever to Seller. Purchaser agrees to be responsible for reasonable attorneys' fees in the event that Seller is required to enforce this covenant and is successful in such enforcement. Notwithstanding anything to the contrary herein,

Purchaser's indemnity shall not be deemed to cover any losses, damages, expenses and/or claims that arise by reason of Purchaser's discovery of any environmental contamination or hazardous substances.

6. ADDITIONAL CONTINGENCIES:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

7. TITLE AND SURVEY

A. Within fifteen (15) days after the Effective Date, Seller shall furnish Purchaser a current updated Abstract of Title, and a real estate tax certificate and real estate tax receipts for the current year, a zoning letter, and any existing title policies, survey(s) and/or subdivision plans with respect to the Real Estate in Seller's possession. Seller shall at its sole cost and expense continue the Abstract down to the date of Closing.

B. On or before Closing, Seller shall deliver to Purchaser, searches, dated not more than two (2) weeks prior to their delivery, of all Uniform Commercial Code financing statements and tax liens filed against Seller, as debtor, with the appropriate public officials of the State of New York and Onandaga County, New York, and with any other governmental agency or authority or in any other place of public record where uniform commercial code filings and/or tax liens are required or permitted to be filed, and a bankruptcy search against Seller (collectively, the "Searches").

C. No later than the expiration of the Due Diligence Period, Purchaser or Purchaser's attorneys shall examine title to the Real Estate and prepare a list of the "Permitted Exceptions" and if Purchaser believes there are any objections to or defects in Seller's title, or any easements or restrictions which interfere with the intended use or financing of the Real Estate by Purchaser, Purchaser shall notify Seller

in writing within such period, specifying (in detail) such objections and defects ("Title Objections Notice"). If no such notice is received by Seller, title shall be deemed to be acceptable to Purchaser. Seller shall use its best efforts to cure said defects noted in the Title Objections Notice within twenty (20) days of receipt and if not so cured or insured over to Purchaser's satisfaction by Purchaser's title company then Purchaser shall have the right to terminate this Agreement and the Deposit is to be promptly returned to Purchaser and the obligations of both parties under this Agreement shall then terminate (except as otherwise provided herein); unless Purchaser shall elect, at its sole and absolute discretion, to accept such title as Seller is able to convey and proceed to Closing without any reduction of the Purchase Price or other credit against the Purchase Price. Notwithstanding anything to the contrary herein, any and all monetary liens are hereby objected to by Purchaser and Seller shall have said liens released prior to or at Closing.

D. At the Closing, Purchaser shall cause the title company to issue an owner's title insurance policy insuring fee simple title as of the Closing, in accordance with the title commitment, subject only to the Permitted Exceptions.

E. Purchaser shall have the right to obtain a survey of the Real Estate and Improvements, at Purchaser's sole cost and expense, certified to Seller, Purchaser and Purchaser's title company and prepared by a land surveyor registered in the State of New York ("Survey"). The legal description in the Survey shall be identical to the legal description in the Deed (hereinafter defined), Commitment and ultimately the Title Policy.

If the Survey shows any encroachments over a building, set-back or property line, an encroachment over any easement, or any other matter which interferes with Purchaser's intended use, operation or financing of the Real Estate or renders title thereto unmarketable and which are not Permitted Exceptions (collectively "Survey Defects"), Purchaser, prior to the end of the Due Diligence Period, may deliver to Seller written notice of those Survey Defects to which it objects, or Purchaser will be deemed to have waived any right to such objection. Seller shall have ten (10) days ("Survey Cure Period") from the date of receipt of Purchaser's notice of objections, if any, to cure the Survey Defects or cause Purchaser's title company to insure over such Survey Defects. If the Survey Defects are not so cured by Seller or insured over to Purchaser's satisfaction by Purchaser's title company then Purchaser shall have

the right to terminate this Agreement and the Deposit to be promptly returned to Purchaser and the obligations of both parties under this Agreement shall then terminate (except as otherwise provided herein); unless Purchaser shall elect, at its sole and absolute discretion, to accept the Survey and proceed to Closing without any reduction of the Purchase Price or other credit against the Purchase Price.

8. CLOSING ADJUSTMENTS:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

9. PROVISIONS WITH RESPECT TO THE CLOSING:

A. Transfer of title to the Property (the "Closing") shall be held at the office of the attorneys for Seller on or about thirty (30) days after the expiration of the Due Diligence Period. Possession of the Property shall be immediately transferred to Purchaser at Closing.

B. Seller shall deliver, at Seller's expense, the following to Purchaser at Closing (unless some other date is specified in this Agreement):

(i) A Warranty Deed for the Real Estate (the "Deed"), duly executed and acknowledged by Seller and in proper form for recording, conveying to Purchaser or any entity designated by Purchaser good and marketable title to the Real Estate subject only to the Permitted Exceptions;

(ii) A TP-584 Combined Real Estate Transfer Tax/Credit Line Mortgage Affidavit and RP 5217 Real Property Transfer Report form to be executed by Seller;

(iii) A Non-Foreign Affidavit pursuant to Section 1445 of the Internal Revenue Code;

(iv) A bill of sale, duly executed and acknowledged by Seller, conveying to Purchaser all of Seller's right, title, and interest in and to the tangible Personalty, free and clear of all liens, encumbrances, claims and security interests, with express warranties of good title ("Bill of Sale"), if applicable;

(v) Counterparts of all closing statements executed and approved by Seller;

(vi) To the extent existing and transferable and in Seller's possession or control, all certificates of occupancy, licenses, permits, authorizations, consents and approvals required by any law, ordinance, or regulation for the use and occupancy of the Property;

(vii) The most recent real estate and personal property tax bills and notices of assessed valuation pertaining to all or any part of the Property;

(viii) An affidavit to the title company of the type customarily provided by sellers of real property to induce title companies in the area of the Real Estate to insure over certain "standard" or "pre-printed" exceptions to Purchaser's Title Policy, the combined real estate transfer tax return and credit line mortgage certificate, and real property transfer report, required in connection with the conveyance of the Real Estate, and such affidavits and documents reasonably required by the title company to issue the Title Policy, including, without limitation, a consent/resolution, good standing certificate, a franchise tax certificate, and organizational documents for Seller and similar items requested by Purchaser or the title company;

(ix) A certificate executed by Seller to the effect that the representations and warranties made by Seller to Purchaser are true and correct in all material respects on and as of the date of this Agreement and on and as of the Closing; and

(x) Such other affidavits and documents as may be reasonably required by the title insurance company and/or reasonably required by Purchaser or Purchaser's counsel. Seller's delivery of the foregoing documents shall be continued both as a covenant on the part of Seller and as a condition precedent to Purchaser's obligation to purchase the Property.

10. REMEDIES:

A. PURCHASER'S DEFAULT. If Purchaser elects to purchase the Property, all contingencies are satisfied and the sale and purchase of the Property as contemplated by this Agreement is not consummated because of Purchaser's default, the Seller shall retain the Deposit as full liquidated damages for such default of Purchaser. THE PARTIES HERETO EXPRESSLY ACKNOWLEDGE THAT IT IS IMPOSSIBLE MORE PRECISELY TO ESTIMATE THE DAMAGE TO BE SUFFERED BY SELLER UPON PURCHASER'S DEFAULT, AND THAT RETENTION OF THE DEPOSIT IS INTENDED NOT AS A PENALTY, BUT AS FULL LIQUIDATED DAMAGES. The Seller's right to retain the Deposit as full liquidated damages is Seller's sole and exclusive remedy in the event of default hereunder by Purchaser, and Seller hereby waives and releases any right to and hereby covenants that it shall not sue Purchaser (a) for specific performance of this Agreement or (b) to prove that Seller's actual damages exceed the Deposit which is hereby provided Seller as full liquidated damages. In the event the purchase and sale contemplated in this Agreement is not

consummated because of Purchaser's default, Purchaser hereby waives and releases any right and hereby covenants that it shall not sue Seller to recover the Deposit or any part thereof on the grounds that it is unreasonable in amount or that its retention by Seller is a penalty and not agreed upon and reasonable liquidated damages.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

11. RISK OF LOSS:

The risk of loss or damage to the Property by fire or other causes until the delivery of the Deed to Purchaser is assumed by Seller.

12. NOTICES:

All notices, requests and other communications under this Agreement shall be in writing and shall be personally delivered or sent by reputable overnight delivery service or by certified mail, return receipt requested, addressed to the parties at their respective addresses shown at the beginning of this Agreement, or at such other address as a party may designate by written notice given in the same manner. All such notices, requests and other communications shall be deemed to have been sufficiently given, for all purposes of this Agreement, on the date of personal delivery or the receipt or refusal thereof as the case may be.

Copies of any notice shall likewise be sent by the same means to the attorneys and brokers for the respective parties at the following addresses:

To Seller's Attorney:

~~[To be filled out by 6489 Ridings Road LLC]~~

Marty Collins, Esq.
201 E Jefferson St.
Syracuse, NY 13202
P- 315-471-00165
F- 315-471-5759 T.W.

mcollinslaw@verizon.net
T.W.

To Purchaser's Attorney:

Underberg & Kessler

300 Bausch and Lomb Place

Rochester, NY 14604

Attention: Anthony Adiutori, Esq.

And to:

Joseph DiVincenzo, Esq.

c/o AMA LLC

8899 Main St., Suite #7

Williamsville, NY 14221

13. CONDEMNATION:

A. Seller represents that Seller has no knowledge of any proceedings instituted by any municipal, state or federal agency to condemn or acquire the Property, or any portion thereof, by eminent domain. In the event Seller is informed of the initiation of any condemnation proceeding, Seller agrees to promptly notify Purchaser in writing, forward to Purchaser copies of any and all maps and documents received in connection therewith and permit Purchaser to participate in such proceedings and/or negotiation. If a condemnation is initiated, then, within ten (10) days of receipt of Seller's notification, Purchaser shall notify Seller that Purchaser either:

(i) Elects to terminate this Agreement and if Purchaser makes such election, all rights and obligations of Seller and Purchaser under this Agreement shall cease and terminate (except as otherwise provided herein) and the Deposit shall be promptly returned to Purchaser; or

(ii) Elects to accept delivery of the Deed to the Property (less the portion(s) thereof so taken), and if Purchaser makes such election, Purchaser shall pay at Closing the full Purchase Price, less any

condemnation award actually received by Seller or take at Closing an assignment of all of Seller's right in and to any condemnation award not yet received by Seller pertaining to the Property so taken.

B. Purchaser shall be deemed to have elected option (i) in paragraph 13(A) above, if Purchaser fails to notify Seller of Purchaser's election within the time frame stated in paragraph 13(A) above.

14. DAMAGE AND DESTRUCTION:

A. Until Closing, Seller will continue to maintain the Property (and all systems) in its present condition, reasonable wear and tear excepted, and Seller further agrees to keep and maintain its present policies of fire insurance on the Property, or their equivalent, in full force and effect, to and including the date of Closing.

B. Seller shall immediately notify Purchaser in writing of any damage to or destruction of all or any portion of the Property. If, prior to Closing, all or a portion of the Property is or are destroyed by fire or the elements or by any other cause, Purchaser may elect to terminate this Agreement by written notice to Seller given within ten (10) days after Purchaser receives written notice of such damage or destruction. If Purchaser gives such written notice to Seller, this Agreement shall terminate, the Deposit shall be promptly returned to Purchaser and neither party shall have any further rights or obligations under this Agreement (except as otherwise provided herein).

C. If the Property is damaged or destroyed but this Agreement is not so terminated, this Agreement shall continue in full force and effect without any abatement in the Purchase Price and Seller shall, at Closing, credit Purchaser for any sums of money collected by Seller under its policies of insurance insuring against the loss in question (including rental interruption insurance), after deducting therefrom any expenses incurred by Seller in collecting such insurance and any amount that Seller shall have paid or shall be obligated to pay for repair or restoration of the damage, and, in addition, Seller shall assign, transfer and set over to Purchaser all of Seller's right, title and interest in and to such policies and any sums payable under such policies and not yet received by Seller in respect of such loss.

15. MISCELLANEOUS:

A. Entire Agreement/Modifications: This Agreement embodies and constitutes the entire understanding between Seller and Purchaser with respect to the transaction contemplated by this Agreement, and all prior or contemporaneous agreements, understandings, representations and statements, oral or written, are merged into this Agreement. Neither this Agreement nor any provision hereof may be waived, modified, amended, discharged or terminated except by a written agreement of such waiver, modification, amendment, discharge or termination executed by both Seller and Purchaser, and then only to the extent set forth in such written agreement or other written agreement.

B. Applicable Law: This Agreement shall be construed and enforced in accordance with, and be governed by, the laws of the State of New York.

C. Captions: The captions in this Agreement are inserted for convenience of reference only and in no way define, describe or limit the scope or intent of this Agreement or any of the provisions of this Agreement.

D. Binding Effect/Assignment: This Agreement when executed by both Seller and Purchaser shall be binding upon and shall inure to the benefit of both parties to this Agreement and their respective heirs, executors, administrators, legal representatives, successors and assigns. It is understood that Purchaser shall have the right to assign all of Purchaser's right, title and interest in and to this Agreement and the rights and obligations created under this Agreement to any entity to be formed by Purchaser for the purpose of acquiring and owning the Property without the prior written consent of Seller. Upon said assignment, Coconut Creek Realty Management, LLC shall be released from all liabilities and obligations in connection with this Agreement.

E. Counterparts: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

F. Memorandum of Contract: Seller and Purchaser hereby agree that this Agreement shall not be recorded and any attempted recordation by either Seller or Purchaser shall be void and constitute a default under this Agreement. Seller and Purchaser hereby further agree that upon request by either party, Seller and Purchaser shall execute a Memorandum of this Agreement, in recordable form, setting forth only such information as is required to record such Memorandum in the County Clerk's Office of the County in which the Real Estate is located.

G. Broker. Each party hereby agrees to indemnify and hold the other party harmless from and against the claim of any real estate broker, agent, or other person or entity for a commission, fee or other compensation relating to this transaction arising out of the acts of the indemnifying party.

H. Full Performance: The acceptance of the Deed by Purchaser shall be deemed to be full performance and discharge of every agreement and obligation on the part of Seller to be performed pursuant to the provisions of this Agreement except those, if any, which are specifically stated in this Agreement to survive the Closing.

I. Severability: If any term or provision of this Agreement shall, to any extent, be invalid or unenforceable, the remainder of this Agreement shall not be affected and each of the remaining terms and provisions of this Agreement shall remain in full force and effect.

J. Computation of Time. In computing any period of time pursuant to this Agreement, the day of the act or event from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, Sunday or national legal holiday, in which event the period shall run until the end of the next day which is not a Saturday, Sunday or such legal holiday.

K. Prevailing Party. If either Purchaser or Seller brings an action to enforce its rights or to protect its interest in any manner arising under this Agreement, or to recover damages for breach of this Agreement, including but not limited to arbitration or an action for declaratory relief, the successful party shall be reimbursed by the unsuccessful party for all costs of enforcement, including reasonable attorneys' fees and court costs. Tender of deed or purchase money shall not be necessary where the other party has defaulted.

L. Confidentiality. Each of the parties to this Agreement shall use its best efforts to maintain the confidentiality of the information provided to the other, and the transactions which occur pursuant to this Agreement; provided that, each such party shall have the right to disclose information relating to this Agreement and such transactions to their respective lenders, counsels, accountants, consultants and employees engaged in providing services in connection with this Agreement or such transactions. Also, Purchaser shall be permitted to disclose information relating to this Agreement as necessary in connection with the due diligence review.

M. Undertakings by Seller and Purchaser. In addition to the obligations required to be performed hereunder by Seller and Purchaser at Closing, Seller and Purchaser each agrees to perform such other acts, and to execute, acknowledge and deliver, prior to, at or subsequent to Closing, such other instruments, documents and other materials as the other may reasonably request and as shall be necessary in order to effect the consummation of the transaction contemplated hereby and to vest title to the Property in Purchaser.

N. Partial Invalidity. Any provision of this Agreement which is unenforceable or invalid or the inclusion of which would adversely affect the validity, legality or enforcement of this Agreement shall be of no effect, but all remaining provisions of this Agreement shall remain in full force and effect.

O. Intentionally Omitted.

P. Termination of Contracts. Seller shall terminate on or before the Closing any service contracts related to the Property. Seller hereby indemnifies and agrees to defend and hold harmless Purchaser and its officers, directors, partners, shareholders, members, employees, agents and their successors and assigns from any claims or damages arising from any terminated service contracts.

Q. Exclusive Period. During the term of this Agreement, Seller agrees not to solicit, accept or provide factual information for, or to negotiate with respect to, any offer to purchase the Property from any person or entity other than Purchaser.

R. Effective Date. The Effective Date to be placed on this Agreement and as mentioned in this Agreement shall be the date upon which the last of the parties executes this Agreement.

S. Force Majeure. Neither party hereto shall be held to be in default in the performance of their obligations hereunder for such period of time as it is prevented from performing the same by reason of acts of God, strikes, severe weather conditions, and other causes beyond its reasonable control; provided, however, that financial inability shall never be deemed to be a cause beyond a party's reasonable control.

T. Time is of the Essence. Time is of the essence with respect to all time periods set forth herein.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

SIGNATURE PAGE

IN WITNESS WHEREOF, Seller and Purchaser have executed this Agreement as of the date and year first noted above (i.e. May 29, 2015);

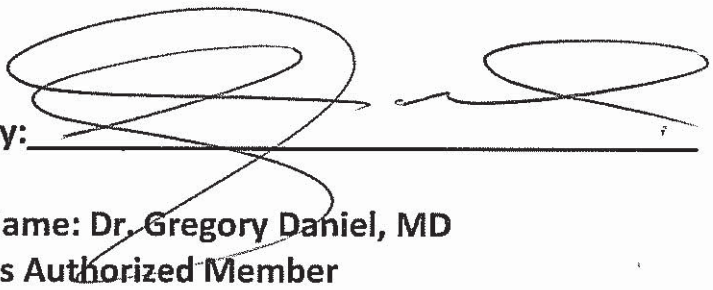
SELLER:
6489 RIDINGS ROAD LLC.

By: TIMOTHY C. WRIGHT

Name: Timothy C. Wright

Title: _____

PURCHASER:
COCONUT CREEK REALTY MANAGEMENT, LLC



By: _____

Name: Dr. Gregory Daniel, MD
Its Authorized Member

EXHIBIT A

REAL ESTATE

EXHIBIT B

ENVIRONMENTAL REPORTS

None Exist T.W.

LEASE AGREEMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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ASSIGNMENT AGREEMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NY

AGREEMENT OF PURCHASE AND SALE

THIS AGREEMENT is made this 28 day of May, 2015 ("Effective Date") by and between KAYA HOLDINGS LLC., a New York corporation with an address of 5930 Newhouse Road, East Amherst, New York 14051, ("Purchaser") and the ESTATE OF BERNARD BRAUNSTEIN, by its authorized representative, Edwin Braunstein, at 127 Hendy Creek Road, Pine City, NewYork 14871 ("Seller").

WITNESSETH:

WHEREAS, Seller is the owner of that certain parcel of land containing approximately .62+/- acres, ("Land"), and the buildings and improvements ("Improvements") located at 596 Upper Court Street, Binghamton, New York, located in Broome County identified by Tax Map Number: 161.08-1-15, and being more particularly described or shown on Exhibit "A" attached hereto and made a part hereof, together with all easements and rights-of-way benefitting or appurtenant thereto, and all right, title and interest of Seller in and to all oil, gas and other minerals and any land lying in the bed of any public highway, street, road or avenue, opened or proposed, in front of or abutting or adjoining such real property (all of the foregoing is hereinafter referred to collectively as the "Real Estate"); and

WHEREAS, Seller desires to sell the Property (as hereinafter defined), and Purchaser to purchase the Property, upon the terms and conditions set forth in this Agreement;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Seller and Purchaser agree as follows:

1. SALE:

Seller hereby agrees to sell to Purchaser, and Purchaser hereby agrees to purchase from Seller, upon the terms and conditions set forth below in this Agreement the following:

A. The Real Estate

2. PURCHASE PRICE:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

3. REPRESENTATIONS AND WARRANTIES OF SELLER:

Seller represents and warrants to Purchaser that as of the Effective Date and as of the Closing, which representations and warranties shall survive Closing for a period of one (1) year:

A. Seller has and will convey and transfer to Purchaser, good and marketable title to the Property, subject only to the Permitted Exceptions (as hereafter defined).

B. Seller has taken all necessary action to enter into this Agreement and to be bound by the terms of this Agreement and to consummate the transaction contemplated by this Agreement.

C. As of the date of execution hereof, no person, firm, corporation or entity other than Purchaser has any right or option to acquire title to the Property or any portion thereof.

D. Seller is not a "foreign person" as defined in the Foreign Investment in Real Property Tax Act (Section 1445 of the Internal Revenue Code, as amended).

E. Seller by and through its authorized estate representative, has the requisite power and authority to enter into and consummate the transactions contemplated by this Agreement.

F. There are no leases or other agreements for use or occupancy with respect to the Property, written or oral. There are no outstanding leasing commissions to a leasing agent or broker.

G. There are no contracts relating to the ownership, development, construction, operation, management, servicing or use of all or any portion of the Property (including, without limitation, all equipment, supply, maintenance and concession agreements),

[redacted]

or any guarantees and warranties extended or assigned to Seller in connection therewith in effect on the date hereof.

H. Seller acknowledges and agrees that the Property, including but not limited to, the plumbing (including sanitary and drainage), HVAC, electrical systems, roof and structures, shall be at Closing in the same condition as they are in as of the date hereof, subject to reasonable wear and tear. If any such systems and/or improvements are damaged or are not operational after the date hereof then Seller is responsible for any necessary repairs and replacements, which shall be made prior to Closing.

I. Seller has not received, and has no knowledge of the issuance of, any (i) notices of any existing violations of any federal, state, county or municipal laws, ordinances, orders, codes, regulations or requirements affecting all or any portion of the Property, or (ii) notices by any holder of any mortgage on the Property, by any insurance company which has issued a policy with respect to any portion of the Property, or by any board of fire underwriters (or other body exercising similar functions), any of which notices claim any defect or deficiency or request the performance of any repairs, alterations or other work to the Property, or (iii) notice of any proposed increase in the assessed valuation of the Property or of any proceeding pending for the reduction of the assessed valuation of all or any portion of the Property for tax purposes. Seller shall at Seller's sole cost and expense cure or correct, prior to Closing, any violation of which Seller receives notice prior to the Closing.

J. No actions, suits or proceedings have been instituted and served upon Seller and, to the best of Seller's knowledge, there are no actions, suits or proceedings pending or threatened, which would affect the Property or the right to occupy or utilize the Property, at law or in equity, before any federal, state, county or municipal governmental department, commission, board, bureau, agency or instrumentality. Seller shall indemnify, defend and hold Purchaser harmless from and against any and all claims, demands, damages, liabilities, losses, costs and expenses, including but not limited to, attorneys' fees, arising out or of in any way relating to any such litigation.

K. To the best of Seller's knowledge, no toxic or hazardous substances or materials have been located on, in or under the Property by Seller or its agents or employees during Seller's ownership of the Property, nor, to the best of Seller's knowledge, have any such toxic or hazardous substances or materials been located on, in or under the Property during Seller's ownership of the Property, and no notice from any governmental body has ever been served upon Seller, its agents or employees or upon any tenant of the Property, claiming any violation of any federal, state or local law, regulation or ordinance concerning the environmental state, condition, or quality of the Property, or requiring or calling attention to the need for any work, repairs, construction, alterations, demolition, renovation or installation on or in connection with the Property in order to comply with any law, regulation or ordinance concerning the environmental state, condition or quality of the Property. Seller has no environmental reports and knows of no environmental reports relating to the Property, except for those environmental reports attached hereto as Exhibit "B" and made a part hereof. In the event Purchaser discovers

[redacted]

any adverse environmental condition including asbestos which requires remediation, Purchaser shall have the right to terminate this Agreement and receive the Deposit or waive the condition and proceed to Closing.

L. There are no persons employed on-site by Seller in connection with the management, operation or maintenance of all or any portion of the Property whose employment will not be lawfully terminated by Seller prior to or at Closing, without recourse to Purchaser.

M. There are no unrecorded monetary liens or other encumbrances which affect all or any part of the Property (including, but not limited to, liens relating to environmental matters) except such liens and encumbrances disclosed in the Permitted Exceptions. To the best of Seller's knowledge, there are no violations by Seller, or by any other person or entity, of any restrictive covenants, easements or agreements affecting the Real Estate.

4. SELLER'S COVENANTS:

After execution of this Agreement by both Seller and Purchaser and until the expiration or sooner termination of this Agreement or Closing, whichever occurs first, Seller shall:

A. (i) not grant or consent to any new easements, liens, encumbrances, encroachments, covenants, restrictions, security interests, rights of way, leases, or any other interest or estate affecting the Property or any part thereof without the prior written consent of Purchaser, which consent shall not be unreasonably withheld; or (ii) enter into or agree to any modification or amendment of any existing easement, agreement or any other interest or estate affecting the Property or any part thereof without the prior written consent of Purchaser, which consent shall not be unreasonably withheld;

B. THIS SECTION INTENTIONALLY LEFT BLANK.

C. maintain the Property, all portions thereof and the Improvements in the same condition as on the date hereof (subject to reasonable wear and tear). The Property shall be operated by Seller in substantially the same manner as it has been operated prior to the date hereof; and

5. ACCESS TO PROPERTY:

Seller hereby grants to Purchaser, and Purchaser's duly authorized agents, contractors and employees, the right to enter upon the Real Estate at reasonable times after the Effective Date and during the Due Diligence Period, upon reasonable prior notice to Seller, in order to make such surveys, tests and measurements thereof as Purchaser shall deem necessary. Seller shall have the right (but not the obligation) to have its representative(s) present at such times as such surveys, tests and measurements are taking place. Purchaser agrees to indemnify

and hold Seller harmless against any and all losses, expenses, claims or damages (including reasonable attorneys' fees) caused by or resulting from Purchaser's entry upon the Real Estate, including, without limitation, claims for personal injury and/or property damage (including damage to the Real Estate) caused by or resulting from Purchaser's entry upon the Real Estate. Purchaser further agrees that any damage caused by Purchaser, its agents or employees in the course of such entry shall be promptly repaired by Purchaser at no cost whatsoever to Seller. Purchaser agrees to be responsible for reasonable attorneys' fees in the event that Seller is required to enforce this covenant and is successful in such enforcement. Notwithstanding anything to the contrary herein, Purchaser's indemnity shall not be deemed to cover any losses, damages, expenses and/or claims that arise by reason of Purchaser's discovery of any environmental contamination or hazardous substances.

6. ADDITIONAL CONTINGENCIES:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[redacted]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

7. TITLE AND SURVEY

A. Within fifteen (15) days after the Effective Date, Seller shall furnish Purchaser a current updated Abstract of Title, and a real estate tax certificate and real estate tax receipts for the current year, a zoning letter, and any existing title policies, survey(s) and/or subdivision plans with respect to the Real Estate in Seller's possession. Seller shall at its sole cost and expense continue the Abstract down to the date of Closing.

B. On or before Closing, Seller shall deliver to Purchaser, searches, dated not more than two (2) weeks prior to their delivery, of all Uniform Commercial Code financing statements and tax liens filed against Seller, as debtor, with the appropriate public officials of the State of New York and Broome County, New York, and with any other governmental agency or authority or in any other place of public record where uniform commercial code filings and/or tax liens are required or permitted to be filed, and a bankruptcy search against Seller (collectively, the "Searches").

C. No later than the expiration of the Due Diligence Period, Purchaser or Purchaser's attorneys shall examine title to the Real Estate and prepare a list of the "Permitted Exceptions" and if Purchaser believes there are any objections to or defects in Seller's title, or any easements or restrictions which interfere with the intended use or financing of the Real Estate by Purchaser, Purchaser shall notify Seller in writing within such period, specifying (in detail) such objections and defects ("Title Objections Notice"). If no such notice is received by Seller, title shall be deemed to be acceptable to Purchaser. Seller shall use its best efforts to cure said defects noted in the Title Objections Notice within twenty (20) days of receipt and if not so cured or insured over to Purchaser's satisfaction by Purchaser's title company then Purchaser shall have the right to terminate this Agreement and the Deposit is to be promptly returned to Purchaser and the obligations of both parties under this Agreement shall then terminate (except as otherwise provided herein); unless Purchaser shall elect, at its sole and absolute discretion, to accept such title as Seller is able to convey and proceed to Closing without any reduction of the Purchase Price or other credit against the Purchase Price. Notwithstanding anything to the contrary herein, any and all monetary liens are hereby objected to by Purchaser and Seller shall have said liens released prior to or at Closing.

D. At the Closing, Purchaser shall cause the title company to issue an owner's title insurance policy insuring fee simple title as of the Closing, in accordance with the title commitment, subject only to the Permitted Exceptions.

[redacted]

E. Purchaser shall have the right to obtain a survey of the Real Estate and Improvements, at Purchaser's sole cost and expense, certified to Seller, Purchaser and Purchaser's title company and prepared by a land surveyor registered in the State of New York ("Survey"). The legal description in the Survey shall be identical to the legal description in the Deed (hereinafter defined), Commitment and ultimately the Title Policy.

If the Survey shows any encroachments over a building, set-back or property line, an encroachment over any easement, or any other matter which interferes with Purchaser's intended use, operation or financing of the Real Estate or renders title thereto unmarketable and which are not Permitted Exceptions (collectively "Survey Defects"), Purchaser, prior to the end of the Due Diligence Period, may deliver to Seller written notice of those Survey Defects to which it objects, or Purchaser will be deemed to have waived any right to such objection. Seller shall have ten (10) days ("Survey Cure Period") from the date of receipt of Purchaser's notice of objections, if any, to cure the Survey Defects or cause Purchaser's title company to insure over such Survey Defects. If the Survey Defects are not so cured by Seller or insured over to Purchaser's satisfaction by Purchaser's title company then Purchaser shall have the right to terminate this Agreement and the Deposit to be promptly returned to Purchaser and the obligations of both parties under this Agreement shall then terminate (except as otherwise provided herein); unless Purchaser shall elect, at its sole and absolute discretion, to accept the Survey and proceed to Closing without any reduction of the Purchase Price or other credit against the Purchase Price.

8. CLOSING ADJUSTMENTS:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[redacted]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

9. PROVISIONS WITH RESPECT TO THE CLOSING:

A. Transfer of title to the Property (the "Closing") shall be held at the office of the attorneys for Seller on or about thirty (30) days after the expiration of the Due Diligence Period. Possession of the Property shall be immediately transferred to Purchaser at Closing.

B. Seller shall deliver, at Seller's expense, the following to Purchaser at Closing (unless some other date is specified in this Agreement):

(i) A Warranty Deed for the Real Estate (the "Deed"), duly executed and acknowledged by Seller and in proper form for recording, conveying to Purchaser or any entity designated by Purchaser good and marketable title to the Real Estate subject only to the Permitted Exceptions;

(ii) A TP-584 Combined Real Estate Transfer Tax/Credit Line Mortgage Affidavit and RP 5217 Real Property Transfer Report form to be executed by Seller;

(iii) A Non-Foreign Affidavit pursuant to Section 1445 of the Internal Revenue Code;

(iv) A bill of sale, duly executed and acknowledged by Seller, conveying to Purchaser all of Seller's right, title, and interest in and to the tangible Personalty, free and clear of all liens, encumbrances, claims and security interests, with express warranties of good title ("Bill of Sale"), if applicable;

(v) Counterparts of all closing statements executed and approved by Seller;

(vi) To the extent existing and transferable and in Seller's possession or control, all certificates of occupancy, licenses, permits, authorizations, consents and approvals required by any law, ordinance, or regulation for the use and occupancy of the Property;

(vii) The most recent real estate and personal property tax bills and notices of assessed valuation pertaining to all or any part of the Property;

(viii) An affidavit to the title company of the type customarily provided by sellers of real property to induce title companies in the area of the Real Estate to insure over

[redacted]

certain "standard" or "pre-printed" exceptions to Purchaser's Title Policy, the combined real estate transfer tax return and credit line mortgage certificate, and real property transfer report, required in connection with the conveyance of the Real Estate, and such affidavits and documents reasonably required by the title company to issue the Title Policy, including, without limitation, a consent/resolution, good standing certificate, a franchise tax certificate, and organizational documents for Seller and similar items requested by Purchaser or the title company;

(ix) A certificate executed by Seller to the effect that the representations and warranties made by Seller to Purchaser are true and correct in all material respects on and as of the date of this Agreement and on and as of the Closing; and

(x) Such other affidavits and documents as may be reasonably required by the title insurance company and/or reasonably required by Purchaser or Purchaser's counsel.

Seller's delivery of the foregoing documents shall be continued both as a covenant on the part of Seller and as a condition precedent to Purchaser's obligation to purchase the Property.

9. REMEDIES:

A. PURCHASER'S DEFAULT. If Purchaser elects to purchase the Property, all contingencies are satisfied and the sale and purchase of the Property as contemplated by this Agreement is not consummated because of Purchaser's default, the Seller shall retain the Deposit as full liquidated damages for such default of Purchaser. THE PARTIES HERETO EXPRESSLY ACKNOWLEDGE THAT IT IS IMPOSSIBLE MORE PRECISELY TO ESTIMATE THE DAMAGE TO BE SUFFERED BY SELLER UPON PURCHASER'S DEFAULT, AND THAT RETENTION OF THE DEPOSIT IS INTENDED NOT AS A PENALTY, BUT AS FULL LIQUIDATED DAMAGES. The Seller's right to retain the Deposit as full liquidated damages is Seller's sole and exclusive remedy in the event of default hereunder by Purchaser, and Seller hereby waives and releases any right to and hereby covenants that it shall not sue Purchaser (a) for specific performance of this Agreement or (b) to prove that Seller's actual damages exceed the Deposit which is hereby provided Seller as full liquidated damages. In the event the purchase and sale contemplated in this Agreement is not consummated because of Purchaser's default, Purchaser hereby waives and releases any right and hereby covenants that it shall not sue Seller to recover the Deposit or any part thereof on the grounds that it is unreasonable in amount or that its retention by Seller is a penalty and not agreed upon and reasonable liquidated damages.

B. SELLER'S DEFAULT. If the sale and purchase of the Property as contemplated by this Agreement is not consummated in accordance with the terms and conditions of this Agreement because of Seller's default, Purchaser may, at Purchaser's option, in its sole and absolute discretion: (a) terminate this Agreement by giving written notice of such

termination to Seller, whereupon the Deposit shall be returned to Purchaser, Seller shall reimburse Purchaser for all costs and expenses, including reasonable attorneys' fees, incurred by Purchaser with respect to the review and acquisition of the Property in an amount not to exceed Fifteen Thousand and 00/100 Dollars ($15,000.00) and all rights, duties and obligations of all the parties hereunder shall expire and this Agreement shall in all respects become null and void (except as otherwise provided herein), or (b) exercise such rights and remedies as may be provided for or allowed by law or in equity, including, without limitation, the right to seek and obtain specific performance of this Agreement.

11. RISK OF LOSS:

The risk of loss or damage to the Property by fire or other causes until the delivery of the Deed to Purchaser is assumed by Seller.

12. NOTICES:

All notices, requests and other communications under this Agreement shall be in writing and shall be personally delivered or sent by reputable overnight delivery service or by certified mail, return receipt requested, addressed to the parties at their respective addresses shown at the beginning of this Agreement, or at such other address as a party may designate by written notice given in the same manner. All such notices, requests and other communications shall be deemed to have been sufficiently given, for all purposes of this Agreement, on the date of personal delivery or the receipt or refusal thereof as the case may be.
Copies of any notice shall likewise be sent by the same means to the attorneys and brokers for the respective parties at the following addresses:

To Seller's Attorney:
Gary W. Farneti, Esq.
Levene Gouldin & Thompson, LLP
450 Plaza Drive
Vestal, New York 13850
Attention: Gary W. Farneti, Esq.

To Purchaser's Attorney:
Anthony Adiutori, Esq.
Underberg & Kessler, LLP
300 Bausch & Lomb Place
Rochester, NY 14604

And to:
Joseph DiVincenzo, Esq.
c/o AMA LLC
8899 Main St., Suite 7
Williamsville, NY 14221

13. CONDEMNATION:

A. Seller represents that Seller has no knowledge of any proceedings instituted by any municipal, state or federal agency to condemn or acquire the Property, or any

[redacted]

portion thereof, by eminent domain. In the event Seller is informed of the initiation of any condemnation proceeding, Seller agrees to promptly notify Purchaser in writing, forward to Purchaser copies of any and all maps and documents received in connection therewith and permit Purchaser to participate in such proceedings and/or negotiation. If a condemnation is

initiated, then, within ten (10) days of receipt of Seller's notification, Purchaser shall notify Seller that Purchaser either:

(i) Elects to terminate this Agreement and if Purchaser makes such election, all rights and obligations of Seller and Purchaser under this Agreement shall cease and terminate (except as otherwise provided herein) and the Deposit shall be promptly returned to Purchaser; or

(ii) Elects to accept delivery of the Deed to the Property (less the portion(s) thereof so taken), and if Purchaser makes such election, Purchaser shall pay at Closing the full Purchase Price, less any condemnation award actually received by Seller or take at Closing an assignment of all of Seller's right in and to any condemnation award not yet received by Seller pertaining to the Property so taken.

B. Purchaser shall be deemed to have elected option (i) in paragraph 13(A) above, if Purchaser fails to notify Seller of Purchaser's election within the time frame stated in paragraph 13(A) above.

14. DAMAGE AND DESTRUCTION:

A. Until Closing, Seller will continue to maintain the Property (and all systems) in its present condition, reasonable wear and tear excepted, and Seller further agrees to keep and maintain its present policies of fire insurance on the Property, or their equivalent, in full force and effect, to and including the date of Closing.

B. Seller shall immediately notify Purchaser in writing of any damage to or destruction of all or any portion of the Property. If, prior to Closing, all or a portion of the Property is or are destroyed by fire or the elements or by any other cause, Purchaser may elect to terminate this Agreement by written notice to Seller given within ten (10) days after Purchaser receives written notice of such damage or destruction. If Purchaser gives such written notice to Seller, this Agreement shall terminate, the Deposit shall be promptly returned to Purchaser and neither party shall have any further rights or obligations under this Agreement (except as otherwise provided herein).

C. If the Property is damaged or destroyed but this Agreement is not so terminated, this Agreement shall continue in full force and effect without any abatement in the Purchase Price and Seller shall, at Closing, credit Purchaser for any sums of money collected by Seller under its policies of insurance insuring against the loss in question (including rental interruption insurance), after deducting therefrom any expenses incurred by Seller in collecting

such insurance and any amount that Seller shall have paid or shall be obligated to pay for repair or restoration of the damage, and, in addition, Seller shall assign, transfer and set over to Purchaser all of Seller's right, title and interest in and to such policies and any sums payable under such policies and not yet received by Seller in respect of such loss.

15. MISCELLANEOUS:

A. Entire Agreement/Modifications: This Agreement embodies and constitutes the entire understanding between Seller and Purchaser with respect to the transaction contemplated by this Agreement, and all prior or contemporaneous agreements, understandings, representations and statements, oral or written, are merged into this Agreement. Neither this Agreement nor any provision hereof may be waived, modified, amended, discharged or terminated except by a written agreement of such waiver, modification, amendment, discharge or termination executed by both Seller and Purchaser, and then only to the extent set forth in such written agreement or other written agreement.

B. Applicable Law: This Agreement shall be construed and enforce in accordance with, and be governed by, the laws of the State of New York.

C. Captions: The captions in this Agreement are inserted for convenience of reference only and in no way define, describe or limit the scope or intent of this Agreement or any of the provisions of this Agreement.

D. Binding Effect/Assignment: This Agreement when executed by both Seller and Purchaser shall be binding upon and shall inure to the benefit of both parties to this Agreement and their respective heirs, executors, administrators, legal representatives, successors and assigns. It is understood that Purchaser shall have the right to assign all of Purchaser's right, title and interest in and to this Agreement and the rights and obligations created under this Agreement to any entity to be formed by Purchaser for the purpose of acquiring and owning the Property without the prior written consent of Seller. Upon said assignment, Coconut Creek Realty Management, LLC shall be released from all liabilities and obligations in connection with this Agreement.

E. Counterparts: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

F. Memorandum of Contract: Seller and Purchaser hereby agree that this Agreement shall not be recorded and any attempted recordation by either Seller or Purchaser shall be void and constitute a default under this Agreement. Seller and Purchaser hereby further agree that upon request by either party, Seller and Purchaser shall execute a Memorandum of this Agreement, in recordable form, setting forth only such information as is required to record such Memorandum in the County Clerk's Office of the County in which the Real Estate is

located.

G. Broker: Each party to this Agreement represents and warrants to the other party that the party making such representation and warranty has not dealt with any real estate broker or agent in connection with this transaction. Each party hereby agrees to indemnify and hold the other party harmless from and against the claim of any real estate broker, agent, or other person or entity for a commission, fee or other compensation relating to this transaction arising out of the acts of the indemnifying party.

H. Full Performance: The acceptance of the Deed by Purchaser shall be deemed to be full performance and discharge of every agreement and obligation on the part of Seller to be performed pursuant to the provisions of this Agreement except those, if any, which are specifically stated in this Agreement to survive the Closing.

I. Severability: If any term or provision of this Agreement shall, to any extent, be invalid or unenforceable, the remainder of this Agreement shall not be affected and each of the remaining terms and provisions of this Agreement shall remain in full force and effect.

J. Computation of Time. In computing any period of time pursuant to this Agreement, the day of the act or event from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, Sunday or national legal holiday, in which event the period shall run until the end of the next day which is not a Saturday, Sunday or such legal holiday.

K. Prevailing Party. If either Purchaser or Seller brings an action to enforce its rights or to protect its interest in any manner arising under this Agreement, or to recover damages for breach of this Agreement, including but not limited to arbitration or an action for declaratory relief, the successful party shall be reimbursed by the unsuccessful party for all costs of enforcement, including reasonable attorneys' fees and court costs. Tender of deed or purchase money shall not be necessary where the other party has defaulted.

L. Confidentiality. Each of the parties to this Agreement shall use its best efforts to maintain the confidentiality of the information provided to the other, and the transactions which occur pursuant to this Agreement; provided that, each such party shall have the right to disclose information relating to this Agreement and such transactions to their respective lenders, counsels, accountants, consultants and employees engaged in providing services in connection with this Agreement or such transactions. Also, Purchaser shall be permitted to disclose information relating to this Agreement as necessary in connection with the due diligence review.

M. Undertakings by Seller and Purchaser. In addition to the obligations required to be performed hereunder by Seller and Purchaser at Closing, Seller and Purchaser

each agrees to perform such other acts, and to execute, acknowledge and deliver, prior to, at or subsequent to Closing, such other instruments, documents and other materials as the other may reasonably request and as shall be necessary in order to effect the consummation of the transaction contemplated hereby and to vest title to the Property in Purchaser.

N. Partial Invalidity. Any provision of this Agreement which is unenforceable or invalid or the inclusion of which would adversely affect the validity, legality or enforcement of this Agreement shall be of no effect, but all remaining provisions of this Agreement shall remain in full force and effect.

O. Intentionally Omitted.

P. Termination of Contracts. Seller shall terminate on or before the Closing any service contracts related to the Property. Seller hereby indemnifies and agrees to defend and hold harmless Purchaser and its officers, directors, partners, shareholders, members, employees, agents and their successors and assigns from any claims or damages arising from any terminated service contracts.

Q. Exclusive Period. During the term of this Agreement, Seller agrees not to solicit, accept or provide factual information for, or to negotiate with respect to, any offer to purchase the Property from any person or entity other than Purchaser.

R. Effective Date. The Effective Date to be placed on this Agreement and as mentioned in this Agreement shall be the date upon which the last of the parties executes this Agreement.

S. Force Majeure. Neither party hereto shall be held to be in default in the performance of their obligations hereunder for such period of time as it is prevented from performing the same by reason of acts of God, strikes, severe weather conditions, and other causes beyond its reasonable control; provided, however, that financial inability shall never be deemed to be a cause beyond a party's reasonable control.

T. Time is of the Essence. Time is of the essence with respect to all time periods set forth herein.

[SIGNATURE PAGE TO FOLLOW]

SIGNATURE PAGE

IN WITNESS WHEREOF, Seller and Purchaser have executed this Agreement as of the date and year first noted above.

SELLER:

ESTATE OF BERNARD BRAUNSTEIN.

By: _____
Name: EDWIN BRAUNSTEIN
Title: Administrator of Estate of Bernard Braunstein

PURCHASER:

KAYA HOLDINGS, LLC

By: _____
Name: Dr. Gregory Daniel
Its Authorized Member

EXHIBIT A

REAL ESTATE

[redacted]

EXHIBIT B

ENVIRONMENTAL REPORTS

[redacted]

LEASE AGREEMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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ALTERNATIVE MEDICINE

ASSOCIATES , LLC

BUSINESS PLAN

ALTERNATIVE MEDICINE ASSOCIATES
8899 MAIN STREET, WILLIAMSVILLE, NY 14221
716.580.7208

EXECUTIVE SUMMARY

This business plan has been developed in order to present Alternative Medicine Associates, LLC ("AMA") to the DOH, the State and the Nation as a Healthcare Organization which can assemble the highest level behind the treatment of specific disease states along with addressing the social, economic, security and scientific concerns surrounding the development of the medical uses of Marihuana. AMA promises to be one of the next generation of healthcare companies that focuses on science's evolving understanding of this medication.

As an experiences healthcare organization, AMA presents a vested team of medical professionals, physicians, administrators and healthcare provider, which has been expanded to include experienced scientists, laboratory specialists, and Marihuana cultivators. Given our strong healthcare and business background, AMA is appropriately qualified and structured to address the provision of Marihuana as a medicine in New York State.

AMA has crafted a prestigious team of industry partners and application consultants who are in the forefront of the medical marihuana industry. We have engaged [redacted] cultivation specialists to manage our large-scale cultivation centers and [redacted] as our biochemical analysis and medical product development specialists. [redacted] of [redacted] a respected Marihuana industry consulting group with proven success in several other legalized States, advised AMA on the operating policies and procedures of the organization. In recognition of the vital importance of a strong security posture, we have named Charles Tomaszewski, former DEA agent and Deputy Commissioner of the Buffalo Police Department as our Director of Security and Anti-Diversion.

AMA has assembled an enviable team of renowned research partners and healthcare collaborators who are dedicated to the advancement of medical research and modern medicine including Dr. Vijay Kumar, our Clinical Investigator from The State University at Buffalo, Dr. David Shucard from the Medical Marihuana Research Center and Dr. Lorraine Collins, Associate Dean for Research at the Community Health and Health Behavior School of Public Health and Health Professions at the University at Buffalo.

AMA will illustrate how our organization will act as a true engine of economic development to several regions across New York State. From our plans to revitalize a previously mothballed 164-square foot processing facility in an urban area in the City of Buffalo, to the deliberate placement dispensary sites in regions that could benefit from the influx of daytime population and fiscal commerce that comes along with hosting a high-demand medical retail facility, AMA is committed to the economic development of our State.

In addition to address all aspects of the DOH application, AMA will outline its corporate socioeconomic policy, the Compliance and Enterprise Risk Management ("ERM") plan and our targeted research initiatives to benefit the greater medical community.

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructureinformation, highly confidential security information and trade secrets

HISTORY & BACKGROUND

AMA members have been pivotal with regards to the delivery of superior healthcare services in New York State. A significant part of our historical background is centered on this philosophy.

The Exigence Group

In May of 2000, Dr. Gregory Daniel, an Emergency Physician completing his MBA at the University of California, Irvine, was awarded the contract to staff five (5) Emergency Departments in the Western New York region (WNY). This comprised of managing 165,000 patients. Dr. Daniel began a transformation of Emergency Medicine in the area by implementing electronic medical records at all of his facilities, upgrading staffing to Board Certified physicians, and improving patient satisfaction to the highest levels that the facilities had ever seen.

Exigence GROUP
Exceeding Expectations

Immediate Care

In 2006, he further transformed the healthcare delivery system by opening the first set of area Urgent Care centers, which were accredited by The Joint Commission Many of the physicians and healthcare administrators who developed these programs are now working with Dr. Daniel in this endeavor.

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Through these experiences, the members of AMA have become well versed in operating successful healthcare enterprises within the tightly regulated New York State healthcare industry. Our members have served well over a million patients across New York State with multiple service lines. We are adept at building the appropriate infrastructure and providing the necessary support systems required to manage a large scale healthcare operation in New York State.

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Previously Owned Healthcare Entities

Buffalo Emergency Associates

Physician-owned organization that evaluated, designed, staffed and managed emergency departments to achieve superior patient satisfaction and financial results.

Exigence Hospitalist

Provided customized Hospitalist program solutions to hospitals including rapid response, geriatrics, medical management of surgery patients, skilled nursing and medical intensive care units.

Western New York Immediate Care

Patient centeric urgent care chain that provided an innovative solution to overcrowded Emergency Departments and overburdened primary care physicians in Western New York. This brand model grew to a total of 12 locations including Rochester Immediate Care in New York, Austin Immediate Care in Texas, EPN Urgent Care in Florida, ACE Acute Care in Georgia and Clovis Urgent Care in California.

Pulse Occupational Medicine

Provided comprehensive occupational medical services including case management, independent medical evaluations and health and wellness programs to help client companies reduce injuries, lower costs and promote a safe workplace.

Exigence Wellness MAPHS

Worked with employers, employees and healthcare professionals to design and deliver customized, sustainable wellness programs that promoted employee buy-in and inspired success.

Belaya Dermatology

The Exigence Group managed Belaya Dermatology & Skin Care, a medical, surgical and cosmetic dermatology practice that offered an array of dermatological services including skin cancer detection and prevention, acne control, eczema and psoriasis treatment under the direction of a board-certified dermatologist.

Exigence Healthcare Solutions

Provided a patient-centered medical home model that included team-based disease management, health coaching, diet/nutrition counseling, smoking cessation, exercise programs and clinical observation.

Jacobs and Modaber Primary Care

Jacobs and Modaber Primary Care provided high-quality primary care to the Las Vegas, Nevada community with a commitment to helping patients maintain a healthy lifestyle through the offering of a full range of clinical services. These services included laboratory and radiology testing which utilized equipment conveniently located in the facility. This facility received the Status of the first NCQA Level 2, Patient Centered Medical Home in Las Vegas.

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OUR ORGANIZATION

AMA is a natural pharmaceutical organization managed by physicians and healthcare professionals. Our core leadership personnel are individuals with impressive credentials and capabilities in organizational management of successful enterprises inside and outside of the healthcare industry. Core members of our organization have taken an idea, built start-up companies and grown them into multi-million dollar business enterprises.

Rochester Immediate Care - Henrietta,NY

Mission and Vision

Our physician-led organization was assembled to advance the clinical benefits of cannabis-based medicine within the medical community. As clinicians and health care administrators, we seek to explore all appropriate conventions of the cannabis plant as a medicine. The central focus of our talented team of health care professionals is to identify and perfect the most clinically effective means of integrating cannabis-based medicine into comprehensive treatment plans for patients with serious illnesses.

Our vision is to become the leading model of excellence for the provision of medical cannabis. To ensure that we maintain healthy and prosperous communities, we have established a functional emphasis on anti-diversion, addiction prevention and community education in concert with local municipalities. Our revolutionary approach to quality patient care, safe and effective treatment options, community preservation, and corporate integrity distinguishes us within the highly scrutinized environment surrounding regulated cannabis markets.

Physician Membership

AMA's physician membership consists of 38 physicians from multiple specialties including Oncology and Emergency Medicine. This wealth of physician involvement is indicative of AMA's scientific and medical approach to delivering medical marihuana to the community.

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Clinical Approach to Production

In concession with our commitment to provide quality patient care, AMA has set about assembling an outstanding group of individuals whose knowledge in the medical Marihuana production field is unparalleled.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

As we advance our knowledge of cannabis, AMA expects to perform in-depth clinical studies which would lead to a greater understanding of the key role that the endocannabinoid system plays in health and disease. Our research will support our commitment to better health through better education. Our overviews will be directed from general readership to comprehensive literature reviews by some of the world's leading experts on ECS function. These resources are intended to provide the highest quality peer-reviewed information and will educate healthcare providers on the various scientific approaches and results in treating a multitude of illnesses.

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The Scientific Agenda

AMA has coalesced an enviable team of renowned clinical investigators and scientists to advance research efforts related to medical marihuana.

Research Driven

AMA will use the opportunity as a Registered Organization to make significant financial and intellectual contributions to clinical research concerning the appropriate uses of marihuana for treating patients with serious illnesses. Through our seasoned research partners, we strive to advance medical marihuana research and increase the knowledge base of medical marihuana and its accompanying treatment protocols within the medical community and abroad. The central focus of our research efforts is to identify the most clinically effective means of integrating marihuana-based medication options into a variety of patient treatment plans.

Research Partners

Dr. Vijay Kumar

- Board Certified in Clinical Immunology (ABMLI), Microbiology (ABMM) and Clinical Chemistry (NRCC).
- Through his work emerged the discovery of new biomarkers for several autoimmune disease diagnosis.
- Dr. Kumar holds accreditations as an Immunologist from the New York State Department of Health and as a Clinical Laboratory Director from the American Board of Bioanalysis.
- Kumar published over 100 original publications in various journals with a focus on clinical and diagnostic immunology.

Dr. Lorraine Collins

- Associate Dean for Research and Professor of Health Behavior in the School of Public Health and Health Professions at the University at Buffalo.
- Served on several NIH review committees and on the NIH Advisory Councils of the National Institute on Drug Abuse and the Center for Scientific Review.
- Has a well-established publication record for studies that deal with alcohol and marihuana use and a 23-year history of NIH-funded research as a Principal Investigator or Co-Investigator.

Dr. David Shucard

- [redacted]
- Touts multiple published clinical research studies on the effects of Cannabis treatment on PTSD patients.
- Established the Medical Marihuana Research Center.

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Socioeconomic Policy

AMA understands the need of any evolving organization to develop a corporate socially responsible program (CSR) to address the needs of the community in which we exist and to develop a platform whereby the community benefits from the success of the Organization.

AMA is no stranger to productive community relations which we uniquely developed for our urgent care centers. We will utilize our CSR program to promote a broad range of social and environmental advantages to the community as we progress in this endeavor.

Urban Development

As part of our Economic Redevelopment program, we have secured a 165,000 square-foot food processing plant formerly owned by Tyson Foods located within the heart of an urban low-income area which previously maintained 300 well-paying jobs. Tyson Foods closed their facility in December, 2014. AMA will resurrect this mothballed facility into a vibrant cultivation, processing, and distribution center. The site will include cultivation space, processing machinery, an onsite laboratory, and office space for administrative duties. Our redevelopment of this facility will create 75 well-paying jobs in specialized fields to a site where 300 workers were previously dismissed from work at the plant.

Ancillary Economic Opportunities

Recognizing that this industry offers fiscal opportunities for farmers, horticulturists and agricultural industry suppliers, we expect that industries such as trucking, packaging, retail, processing, security, law, computer programming, and other auxiliary industries will also experience a boost in business as a direct result of our business model.

Small Business Incubators

The members that presently comprise AMA have been recognized for their innovative approach to business especially within the healthcare arena. As such, AMA proposes to establish business incubator programs that will assist young entrepreneurs in advancing successful careers within New York State.

Youth Mentoring Programs

AMA will work with neighboring schools to establish a mentoring program along the lines of the Mentoring USA program. We currently provide significant support to the S.E.N.S.E.S. Foundation in Buffalo, which provides a similar experience.

Financial Support

As part of our proposal, AMA will reserve a minimum of one percent (1%) of our after-tax profits to be used for advancing projects within the greater community that seek to better educate our youth and to prepare them for the rapidly advancing global economy. AMA's 501(c) 3 nonprofit, The Nyamekye Foundation, has in the past contributed to such successful programs as Say Yes Buffalo, The S.E.N.S.E.S. Foundation, Doctors without Borders, The Center for Missing and Exploited Children and the WNY Veterans Coalition.

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The Nyamekye Foundation

The 501(c)3 arm of Alternative Medicine Associates LLC, The Nyamekye Foundation, will play a substantial role in our organization's ability to support communities and transform lives.

The Foundation

The Nyamekye Foundation (formerly, "The Exigence Foundation"), a 501(c)3 organization founded in 2008, was created by [redacted] to provide a specific entity from which his physician partners and others could contribute charitable funds towards worthy causes.

Purpose

- Promote healthcare research and development
- Aid in the provision of patient access to appropriate healthcare
- Provide funds for college scholarships
- Contribute to hospitals, clinics, researchers and other healthcare organizations and facilities
- Contribute to individuals and other organizations in need as determined by the Board of Directors.

Established History of Giving

The Nyamekye Foundation has a long history of providing charitable donations and community support. In the past, the 501(c)3 organization has contributed to successful programs such as

- Say Yes Buffalo
- The S.E.N.S.E.S. Foundation
- Doctors Without Borders
- WNY Veterans Coalition
- The Center for Missing and Exploited Children

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Economic Impact

The cannabis industry's propensity to perform as a regional economic stimulant is momentous. A regulated medical cannabis industry establishes significant tax revenue streams for state municipalities, which have top-down economic implications on local communities. Our projections predict that AMA will produce over $12 million in excise tax for the State over five years.

Site Selection

We were intentional in selecting the location of our cultivation center and retail dispensaries in order to target specific regions of the State that could benefit from the influx of tax dollars and ancillary advantages that come along with integrating a legitimate and lucrative industry into the marketplace.

Our facilities are located in various regions of New York State in order to evenly disperse progressive economic stimuli across a diverse landscape. Our cultivation center will bring at least 75 specialized jobs to Erie County and boost the economy in an inner city neighborhood. We expect that our dispensary facilities in Erie, Monroe, Onondaga and Broome counties will contribute to an influx of daytime visitors that will influence local commerce in the retail, hospitality and food service industries.

Business Accelerators

Through the development of new medical products and innovative healthcare delivery systems, there will be additional opportunities for small businesses to participate in this emerging industry by providing business support services. We anticipate business accelerator opportunities in manufacturing, packaging, logistics and transportation that will stem from the development and roll-out of novel medical products. Furthermore, the incorporation of cutting edge technology into our security structures, electronic medical record systems and superior patient experience mechanisms, will produce additional demand for specialized opportunities in Information Technology.

Increased Employment Sectors

AMA plans to maximize the expansion of subsequent labor demands that spawn from the medical marihuana industry in order to disseminate the fiscal advantages of the program across the State. Cannabis is an intricate botanical that requires specialized knowledge and expertise in order to be produced, processed and distributed on a commercial scale. We expect there to be a surge of employment opportunities within industry related fields with the introduction of this new business sector.

Social Change in Perception

Medical marihuana research has surged over the last decade as medicine and finance have coalesced to legitimize the business of cannabis.

The fervor for the war on drugs that has for decades driven the policies and public opinion on marijuana decriminalization is fading. The rhetoric is moving away from issues like crime and security, to more progressive discussions on race, mass incarceration, and personal freedom.

Western medicine is beginning to take more seriously the tradition and techniques of alternative medicine popularized by China. Part of this tradition is Cannabis, which has been used to treat illnesses ranging from depression to constipation.

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COMPETITIVE ADVANTAGES

Uniquely different from organizations recently strung together, AMA's team of physicians, healthcare administrators, accountants and property managers have been working together for over a decade and are accustomed to handling the nuances of large scale healthcare delivery systems. AMA has an existing organization sized accordingly to begin operations immediately.

AMA is confident that our compatible medical affiliations in concert with our proven successful business acumen are in line with the state's intent for a licensed organization, thus positioning our organization for success.

Our Unique Differentiators include:

Physician-led organization with extensive healthcare management experience

AMA has built a unique combination of accomplished entrepreneurs, experienced physicians and well-respected administrators which defines us as a superior organization for licensure from the Department of Health. Several key members have tremendous clinical and administrative experience in the tightly regulated healthcare industry. The design, growth and ultimate success of Emergency Departments, Urgent Care centers and occupational health brands nationwide, demonstrate our capability to deliver high quality patient care to a sizeable population of patients across an extensive geographic distribution. Our working knowledge of building and maintaining healthcare delivery infrastructure in the State of New York is a specific area of unmatched strength that differentiates us.

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Student internship initiatives through University partners

AMA has partnered with The State University of New York in Cobbleskill to develop and implement an internship program where enrolled horticulture students can gain industry experience and on the job training. This program will be presented as a requirement for course promotion and graduation for several degree programs offered at the University. Ultimately, the program will contribute to the number of qualified horticulture workers in New York State.

SUNY Cobleskill
Real Life. Real Learning.

Student Internship Programs

Indoor Cultivation Strategy

We will employ an indoor cultivation strategy to create optimal and standardized environmental conditions necessary to produce the highest quality, approved medical marihuana products using good agricultural practices. AMA's cultivation rooms are designed with automated environmental controls to leverage efficiencies and to create the most consistent and quality product possible. Our production will not be subject to uncontrollable variables such as harsh weather conditions and the inability to control the grow environment.

Job Training

Job Training and Career Development Programs

AMA has plans to partner with the Buffalo Urban League to establish job training and career development programs within this emerging industry. There are a host of specialized positions that will be in high demand as the legal marihuana industry matures. AMA wants to contribute to the future workforce of this industry through proactive training and career education programs.

Cannabinoid Research

Minority-, veteran-, and women-owned business representation

AMA is comprised of a diversified mix of entrepreneurs who represent minority, veteran and women owned businesses in New York State.

Research Options

It is the organizational intent to ensure that productive research into the various medical benefits of cannabis is continuously being evaluated. As such, we have proposed the appropriation of a percentage of our revenue towards future investigational research. We have also developed a Medical Advisory Board to drive our reseach efforts from a clinical standpoint.

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CORE VALUES

Our core values are the foundation of our operations. They are so innate to us, and so important to our company, that they remain constant even in the midst of our ever changing society, government, and economy.

INTEGRITY

We vow to operate with infallible integrity in all aspects of our business model. We will implement transparency in all that we do in order to establish an environment of trust within our community.

SERVICE BEFORE SELF

In alignment with our medical vision and professional background, our mission reflects one of servitude. We will make the unique needs of our patients and our community our top priority.

COMMITMENT TO EXCELLENCE

We aim to challenge and establish a refined standard of excellence throughout all aspects of the medical cannabis industry.

HONOR

We will honor our word and be consistent in our actions, behavior, and our code of ethics.

COMPASSION

We will be compassionate to the needs of a diverse range of patients without prejudice. Our research and development efforts are founded in a desire to provide relief, support, and innovative solutions that ultimately create a better quality of life for those who are treated with our products.

RESPONSIBILITY

We believe in the shared responsibility our company has towards our community and our environment. We will inspire positive economic growth of our supporting community through our proactive commitment to globally conscious business operations. We will minimize our environmental effects by furthering that responsibility to protect our planet's natural resources.

STEWARDSHIP

We will be stewards of education for our patients, team members, colleagues, and community. We will be stewards of research and development as we produce the best medicinal grade cannabis for our patients. We will be stewards of the science behind the medicine, providing the best possible options for a wide variety of medical conditions

LEADERSHIP

We will be the leaders in innovation and navigate the challenges of socio-medical change. We will take the initiative to establish leadership in the development of operations and procedures that will set a new standard in our industry.

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PATIENT SERVICES & COMPASSIONATE CARE

AMA will provide an array of services to the eligible patient base, participating physicians and community at large to ensure that our organization remains a productive resource to our stakeholders.

The following summarizes the services expected to be available through AMA:

Services	Benefits	Description
Patient Services	- **Addresses a holistic** approach to all of a patient's needs	AMA will provide a directory to all aspects of holistic health such as medical practitioners, pain, specialists, addictions specialists, nutritionists, and fitness professionals. AMA has established a dedicated affiliate network accessible to the Company's patients.
Community Services	- **Voluntary proactive** involvement promoting local socioeconomic growth	AMA will take an active role in volunteering resources and personal in efforts to stimulate social responsibility within the industry amongst its peers. AMA's community services will be directed through financial donations and involvement with local non-profit agencies.
Patient Educational Services	- **Free to patients** - **Increases cannabis** awareness and knowledge amongst patients - **Promotes responsible cannabis use**	Through their dispensary and online web presence, AMA will continuously provide updated patient information on the constant development of Cannabis' medical application.
Doctor and B2B Educational Services	- **Free to doctors and** business owners - Promotes responsible **and applicable medical** use	Educational programs – by doctors, for doctors – will promote responsible implementation of Cannabis as a medicine. Scientific R&D results will ensure industry and professional knowledge of the latest strain developments in Cannabis evolution.
Public Safety and Security Consulting	- Experienced and **professional service addressing public safety concerns**	[redacted]
B2B Philanthropic Investment Opportunities	- **Provide B2B solutions** for companies seeking charitable or philanthropic investment opportunities	Through their own efforts and affiliations, AMA will provide seamless opportunities for local businesses to incorporate a philanthropic focus in their own model of business.

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Compassionate Care Programs

AMA's patients suffer from a wide range of conditions, including Cancer, AIDS, Crohn's Disease, and ALS. The severity of these conditions can often inhibit a patient's ability to earn income and afford medicine to manage his/her health. At the same time, AMA believes strongly in an individual's right to personal health empowerment through access and knowledge. In this spirit, AMA plans to provide reduced cost marijuana to patients with verified financial hardship.

Registration

Individuals will be made aware of AMA's Compassionate Care Program during registration as a dispensary patient. To be considered for the program, patients must be NY residents and complete a Compassionate Care Program Registration Form. This form will document the extent to which a patient is experiencing financial hardship as well as medicinal preferences and needs (i.e., methods of consumption and medicating schedule). All patients applying to the Compassionate Care Program must provide copies of documentation of received benefits and/or the two most recent paystubs for each member of the household earning income.

One-on-One Consultation

Based on the Compassionate Care Program registration form, AMA's Patient Services Manager will conduct a mandatory one-on-one consultation with the patient to determine the extent to which reduced cost or free medicine will be made available to them. Specifically, the registration form will be used to determine patient eligibility using standards established by the Department of Public Health. In order to qualify for AMA's Compassionate Care Program, patients must either be a recipient of Medicaid as determined by NY Health Link, or have a gross annual household income of less than 300% of the federal poverty level, adjusted for family size. In addition to low-income considerations, AMA will incorporate the following Patient Assistance Programs:

- Veteran Assistance Program
- Terminally Ill Compassion Program
- Senior Citizen Assistance Program

Cont'd

Discounted Products

In addition to dispensary Compassionate Care Programs, AMA has pledged to discount wholesale cultivation and production facility products sold to dispensaries that will offer approved patient services programs. AMA will encourage patient assistance programs throughout the industry by providing an incentive for a dispensary to implement appropriate programs. In return, AMA will share 50% of the total discount. For example, if a qualifying dispensary provides a 20% patient assistance discount, AMA will offset 10% of that cost through a wholesale product discount to the dispensary.

Patient Services

Under direction from AMA's Chief Medical Officer, the Company's dispensaries will provide direct access to physicians for consultations on appropriate medical marijuana use. AMA will adhere to any regulatory restrictions on additional ancillary services at its dispensary locations, but will utilize its unique depth of medical professionals to provide a referral directory allowing patients access to recommended physicians that reflect AMA's medical values and professionalism. AMA will provide holistic access to patient's needs by incorporating the talents of its physicians, pain specialists, addictions specialists, psychiatrists, nutritionist, and general health experts who will serve on the Company's Medical Advisory Board.

As other states adopt and incorporate extensive patient services through their dispensary clinics, AMA will be strategically positioned to adapt to any regulatory change that may allow these services in the State of NY. AMA will encourage legislature that allows for increased medical and holistic health services through its patient interaction if a company has the professional and medical expertise to provide such services. AMA will have a unique advantage to incorporate the vast experience of its medical professionals once that change occurs in NY.

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Cont'd

Educational Services

In addition to literature and resources available through AMA's dispensary, the Company will aim to establish a significant Internet presence providing informational resources, industry trends, and research results to both patients and industry professionals. AMA will attempt to become the industry's premiere forum for communicating with patients, caregivers, local community members, physicians, and other healthcare providers. In order to provide excellent comprehensive care, AMA's website will include original content developed by AMA's medical and legal teams, as well as carefully culled industry information that the Company believes will prove useful or informative to the community.

Physician Education - From Physicians

Utilizing a more direct approach to education, AMA will also provide physician and B2B education in regards to the safe and responsible implementation of medical marihuana as a viable pharmaceutical alternative. AMA's doctors will provide this service to establish the Company as the premier industry experts in NY's medical marihuana community. AMA's program, by doctors – for doctors - will ensure that physicians accept the practice of responsible recommendations, and have the medical knowledge necessary to recommend specific brands and specific doses for a patient's condition.

Community Services

AMA's goal is to make itself an integral part to the continued development of the medical marihuana industry through local and state governmental bodies. AMA's community involvement will be proactive through its application to serve on the NY State Department of Health's Subcommittee on Medical Cannabis, as well as local city and county commissions to provide professional expertise and integration in the proper adaptation of medical marihuana.

AMA also believes in the importance of a company to play a proactive role in its supporting community. AMA believes in a socially conscious business model that stimulates positive growth through philanthropy and community involvement. AMA's founding members have a long history of leadership within Western NY and believe that we can continue this leadership to inspire other Cannabis companies to also adopt a proactive, community conscious business strategy.

Global Initiatives

Through AMA's dedicated initiative towards communal social responsibility, the Company intends to quickly emerge as the industry leader for ethical and socially beneficial business practices in NY.

On a global level AMA will be an actively participating affiliate with the Lifestyle of Health and Sustainability (LOHAS) organization, promoting socially conscious business practices and connecting B2B expertise worldwide.

B2B Philanthropic Investment Opportunities

To promote increased social responsibility within the Cannabis industry, AMA will provide cannabis businesses free consultation towards the implementation of charitable donations and philanthropy within their own business structure. Through the development of their own philanthropic efforts establishing a portion of their proceeds to equal healthcare services advocates, AMA will provide a free service to help other companies setup and commit to similar organizations.

AMA's devotion to ethical practices is reflected in its commitment to produce rare strains of marihuana otherwise unavailable for NY residents with unique medical conditions. With available resources, AMA will not refuse service or jeopardize patient lives regardless of the economic margin.

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PRODUCTS & SERVICES

As a reflection of AMA's core values, its product sales will be firmly grounded in a service model. AMA's cultivation and production efforts will be distributed to the customer through its dispensary retail locations, which will be the primary interface with its patient base. Recognizing that medical Marihuana is largely a commodity, product differentiation at the dispensary level rests primarily on how products are sold. AMA will work diligently to deliver on its core values that call for "highest quality products" and an exceptional customer experience.

Brands

The company will offer a variety of state-approved medical marihuana products for patient distribution including oils, syringes, pills, vapes and salves.

Our Medical Advantage

Through our product research partners, [redacted] we have determined which particular cannabinoid combinations most effectively treat the various medical diagnoses listed in the NYS regulations. Our medical foundation presents a considerable advantage in selecting the brands which offer the most therapeutic effect to the widest scope of medical ailments, symptoms and side effects. We are confident that our unique variety will offer the greatest range of medical relief to our patients.

The following summarizes the products expected to be available through AMA.

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Medical Grade Marihuana

Employing leading edge genetic science and applied horticulture experience, AMA will produce premium strains of medical marihuana with a wide variety of application. AMA will dedicate a significant portion of their cultivation to R&D efforts to continuously innovate and evolve marihuana's medical potential. AMA's scientific team comprising of Physicians, Researchers and experienced Plant Scientists, along with their B2B affiliation with national research facilities, provide AMA with unique access to medical knowledge and shared marihuana research data.

Strict Quality Control Guidelines

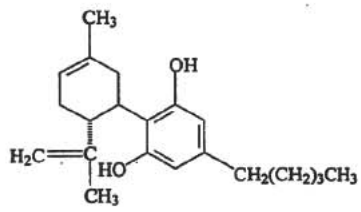
Many dispensaries sell medical marijuana without subjecting it to rigorous testing for potency, consistency, and contaminates. Although NY's regulatory structure requires independent laboratory testing, AMA has implemented in-house quality control protocols to exceed the State requirements in addition to the third-party testing.This enables AMA to provide a wide variety of high quality, pharmaceutical grade marihuana, as well as marihuana infused products. AMA's marihuana infused products will allow patients to receive a specific, measurable, and consistent amount of medicine that will enable proper dosing to appropriately address their symptoms.

Exceptional Customer Experience

AMA will take a holistic approach to its patients' needs, and in addition to the dispensing of medical marihuana, will implement patient services that can address any aspect of medical, mental, nutritional, and physical health. AMA is in essence, a holistically complete solution to all of its patient's needs.

Cannabidiol R&D

Cannabidiol (CBD) is one of over 100 cannabinoid compounds found in the marijuana plant and has been the most promising focus of medical studies in recent years. Although many medical marijuana companies promote a "CBD Rich" or "CBD Only" product as the latest industry trend, AMA will ensure a scientific approach towards identifying the medical benefits of all cannabinoid compounds of the plant. Although research is optimistic, conclusive scientific studies have not statistically confirmed a "CBD only" medical solution, and some studies have shown that a synergistic presence of cannabinoids other than CBD is actually required to stimulate the benefits provided by the CBD compound. Identifying specific cannabinoid profiles will be the primary focus of AMA's R&D. As such, AMA does not claim to produce only CBD rich products, but will ensure that a variety of options are available to patients as research continues. AMA's doctors and scientists will continuously assess the market's needs to ensure applicable, current strains are being produced and recommended through scientific methodology.



Cannabidiol (CBD)

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FACILITIES

Cultivation Site

AMA's cultivation facility at 665 Perry Street, Buffalo, NY was the former site of Tyson Foods ("Tyson"). This unique property was FDA approved for Tyson and has an existing infrastructure with security fencing, guard station, and other appurtenances for high level production. AMA is continuing to enhance what already exists in the facility. The cultivation facility will be the company's largest facility, comprised of approximately 165,000 square feet.

The use of the Perry Street site will provide an engine for powerful economic redevelopment within the Western New York community in addition to providing jobs within a depressed marketplace.

AMA's plans include [redacted] separate harvest rooms large enough to hold approximately [redacted] plants. Our strategy will be to stagger the [redacted] harvest cycles so that we can continuously produce fresh harvests each week. Processing, packaging as well as in-house lab testing operations will be performed inside the cultivation center operation. A facility of this size will allow us to produce over [redacted] pounds of product per year.

AMA office headquarters will be integrated within the cultivation facility to ensure perpetual oversight of the enterprise. Storage vaults, secured entries, automated tracking systems and an enclosed loading dock will be utilized for added security. The cultivation center is anticipated to employ at least 75 people across several specialties including cultivation, biogenetics, processing, packaging, administration and security.

Controlling the Grow Environment

AMA is able to control the conditions of their indoor cultivation facility which allows for multiple on-going harvests. The indoor facility eliminates the process from the constraints of seasonal growing and typical harvest cycles producing a greater yield of medication. With a controlled environment, the indoor facility offers AMA the opportunity to produce a higher quality and more consistent product quality.

Controlling the growing environment also enhances the security. Indoor cultivation facilities are more secure from outside deterrents by design. Limited access to AMA's property comes via an existing guard gate with a six (6) foot fence, topped with razor wire which fully encloses the grounds. The physical building cannot be penetrated and all entrances, whether interior or exterior, have a dedicated guard station and are alarmed with the latest security technology.

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Figure 2 Cultivation Center - Floor Plan

Air Filtration

AMA's air filtration system will eliminate neighborhood concerns with respect to emissions, odors or gases as the air is purified not only for ventilation but also for recirculation for the building occupants.

Active carbon filtration is used to purify and remove odors from air. Air is passed through the active carbon, which is commonly comprised of coal or coconut shells. Contaminated air passes through large pores of the active carbon and is diffused through smaller pores. An attraction is made between contaminates in the air, and the active carbon. Active carbon is commonly used in cultivation centers due to its ability to remove odors from air streams.

Ozone Generators

AMA will have Ozone generators placed strategically throughout the facility to support the charcoal filters.

1. Ozone generators create ozone. When ozone comes into contact with offensive odors, the ozone virtually neutralizes the odor.

a. Ozone, (O3), sometimes called "activated oxygen", contains three atoms of oxygen rather than the two atoms humans normally breathe. Ozone is the second most powerful sterilizing agent in the world and can be used to destroy bacteria, viruses, and odors. Interestingly ozone occurs quite readily in nature, most often as a result of lightning strikes that occur during thunderstorms. In fact, the "fresh, clean, spring rain" smell that we notice after a storm most often results from nature's creation of ozone;

b. While ozone is very powerful, it has a very short life-cycle. When contaminants such as odors, bacteria or viruses make contact with ozone, they are destroyed completely by oxidation. In so doing, that extra atom of oxygen is consumed and there is nothing left: no odor, no bacteria, no extra atom, only oxygen. Ozone reverts back to oxygen after it is used.

Dispensary Sites

AMA will own and operate the maximum of 4 dispensary facilities within a widespread geographic region. The dispensaries are sized to meet all State requirements and to provide ease of access with "above and beyond" ADA compliance. Each dispensary will employ a licensed pharmacist as well as a team of up to 20 patient support staff and security.

[redacted]

AMA's dispensary location strategy will provide patient access in the New York's second, third, and fifth largest cities and will be reachable within an hour-and-a-half by all 36 counties west of the Adirondacks and Catskills, to maximize coverage of metropolitan and rural areas. Dispensary sites will be located near the most traveled east-west interstates north of New York City, the I-90 and the I-86 in the southern tier.

Buffalo Metro

An AMA affiliate owns a permitted and land-developed 1 acre site in Depew, New York, close to I-90, accessible to the whole metro area and other western areas of the state, such as Jamestown, Salamanca, and Olean.

Rochester Metro

An AMA affiliate owns a retail space with ample parking in Webster, NY. This built but unfinished space is across the street from a Target-anchored shopping center and can be converted to a dispensary with minimal effort. The direct line into Rochester from I-390 makes this location convenient to patients located in the central part of the Southern Tier. This location, along with Binghamton, can also service the Finger Lakes region.

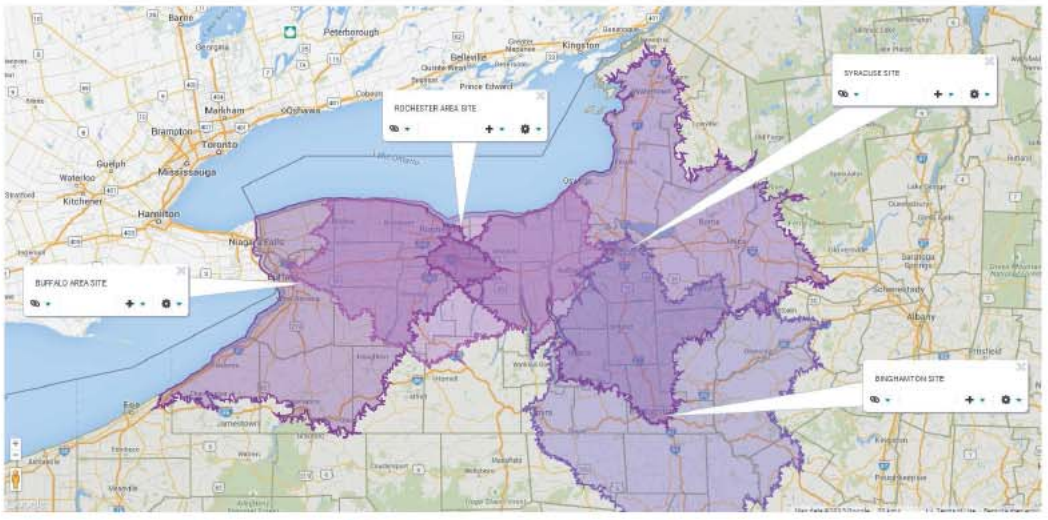
Binghamton

AMA has a purchase and Sale Agreement with the owner of a steel building on Court St., Binghamton's major east-west road running parallel to and just south of I-86. Binghamton, the confluence of Interstates 81, 86, and 88, is accessible from the eastern half of the Southern Tier to places such as Ithaca, Elmira, and Corning, and many parts of Central New York like Oneonta. Through I-86 Binghamton also reaches downstate to areas like northern Westchester County.

Syracuse Location

AMA has a Purchase and Sale Agreement with the owners of a former medical device facility. This modern, clean facility is off Military Circle in an area bordered by Interstates 81, 481, 90, and 690. Syracuse radiates coverage to many parts of Central New York, such as Utica and Cortland, and points north like Watertown.

Given our strategic geographic distribution of the dispensary sites, we can comfortably project that AMA will be able to service **35%** of New York State's total population within our coverage area.



Map showing 90 minute drive time coverage from each dispensary site.

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ENTERPRISE RISK MANAGEMENT (ERM) & COMPLIANCE

The AMA ERM framework will provide guidance to implement a consistent, efficient, and economical approach to identify, evaluate and respond to key risks that may impact AMA's objectives. The framework is based on the Enterprise Risk Management Framework published by the Committee of Sponsoring Organizations (COSO) of the Treadway Commission. The AMA ERM framework is designed to provide a portfolio view of risks across the entire organization and will be spearheaded by AMA's Director of Compliance and Operations.

The AMA ERM top-down approach begins with consideration of overall corporate governance, processes to risk management and assessment, and ultimately considers the achievement of all compliance requirements.

Executive management in tandem with the Board of Managers will develop and document a strategy that outlines what AMA expects to accomplish, as well as the objectives it must achieve in order to realize the desired results. A clearly documented strategy and associated objectives are critical to the development of an effective enterprise risk management program.

The following list represents identified internal and external risk management stakeholders who have an interest in AMA's performance and its ability to manage risks.

Internal Stakeholders

- Board of Managers and its Committees
- Officers and Management of AMA
- AMA Risk Management Function
- AMA Regulatory Compliance Function
- All AMA Employees and Staff

External Stakeholders

- New York State Department of Health (DOH)
- Community
- Vendors
- External Auditors
- Attorneys
- Other third party service providers and business partners

MEMBERS

AMA's management team is uniquely comprised of physicians, managers, security, facility specialists and other key personnel who are experts in their fields.

Gregory Daniel, MD, MBA – CEO: Dr. Daniel brings a unique mix of clinical aptitude, business experience, and innovative influence to his role as Chief Executive Officer of Alternative Medicine Associates. Dr. Daniel holds over 20 years of medical experience as an emergency room physician and has founded several companies that, through his leadership, have grown into multi-million dollar enterprises.

[redacted]he

Dr. Daniel earned his Doctorate of Medicine and a Bachelor Degree in biochemistry from the University of Wisconsin, Madison, and is licensed to practice medicine in eight states. He earned his MBA from the University of California, Irvine, and was named "Best Leader" for his class. He was a member of the board of governors for the Catholic Independent Practice Association of Western New York (now known as Catholic Medical Partners) for 10 years, where he served on the negotiation and compensation and utilization committees. He served as a flight surgeon in the U.S. Air Force Reserves, retiring at the rank of Major.

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Christopher J. Jerzewski - COO: Over the last 25 years, Mr. Jerzewski has acquired an array of executive management experience which includes operations, sales, marketing, financial oversight, acquisition management, contract negotiations, and compliance control. This extensive background has allowed Mr. Jerzewski to excel in growing [redacted], as their [redacted] dditionally, Mr. Jerzewski brings over 15 years of banking experience which included managing entire partnership programs that grew to over $1 billion in assets, creating and implementing corporate securitization strategies, and managing daily servicing operations for a mortgage business that generated over $5 billion in assets, per annum. Mr. Jerzewski received his B.S. in Mathematics from SUNY Potsdam in 1989 and his MBA from JL Kellogg School of Management at Northwest University in 2003.

Daniel Tirone, CPA - CFO: Daniel Tirone, CPA has practiced public accounting for over thirty years as the [redacted] He is a graduate of the SUNY Center for Entrepreneurial Leadership Core Program (2011), SUNY Buffalo (1981, Bachelor of Science, Business Administration), the Harvard Business School Club Management Development Program (2005) and a past member of the New York State Society of CPA's, where he held the position of Buffalo Chapter President and past Chair of the Chapter Governmental Accounting and Audit Committee. Mr. Tirone also taught at [redacted] and Erie Community College where he developed and delivered courses to industry professionals on emerging technology topics. He is also a former member of the State Society's Governmental Accounting Committee and the Emerging Technology, Banking and Subchapter S Committees. Active in various community organizations, Mr Tirone is Chairman of the Erie County Audit Committee, an exempt [redacted], a past board member of the Community Music School of Buffalo, and past board member of the Center for Entrepreneurial Leadership Alumni Association and the St. Joseph Neighborhood Initiative, Inc. and Past-President of Clarence Toastmasters.

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Andrea Tarshus, Esq. – General Counsel/Chief Compliance Officer: Andrea A. Tarshus, Esq., General Counsel/Chief Compliance Officer, has a superior background and knowledge in resolving corporate and healthcare-related risk, compliance, legal and ethical issues.

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[redacted], and also at the Albany County District Attorney's Office in the Major Offense Unit. She graduated Cum Laude from Marist College where she studied communications at both the New York campus and abroad in Sydney, Australia. Ms. Tarshus went on to earn her Juris Doctorate with a health law concentration with honors from Albany Law School. She is admitted to practice in New York State, where she received an above-average score on the Multistate Professional Responsibility Examination for her competence in legal ethics and professional conduct. While at Albany Law School, Ms. Tarshus undertook diverse studies in the field of bioethics and was awarded a fellowship at the Alden March Bioethics Institute at Albany Medical Center. There she helped create the institute's academic program and participated in rounds in the hospital assessing and advising medical professionals on patients whose illnesses presented challenging ethical issues.

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Maggie Kuchy - Chief Informational Officer: Maggie Kuchy is a recognized technology leader known for crafting the requisite strategic vision to achieve business goals. Ms. Kuchy offers a unique blend of executive acumen, team building and IT solutions development credited with strong ROI and operational improvements. [redacted]

[redacted]

Ms. Kuchy has held various leadership positions in the healthcare sector, focusing on innovation, technology and business strategy. Her extensive understanding of business operations, infrastructure and application deployments as well as her knowledge of products, software and services helps her advance client's business. Ms. Kuchy holds a Master of Computer Science from Florida International University; and her Bachelor of Science in Management Information Systems from Ithaca College.

Charles Tomaszewski – Chief of Security and Anti-Diversion: Charles Tomaszewski holds decades of specialized law enforcement and military experience. After being hired out of college as an Inspector for the Immigration and Naturalization Service (INS), Mr. Tomaszewski worked at the local ports of entry (Peace Bridge and Rainbow Bridge) and at pre-flight operations at Toronto International Airport in Canada. After taking a leave of absence from INS, he served a 6-year active duty tour as a C 130 Navigator with the US Air Force. After his service, he was hired as a Special Agent for the Drug Enforcement Administration assigned to Baltimore, Maryland as a street agent focusing on heroin trafficking organizations and money launderers in the Baltimore/DC area. During this time, Mr. Tomaszewski completed numerous undercover assignments and seized millions in drug assets.

In 2003, Mr. Tomaszewski was reassigned overseas as the DEA Country Attaché in Berlin, Germany and later Warsaw, Poland where he coordinated major drug investigations with foreign law enforcement agencies from Germany, the Czech Republic, Poland and the Ukraine disrupting the drug distribution operations of Colombian and Russian trafficking organizations in Europe. While in this position, he was able to convince Polish law enforcement to allow a ton of cocaine from Colombia to enter Poland, which led to uncovering and arresting major international traffickers across Europe and Colombia.

By 2009, he returned to Buffalo, New York as the Resident Agent in Charge of the Buffalo DEA Office and was later named Deputy Commissioner of the Buffalo Police Department. As the Chief of Operations, Mr. Tomaszewski managed a department of over 750 officers, the largest in Western New York. Mr. Tomaszewski graduated from the FBI National Executive Institute in 2012 and previously earned a B.S. in Criminal Justice from the State University of New York at Buffalo.

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Steven Lakomy, MD – Chief Medical Officer: A renowned Board Certified emergency medicine physician with over 30 years of clinical experience, Dr. Lakomy is well recognized in the community for his dedication to his patients and for his philanthropic initiatives. [redacted] He sits on several boards has served as the [redacted] for [redacted]. Dr. Lakomy is also known for being a physician advocate for the Compassionate Care Act in New York State, legislation to allow doctors to recommend medical marijuana to patients with serious illnesses. He has also made strides to advance clinical research initiatives to broaden the scope of knowledge regarding medical marijuana within the medical community. Dr. Lakomy graduated cum laude from Creighton University School of Medicine Clinical Services, where he earned a degree in medicine. Prior to attending Creighton University, Dr. Lakomy attended St. George's University School of Medicine, earning his degree in Basic Medical Sciences.

Ikram Massabini – [redacted] With over 15 years of experience, Mr. Massabini has extensive skills in IT Applications, Network Design, Operations, Infrastructure Design and Implementation, Managed Services Solutions, and Cloud Computing. [redacted] Mr. Massabini has a vast knowledge of the latest and most efficient surveillance and large scale security technologies. Mr. Massabini graduated from the University of Buffalo with a Bachelor of Engineering Degree in Electrical and Electronics Engineering.

Dan Humiston - Government Relations Liaison: Mr. Humiston is one of Western New York's leading businessmen and entrepreneurs [redacted] He was named "Entrepreneur of the Year" by Ernst and Young, and has received numerous other prestigious accolades. Mr. Humiston holds a B.S. in Education from Muskingum College and is a graduate of the Center for Entrepreneurial Leadership at the University at Buffalo.

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Dr. David Shucard – Clinical Investigator: Dr. Shucard earned a B.A. in Biology and Chemistry with a minor in Literature from the University of Colorado, and a M.S. in Zoology (Physiology), and a Ph.D. in Psychophysiology/Experimental Psychology friom the University of Denver. He was a NIMH postdoctoral fellow in the interdisciplinary training program at the University of California, San Francisco Medical School and Stanford University where he received training in cognitive neuroscience, animal and human neurophysiology, and clinical electroencephalography. Upon completion of his postdoctoral work, he returned to Denver as an assistant professor of Psychiatry at the University of Colorado School of Medicine and established the Brain Sciences Laboratories at the National Jewish Hospital and Research Center and UCSM. While in Denver he achieved the rank of professor.

Dr. Shucard moved to Buffalo, NY in 1985 as professor of Neurology, Pediatrics, and Psychology at the State University of New York at Buffalo and [redacted] and is a Diplomate in the American Board of Sleep Medicine and a Fellow in the American Psychological Association. His research is in the area of cognitive neuroscience with particular interest in the neurophysiological basis of cognitive functioning, intellectual abilities, attention, and the role of sleep and sleep disorders, such as apnea, on neurocognitive functioning. The major methodological approach used in his laboratory is a combination of electrophysiological (mainly event-related brain potentials) neuropsychological, and other behavioral methods. Positron emission tomography (PET) studies have also been conducted in combination with electrophysiology. Both clinical and nonclinical populations are being studied. Populations include infants, children, and adults, as well as animals. Dr. Shucard touts multiple published clinical research studies on the effects of Cannabis treatment on PTSD patients.

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Vijay Kumar PhD– Clinical Investigator: Dr. Vijay Kumar is an established research investigator with over 30 years of experience. He is Board Certified in Clinical Immunology (ABMLI), Microbiology (ABMM) and Clinical Chemistry (NRCC). Through his work emerged the discovery of new biomarkers for several autoimmune disease diagnosis, most notably, Celiac Disease. A [redacted].

[redacted] Research Associate Professor in the Department of Microbiology at the University at Buffalo, Research Associate Professor in the Department of Dermatology and a Clinical Associate Professor in the Department of Laboratory Sciences at the State University of New York at Buffalo. He also served as the Assistant Director of the, Ernest Witebsky Center for Immunology in the Department of Microbiology at the State University of New York at Buffalo.

Dr. Kumar holds accreditations as an Immunologist from the New York State Department of Health and as a Clinical Laboratory Director from the American Board of Bioanalysis. Dr. Kumar published over 100 original publications in various journals with a focus on clinical and diagnostic immunology. He has been recognized by Buffalo Business First as one of the 50 leaders in the medical field. Dr. Kumar graduated with a Bachelor of Science and a Master of Science from Panjab University in Chandigarh, India and a PhD form the University at Buffalo.

R. Lorraine Collins PhD – Clinical Investigator: Psychologist R. Lorraine Collins is the Associate Dean for Research and Professor of Health Behavior in the School of Public Health and Health Professions at The University at Buffalo. Dr. Collins has served on several NIH review committees and on the NIH Advisory Councils of the National Institute on Drug Abuse and the Center for Scientific Review. Dr. Collins has mentored numerous graduate students, post-doctoral fellows, K-awardees, and junior faculty. [redacted] r. Collins conducts research on cognitive and psychosocial factors in substance use among emerging and young adults. She has a well-established publication record in substance use (mainly alcohol and marijuana) research and a 23-year history of NIH-funded research as a Principal Investigator of Co-Investigator.

Her impressive research accomplishments also include introducing the construct of drinking restraint, a conceptual framework, involving limit setting and negative affect, for describing the process through which restrained heavy drinkers move to excessive, problem drinking to literature on alcohol use and abuse. Dr. Collins also pioneered the use of modern technology in her research studies by using cell phones to collect ecological momentary assessment data. The use of cell phones introduces flexibility in collecting data in the field and allows for the utilization of emerging smart phone technologies. Dr. Collins is motivated by the real-world impact of her research within the community in which she works and lives. Her current research focuses on understanding young adults recreational marijuana use as well as the use of technology in interventions to help them reduce their recreational marijuana use.

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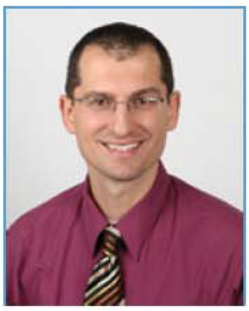

Dr. Sasko Dorce Stojanovski – Lead Pharmacist: Dr. Sasko Dorce Stojanovski is originally from [redacted]. He earned a Bachelor of Science in Pharmacy in 1999 and a Doctor in Pharmacy in 2001, from the Albany College of Pharmacy and Health Sciences. Dr. Stojanovski's professional experiences include completing a pharmacy practice residency in Pediatrics at Sacred Heart Hospital under [redacted] and a pediatric pharmacotherapy fellowship at The Ohio State University College of Pharmacy. Currently, Dr. Stopjanovski is a [redacted] Areas of professional interest include further research in pediatric medication efficacy and safety and epilepsy pharmacotherapy.

Mark Prior – Lead Pharmacist: Mark Prior has a variety of pharmacy and business experience including high-volume pharmacy dispensing, patient education, acute and chronic care management, immunization and all aspects of clinical administration. [redacted]

[redacted]

Mr. Prior is a registered New York State Pharmacist and a licensed Chiropractor. He earned his Doctor of Chiropractic degree from Palmer College in Davenport, Iowa and his Doctor of Pharmacy degree from the State University of New York at Buffalo.

Phil Silvestri – Director of Patient Flow and Design: [redacted] over 20 years of architectural experience. After graduating from the State University of New York at Buffalo with a Mater of architecture, [redacted] His extensive experience with healthcare design brings a unique skill set to the organization.

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Chad Houston, MBA – Director of Community Outreach: Mr. Houston's extensive experience with community outreach spans both the corporate and community services sectors. He [redacted]. His unique background working in marketing and community outreach on both levels makes him exceptionally skilled at relating to and capturing a wide scope of consumers. Mr. Houston earned an MBA in marketing from Canisius College and holds a B.A. in Communications from Howard University.

Gregory F. Daniel Jr, MBA - Third Party Liaison: [redacted]

Greg completed his Bachelor's Degree at University of North Carolina Chapel Hill in 2009 and completed an MBA from University at Buffalo in May 2015.

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Avis Bulbulyan – Operations Consultant: [redacted]

On the national scene, Mr. Bulbulyan has one of the highest success rates amongst industry consultants and lawyers representing clients on the state level competing for a state license to operate a cannabis business. Mr. Bulbulyan's client was the highest scoring group in Massachusetts with a near perfect score of 160 out of 163 points. Mr. Bulbulyan's client in Nevada submitted 5 applications and won 4 licenses. In Illinois, where most consultants failed, Mr. Bulbulyan was able to secure both a cultivation license and a dispensary license for 2 separate groups.

Besides state licensing, Mr. Bulbulyan is currently working with several cities in [redacted] assisting them with the creation of cannabis regulations and has assisted multiple cannabis businesses with expansion into other states through licensing deals. Collectively, he has helped cannabis businesses secure approximately 25MM in financing, and has aided entrepreneurs in entering multiple sectors of the industry.

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Cultivation Quality Control**

Procedure: AMA has in place the following policy in relation to the harvesting of medical marihuana products, in compliance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.

A. Inspection

Medical marihuana grown at AMA's Manufacturing Facility is inspected thoroughly to ensure medicine reaches patients that is free of pathogens and contaminants. Plants are cultivated with the highest quality, lab tested, state approved fertilizer and pesticides to prevent potential carcinogens and residual contaminants from being consumed. All medical marihuana and infused products must be tested as required by the state government, and must meet all local and state sanitation requirements.

B. Air and Water Filtration Maintenance

All air and water filtration is regularly maintained based on company maintenance protocol and inspection and quality checks will be performed to ensure levels of contaminants are below acceptable thresholds. Company integrated pest management (IPM) utilizes sanitation and defenses against allowing contaminants to enter AMA's Manufacturing Facility.

C. Pre-Harvest Application Intervals

It is the cultivation staff's responsibility to adhere to pre-harvest pesticide application intervals. This is the amount of time prior to harvest that a pesticide can be applied. Abiding by pre-harvest application intervals prevents medicine with residual pesticides reaching the consumer. During final cultivation periods, the staff flushes the media and plants of excess nitrates and phosphates, which accumulate in plant tissues during growth. These compounds have the potential to cause respiratory irritation.

During the pre-harvest phase, it is crucial to monitor the environment of the cultivation room as well as the plants themselves in order to prevent any salt accumulation. Proper monitoring also ensures prevention of source material contamination.

Additionally the cultivation operations will source its own raw ingredients for fertilizer, so as to prevent the

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introduction of unlabeled contaminants such as heavy metals and plant growth regulators, which are commonly found in “grow store” or “organic” fertilizers.

D. **Room Cleaning and Sanitizing**

Upon completion of each harvest, the cultivation room and post-harvest rooms are thoroughly cleaned and sanitized prior to new plants being introduced. Drying areas are sterilized with hydrogen dioxide between all batches.

E. Dry Area Inspections

During the post-harvest handling of product, daily inspections in the dry area are carried out to inspect for contaminants and potential pathogens. Further, while being stored for final processing, product is stored between a 6-10% moisture content to minimize the possibility for any mold germination to occur. Maintaining an air-tight seal on all buckets used for storage helps minimize the risk of any airborne pathogens or contaminants.

Harvest staff continually inspects the medical marihuana for contaminants, including prior to preparing product for processing. Final random spot checks are done with 30x magnification and contaminated flowers are rendered useless and disposed.

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Employee Manual

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1 INTRODUCTION

This document has been developed by Human Resources to provide information about working conditions, key policies, procedures, and benefits affecting employment. The policies in this Manual are to be considered as guidelines.

It is recognized that an employee manual cannot answer every question nor would we want to restrict the normal question and answer interchange among us. It is in our “person-to-person” conversations that we can better know each other, express our views and work together in a harmonious relationship.

We hope this manual will help you feel comfortable with our organization. We depend on you; your success is our success and vice versa. Please don't hesitate to ask questions. Your supervisor will gladly answer them.

We ask that you read this manual carefully and refer to it whenever questions arise.

1.1 Welcome!

We're very happy to welcome you to Alternative Medicine Associates (AMA). Thank you for joining us! We want you to feel that your association with AMAAMA will be a mutually beneficial and pleasant one.

You have joined an organization that has established an outstanding reputation for quality products and service. Credit for this goes to every one of our employees. We hope you will also find satisfaction and take pride in your work here.

This Manual provides answers to most of the questions you may have about our benefit programs, as well as AMAAMA policies and procedures that we abide by, our responsibilities to you and your responsibilities to AMAAMA. If anything is unclear, please discuss the matter with your supervisor or human resources. You are responsible for reading and understanding this Employee Manual. In addition to clarifying responsibilities, we hope this Employee Manual will also give you an indication of AMAAMA’s interest in the welfare of all that work here.

There are several things to keep in mind about this handbook. First, it contains only general information and guidelines. It is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described. For that reason, if you have any questions concerning eligibility for a particular benefit or the applicability of a policy or practice to you, you should address your specific questions to the Human Resource department. ***Neither this handbook nor any other company document confers any contractual right, either express or implied, to remain in the company's employ. Nor does it guarantee any fixed terms and conditions of your employment. Your employment is not for any specific time and may be terminated at will with or without cause and without prior notice by the company, or you may resign for any reason at any time.*** No supervisor or other representative of the company (except the CEO) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above.

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The procedures, practices, policies and benefits described herein may be modified or discontinued from time to time. We will try to inform you of any changes as they occur.

This handbook and the information in it should be treated as confidential. No portion of this handbook should be disclosed to others, except Alternative Medicine Associates employees and others affiliated with Alternative Medicine Associates whose knowledge of the information is required in the normal course of business.

Some subjects described in this handbook are covered in detail in official policy documents. Refer to these documents for specific information because the handbook only briefly summarizes those guidelines and benefits. Please note that the terms of any written insurance policies are controlling and override any statements made in this or other documents.

1.2 Our Background

AMA members have been pivotal with regards to the care and delivery of healthcare services in the community. AMA is a natural pharmaceutical organization managed by physicians and healthcare professionals. Our core leadership personnel are individuals with impressive credentials and capabilities in organizational management of successful enterprises inside and outside of the healthcare industry. AMAAMAAMAAMAAMA is a performance driven organization. Optimizing performance, whether it is manufacturing or from a management perspective, requires empowerment and a risk/reward methodology. AMA

1.3 Our Standards

Mission: Our physician-led organization was assembled to advance the clinical benefits of marihuana based medicine. The central focus of our organization is to perfect the most clinically effective means of integrating marihuana based medicine into comprehensive treatment plans for patients with serious illnesses.

Vision: Our vision is to become the leading model of excellence for the provision of medical marihuana. **Values:** We commit to these values to guide our decisions and our behaviors:

- **Innovative Solutions –** We drive creative, customized and innovative solutions that have unlimited possibilities leading to growth, quality and new ideas.

- **Accountable Leadership –** We are a dynamic company that thrives on elevating our members and employees to heights they might never get to on their own. We are an entity where the whole is greater than the sum of the parts and where every employee is held accountable to the organization.

- **Excellence –** We are committed to clinical excellence and to programs and processes that enhance our ability to deliver quality while exceeding expectations.

- **Integrity** – We maintain a workplace that promotes ethical judgment, honesty, trust and respect at every level.

1.4 You're Part of Our Team...

As a member of the AMA team, you will be expected to contribute your talents and energies to improve the environment and quality of AMA as well as support our mission and vision. In return you will be given opportunities to grow and advance in your career.

AMA is dedicated to three (3) standards:

1. To provide superior medical marihuana products and exceptional service to our patients
2. To provide you with competitive wages and benefits as compared to others doing similar work within the industry and region.
3. To provide an atmosphere offering growth and advancement opportunity that supports our objective to be an employer of choice in the medical marihuana and healthcare management industry.

1.5 Changes in Policy

This manual supersedes all previous employee manuals and memos.

While every effort is made to keep the contents of this document current, from time to time, the information included may change. AMA reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in the manual with or without prior notice to employees.

If changes occur, every effort will be made to keep you informed through suitable lines of communication, such as e-mails, memos, bulletin board postings, notices sent directly to you in-house, and/or other possible methods, where applicable.

Keep in mind, if there is a conflict with the contents of this manual and your offer letter or contract, your offer letter or contract supersedes this employee manual.

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2 RECEIPT & ACKNOWLEDGEMENT

AMA Employee Manual

The Employee Manual is an important document intended to help you become acquainted with AMA. It will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. Because the general business atmosphere of AMA and economic conditions are always changing, the contents of these manuals may be changed at any time at the discretion of AMA. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as an employee and on AMA.

Please read the following statements and sign below to indicate your receipt and acknowledgement of AMA Employee Manual.

- I have received and read a copy of AMA Employee Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of AMA at any time. I understand that this manual supersedes all other previous manuals for AMA as of January 1, 2015.
- I further understand that my employment is terminable "at will," either by myself or AMA, regardless of the length of my employment or the granting of benefits.
- I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the CEO of AMA.
- I am aware that during the course of my employment confidential information will be made available to me, including, without limitation, marketing strategies, customer lists, pricing policies and other related information. I understand that this information is critical to the success of AMA and must not be given out or used outside of AMA's premises or with non-company employees. During my employment relationship and in the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.
- I understand that, should the content of this employee manual be changed in any way, AMA may require an additional signature from me to indicate that I am aware of and understand any new policies.
- I understand that my signature below indicates that I have read and understand the above statements and have received a copy of AMA Employee Manual.

Employee's Printed Name _____ Position _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please retain this copy for your records. The final page of this manual is a duplicate of this page and it should be signed and given to your supervisor.

3 EMPLOYEE DEFINITION AND STATUS

An "employee" is defined as a person who regularly works on a wage or salary basis. All employees of AMA must be at least 21 years of age.

COPY

At the time you are hired, you are classified as full time or part time and are also told whether you qualify for overtime pay. Unless otherwise specified, the benefits described in this Manual apply only to full time employees. All other policies described in this Manual and communicated by AMA apply to all employees, with the exception of certain wage, salary and time off limitations applying only to "non-exempt" (see the definition that follows) employees. If you are unsure of which job classification your position fits into, please ask your supervisor or human resources.

3.1 Employment Classification

Full Time Employees

A full time employee is an employee who works the Company's standard workweek (on average a minimum of 40 hours per week) on a regularly scheduled basis. A full time employee is eligible for Company benefits.

Part Time Employees

A part time employee is an employee who works less than the Company's standard workweek.

"Non-Exempt" and "Exempt" Employees

At the time you are hired, all employees are classified as either "exempt" or "non-exempt." These classifications are necessary because, by law, employees in certain types of jobs are entitled to overtime pay for hours worked in excess of forty (40) hours per work week. These employees are referred to as "non-exempt" in this manual; that means that they are not exempt from (and, therefore, should receive) overtime pay.

Exempt employees are supervisors, executives, administrative staff, professional staff, technical staff, outside sales representatives, officers, directors, owners and others whose duties and responsibilities allow them to be "exempt" from overtime pay provisions as provided by the Federal Fair Labor Standards Act (FLSA) and any applicable state laws. If you are an exempt employee, you will be advised that you are in this classification at the time you are hired, transferred or promoted.

Temporary Employees

Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project, for instance for harvest. Employment assignments in this category are of limited duration and the temporary employee can be let go before the end of the defined period. Short term assignments generally are periods of three (3) months or less, however, such assignments may be extended. All Temporary employees are at-will regardless of the anticipated duration of the assignment (see Employment-at-Will Policy). Temporary employees retain that status unless and until notified in writing of a change.

3.2 Proof of U.S. Citizenship and/or Right to Work

Federal regulations require that 1) before becoming employed, all applicants must complete and sign Federal Form I-9, Employment Eligibility Verification Form; and 2) all applicants who are hired need to present documents of identity and eligibility to work in the U. S.

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3.3 Introductory Period for New Employees

Unless otherwise defined in a contract, your first ninety (90) days of employment at AMA are considered an introductory period. This introductory period will be a time for getting to know your fellow employees, your supervisor and the tasks involved in your job position, as well as becoming familiar with AMA's products and services. Your supervisor will work closely with you to help you understand the needs and processes of your job.

The introductory period is a probationary time for both you as an employee and AMA as an employer. During this introductory period, AMA will evaluate your suitability for employment and you can evaluate AMA as well. If, during this period your work habits, attitude, attendance or performance do not measure up to our standards, we may release you. If you take approved time off in excess of five (5) workdays during the introductory period, the introductory period may be extended by that length of time.

At the end of the introductory period, your supervisor will discuss your job performance with you. This review will be much the same as the normal job performance review that is held for regular full time or part time employees on an annual basis. During the course of the discussion, you are encouraged to give your comments and ideas as well.

Please understand that completion of the introductory period does not guarantee continued employment for any specified period of time nor does it require that an employee be discharged only for cause.

4 EMPLOYMENT POLICIES

4.1 Anniversary Date

The first day you report to work is your official anniversary date. Your anniversary date is used to compute various conditions and benefits described in this manual.

4.2 At Will Employment

All employment and compensation with AMA is "at will," which means that your employment can be terminated with or without cause, and with or without notice, at any time, at the option of either AMA or yourself, except as otherwise provided by law. Your employment requirements are outlined in your employment contract or offer letter. Please refer back to your employment contract or offer letter for clarification.

4.3 Contracts

To the extent that an employee has a contract with AMA, the contract will dictate your employment relationship with the company. This manual shall be a supplement to your contract. If there is a conflict between the manual and your contract, the terms of your contract will govern.

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4.4 Equal Employment Opportunity

AMA is an equal employment opportunity employer. Employment decisions are based on merit and business needs, and not on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, pregnancy, physical or mental disability, marital status, veteran status, political affiliation, genetic information, or any other factors protected by applicable federal, state or local law.

The policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation benefits, social and recreational programs and all other conditions and privileges of employment in accordance with applicable federal, state and local laws.

It is the policy of AMA to comply with all the relevant and applicable provisions of the Americans with Disabilities Act (ADA). AMA will not discriminate against any qualified employee or job applicant with respect to any terms, privileges or conditions of employment because of a person's physical or mental disability. AMA will also make reasonable accommodation wherever necessary for all employees or applicants with disabilities provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require significant difficulty or expense.

Equal employment opportunity notices are posted on appropriate employee bulletin boards as required by law. The notice summarizes the rights of employees to equal opportunity in employment and lists the names and addresses of the various government agencies that may be contacted in the event that any person believes she/he has been discriminated against.

Management and human resources are primarily responsible for seeing that AMA’s equal employment opportunity policies are implemented, but all members of the staff share in the responsibility for assuring that by their personal actions the policies are effective and apply uniformly to everyone.

Willful violation of this policy on equal employment opportunity by an employee of AMA will be cause for disciplinary action, up to and including termination. Employees, including supervisors, involved in discriminatory practices will be subject to discharge.

4.5 Employee Background Check

To ensure that individuals who join AMA are well qualified and to ensure that AMA maintains a safe and productive work environment, it is our policy to conduct pre-employment background checks on all applicants who accept an offer of employment. Background checks may include verification of any information on the applicant’s resume or application form.

All offers of employment are conditioned on receipt of a background check report that is acceptable to AMA. All background checks are conducted in conformity with the Federal Fair Credit Reporting Act, the Americans with Disabilities Act, and state and federal privacy and antidiscrimination laws. Reports are kept confidential and are only viewed by individuals involved in the hiring process.

If information obtained in a background check would lead AMA to deny employment, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report’s accuracy. Background checks may include a criminal record check, and pursuant to state law, any criminal conviction of any felony of sale or possession of drugs, narcotics, or controlled substances shall prohibit that person from being employed by AMA

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Additional checks such as a driving record or credit report may be made on applicants for particular job categories if appropriate and job related.

AMA also reserves the right to conduct a background check for current employees to determine eligibility for promotion or reassignment in the same manner as described above.

Regardless of when it is discovered, employees who provide false information on their employment application may be disciplined up to and including termination.

4.6 Recruitment

A variety of routine recruitment strategies for external applicants are used by AMA including newspapers, advertisements and referrals. Administration will recommend a strategy appropriate to the position being recruited.

Administration selects candidates and schedules interviews in collaboration with Human Resources.

4.7 References

Employees of AMA are not authorized to respond to requests for references for current or former employees. In response to reference requests, we will only verify dates of your employment and position held with AMA with written authorization.

As an employee, do not under any circumstances respond to any requests for information regarding another employee unless it is part of your assigned job responsibilities. If it is not, and you receive a request for a reference, you should forward the request to your supervisor and/or Human Resources for a response.

Managers are not permitted to serve as a personal reference for former employees.

4.8 Re-Employment of Former Employees

Depending on the circumstances, AMA may consider a former employee for re-employment. Such applicants are subject to AMA's usual pre-employment procedures. To be considered, an applicant must have been in good standing at the time of their previous separation of employment with AMA and must have provided the required contracted time that is stated in the notice period of their intention to terminate their employment with AMA.

4.9 Personnel Records and Administration

Keeping your personnel file up-to-date can be important to you with regard to pay, deductions, benefits and other matters. If you have a change in any of the following items, please be sure to notify your Human Resources representative as soon as possible:

1. Legal name
2. Home address
3. Home telephone number
4. Person to call in case of emergency
5. Number of dependents

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6. Marital status
7. Change of beneficiary
8. Driving record or status of driver's license, if you operate any company vehicles
9. Military or draft status
10. Exemptions on your W-4 tax form

In order to ensure that you and your family may receive the correct coverage and benefits, please keep the information in your personnel file updated. Any change in an employee's name, address, telephone number, marital status, dependents, or insurance beneficiaries, or a change in the number of tax withholding exemptions, needs to be reported in writing without delay to the Human Resources Department. Please fill out a personal information change form if any of this data changes.

Since AMA refers to your personnel file when we need to make decisions in connection with promotions, transfers, layoffs and recalls, it is to your benefit to be sure your personnel file includes information about completion of educational or training courses, outside civic activities and areas of interest and skills that may not be part of your current position here.

If you wish to review your personnel file, you may do so by making a written request to your Human Resources representative.

All medical records, if any, will be kept in a separate confidential file.

4.10 Work Schedule

Your particular hours of work and the scheduling of your meal period will be determined and assigned by your supervisor. Management, with appropriate notification, may modify an employee's work schedule when it is necessary to meet work requirements.

AMA hours of operation at the corporate office are Monday – Friday, 8:30 am – 5:30 pm

4.11 Record of Absence/Lateness

If you are absent because of illness for three (3) or more successive days, your supervisor may request that you submit written documentation from your doctor and it may be required to include information regarding your ability to resume normal work duties before you will be allowed to return to work. You will be responsible for any charges made by your doctor for this documentation.

Your supervisor will make a note of any absence or lateness in your personnel file. Your attendance record will be considered when evaluating requests for promotions, transfers, leaves of absence and approved time off, as well as scheduling layoffs, etc.

4.12 Meal Periods

Non-exempt employees are entitled to paid rest periods and unpaid meal periods as provided by applicable state laws. If you work six (6) hours or more, you are required to take a thirty (30) minute unpaid meal period. Please understand that you may not "work through this meal period" in order to arrive late, leave early or to work extra time.

Your particular hours of work and the scheduling of your meal period will be determined and assigned by your supervisor. The time when meal periods are scheduled varies among departments, depending on the needs of each department.

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You may leave the premises during your meal period. It is important to return to work on time at the end of your meal period.

4.13 Managers

Your immediate supervisor is the person on the management team who is closest to you and your work. Your day-to-day contact with your supervisor gives you a chance to receive guidance and counsel regarding your assignments and the progress you make on your job. Your supervisor can show you how your work fits into the overall picture, teach you how to do things, explain the "how's" and "why's," and encourage you to reach your goals.

Your supervisor is in complete charge of the department. He/she is responsible for the efficient operation of the department. Your supervisor has authority to hire and dismiss, to assign work, recommend pay increases, transfers or promotions and to maintain order and discipline. This may be accomplished by the supervisor personally or through other corporate management staff as delegated.

Remember, your supervisor knows most of the answers, and, if not, knows where to get them. Your supervisor wants you to succeed. Please get to know your supervisor and when you need help or have questions, complaints, problems or suggestions, contact your supervisor first. He/she is interested in your success, the success of every member of your department and the overall success of AMA.

4.14 Patient Relations

The success of AMA depends upon the quality of the relationships between our management, our employees, our patients, our suppliers and the general public. Our patients' and our clients' impression of AMA and their interest and willingness to utilize our services is greatly formed by the people who serve them. In a sense, regardless of your position, you are AMA's ambassador. The more goodwill you promote, the more our patients will respect and appreciate you, AMA and AMA's products and services.

Here are several things you can do to help give the public a good impression of AMA:

1. Act competently and deal with patients and providers in a courteous and respectful manner.
2. Communicate pleasantly and respectfully with other employees at all times.
3. Follow up on orders and questions promptly, provide businesslike replies to inquiries and requests and perform all duties in an orderly manner.
4. Take great pride in your work and enjoy doing your very best.

These are the building blocks for your and AMA's continued success. Thank you for adding your support.

4.15 Ethical Standards

AMA insists on the highest ethical standards in conducting its business. Doing the right thing and acting with integrity are the two driving forces behind our success. When faced with ethical

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issues, employees are expected to make the appropriate professional decision consistent with AMA's principles, standards and/or compliance manual.

It is the responsibility of all employees to comply with that standard and to report violations or suspected violations to your supervisor, Human Resources and/or Compliance Officer in accordance with AMA policy.

4.16 Advancement and Promotion

AMA would like to provide employees with every opportunity for advancing to other positions or opportunities within the company. Approval of progression moves or promotions depends largely upon training, experience, work record, and business need. However, AMA reserves the right to look outside the company for potential employees as well.

4.17 Transfer Policy

AMA recognizes that a desire for career growth and other needs may lead an employee to request a transfer to another position. An employee with proper qualifications will be eligible for consideration for transfer to another department provided that the transfer does not occur within one year of the employee's date of hire or within one year of any previous transfer.

Transfer from one position to another may be required or requested from time to time. Such transfers (up, down or laterally) will be made with a possible adjustment in pay. Transfers for more than thirty (30) days will be considered permanent transfers.

In the unlikely event that you are permanently transferred for the company's benefit to a lower position, your wage may need to be adjusted to suit the new position. If you are permanently transferred to a lower position because there is no work in your department, your wage must be reduced to suit the job to which you are transferred. All wage adjustments are at the sole discretion of AMA.

4.18 Outside Employment

If you are employed by AMA in a full time position, AMA expects that your position here is your primary employment. Any outside activity must not interfere with your ability to properly perform your job duties at AMA.

Employees are permitted to engage in outside work or to hold other jobs, subject to certain restrictions as outlined below.

Activities and conduct away from the job must not directly or indirectly, compete with, conflict with or compromise the company interests or adversely affect job performance and the ability to fulfill all job responsibilities. Employees are prohibited from performing any services for customers on nonworking time that are normally performed by AMA. This prohibition also extends to the unauthorized use of any company tools or equipment and the unauthorized use or application of any confidential information. In addition, employees are not to solicit or conduct any outside business during paid working time.

Employees are cautioned to carefully consider the demands that additional work activity will create before accepting outside employment. Outside employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, refusal to travel or refusal to work overtime or different hours. If AMA determines that an employee's outside work interferes with performance, the employee may be asked to terminate the outside employment.

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If you have a second job or are thinking of taking a second job, it is requested that you notify your supervisor and Human Resources immediately and please put this in writing. He/she will thoroughly discuss the opportunity with you to make sure that it will not interfere with your job at AMA nor pose a conflict of interest. Outside employment must not be a direct competitor of AMA.

4.18.1 Conflicts of Interest

Employees must avoid any relationship or activity that might impair, or even appear to impair, their ability to make objective and fair decisions when performing their jobs. At times, an employee may be faced with situations in which business actions taken on behalf of AMA may conflict with the employee's own personal interests. Company property, information or business opportunities may not be used for personal gain.

Conflicts of interest could arise in the following circumstances:

- Being employed by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while employed with AMA.
- Hiring or supervising family members or closely related persons.
- Serving as a board member for an outside commercial company or organization.
- Owning or having a substantial interest in a competitor, supplier or contractor.
- Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to all company employees.

Employees with a conflict-of-interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their manager or the Human Resource department.

4.18.2 Non-Compete

Employees may not actively compete in any manner either directly or indirectly with the Company's business activities either current or planned. Employees may not directly or indirectly (i) induce or attempt to induce any employee, customer, consultant, supplier, or other business relation of the Company to cease doing business with AMA, or (ii) interfere with the relationship between any customer or business relation and AMA.

4.19 Performance Reviews

AMA wants to help employees to succeed in their jobs and to grow. In an effort to support this growth and success, the company has an annual review process for providing formal performance feedback. Performance reviews are done in April of each year, and as needed based on performance.

The process is as follows:

1. **Review:** Employee performance is reviewed no less than annually, but may be reviewed any time a supervisor deems necessary.

2. **Notice:** The supervisor will contact the employee no less than one week prior to their evaluation date and schedule a meeting time for the review.

3. **Employee Self-Appraisal:** The employee is then provided with the self-appraisal sheet, including annual goals sheet, and must submit this form to their supervisor prior to their evaluation date.

4. **Performance Review Sheet:** Employee is also provided with the performance review sheet to fill out and submit with the self-appraisal in order to provide a point of reference in discussing supervisor scores as compared to employee self-perception. (Both supervisor and employee complete a form)

5. **Interview:** An interview is conducted at the scheduled time to discuss the review, with special attention given to areas in need of development. Objective, measurable goals are to be identified collaboratively to achieve desired outcomes and are documented on the Review Summary. These goals will provide a point of reference for the next performance review.

6. **Employee Performance Review Summary:** Employee Performance Review Summary is completed by both the employee and the supervisor, signed, and submitted to human resources for review and signature.

7. **Copy:** These review documents in their entirety are copied and provided to the employee for their records.

8. **File:** The original review becomes a part of the employee personnel file.

4.20 Reduction in Workforce

In the unlikely event of a reduction in workforce, employees will be laid off based on skills and abilities as well as seniority. Please understand that if the skills and abilities of two (2) employees are equal, seniority will be the determining factor in the layoff decision.

4.21 Exit Interview

In a voluntary separation situation, an AMA Human Resources representative will conduct an exit interview to discuss the employee's reasons for leaving and any other impressions that the employee may have about the company. This is also a time to return all company property and review options for continuation of benefits coverage. Please contact Human Resources prior to your last day of employment to schedule a time for an exit interview.

4.22 Return of Company Property

Any property issued to employees, such as computer equipment, company documents, keys AMA employee identification badges parking passes, cell phones or company credit card, must be returned at the time of employment separation. Employees will be responsible for any lost or damaged items.

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5 STANDARDS OF CONDUCT

5.1 General Guidelines

All employees are urged to become familiar with AMA rules and standards of conduct and are expected to follow these rules and standards faithfully in doing their own jobs and conducting the company's business.

5.2 Code of Conduct Policy

Employees of AMA are expected to accept certain responsibilities, adhere to accepted business and professional practices in all manners of personal conduct, and exhibit a high degree of personal integrity at all times. This responsibility not only involves sincere respect for the rights and feelings of others, but also demands that both in professional and in personal life, employees refrain from any behavior that might be harmful to the employee, co-workers, and/or AMA, or that might be viewed unfavorably by current patients or by the public at large.

AMA uses the following Patient-Centered Excellence Standards of conduct:

Customer Relations

- Treats patients and their caregivers with courtesy, respect and caring.
- Responds quickly and appropriately to customer requests.
- Anticipates customer needs and acts to meet those needs.
- Enforces the rules strictly and without compromise.
- Helps create and maintain a safe and comfortable environment for our patients and caregivers.

Self-Management

- Presents a positive image of AMA through professional appearance and behavior.
- Identifies own areas of development and seeks opportunities for personal and professional growth.
- Executes responsibilities in a safe and timely fashion; requests assistance as needed.
- Knows, understands and abides by the policies and procedures of AMA, and understands the laws under which we operate. Asks any questions necessary to ensure full compliance with all laws and policies.

Teamwork

- Willingly exchanges appropriate and professional information with co-workers.
- Recognizes and appreciates the values each employee brings to AMA.
- Pitches in when necessary to help other employees to ensure our patients get the best possible services.

Communication

- Continually strives to suggest and implement ways to improve personal, departmental and institutional performance.
- Interacts positively with AMA employees and patients, and everybody else with whom we come into contact as a representative of AMA

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- Listens to patients' needs and communicates in a courteous, tactful manner.
- Provides timely feedback when appropriate.
- Diligently ensures that information known about the patient is kept private and confidential.

Ownership/Accountability

- AMA offers a natural medicine, and we believe in the power of the environment. We must, as a company, demonstrate a commitment to conservation and responsible use of resources.
- Contributes to the safety and security of our workers and patients through personal actions.
- Continuous Performance Improvement

Professional conduct and our expectations include:

- Providing excellent customer service
- Dependability – reporting to work when scheduled and on time
- Following all federal, state and local laws and regulations
- Performing your job with enthusiasm and meeting the objectives for your position
- Valuing diversity and treating everyone with respect
- Presenting a professional, well-groomed image including appropriate attire and hygiene
- Integrity

The following activities/behaviors are prohibited, will not be tolerated and could result in discipline up to and including termination:

1. Falsification of any employment or other work related documents
2. Insubordination; refusal to follow directions; disrespect towards management or fellow employees
3. Dishonesty, theft, breach of trust
4. Abuse or destruction of company property, equipment or supplies
5. Absenteeism, tardiness or failure to follow proper call-in procedure
6. Violation of Non-Harassment Policy
7. Fighting, roughhousing, profanity or any other inappropriate conduct on company property
8. Possession, use or sale of alcohol/drugs on company property or coming to work under their influence
9. Working unapproved overtime or working off the clock
10. Violation of health, safety or fire codes
11. Leaving the premises during a scheduled shift without permission
12. Failure to report any injury or accident to management immediately
13. Smoking on AMA property or in AMA vehicles
14. Failure to submit medical information concerning physical ability to perform essential job functions
15. All forms of solicitation
16. Possession of weapons on company property unless required as part of your job duties
17. All forms of gambling on company property

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18. Sleeping on the job
19. Failure to follow signing in and out procedures (including break times and times when out of the office)
20. Failure to follow procedures
21. Violation of Non-Disclosure agreement or any other agreement
22. Parking outside of designated employee parking
23. Conducting personal business while on company time and/or using company property/equipment for personal business
24. Violation of dress code
25. Violation of the company expectations regarding professional conduct as stated above
26. Violation of a policy or work rule as established in the employee manual
27. Violation of the terms agreed to in your original contract
28. Other violations deemed prohibited

5.3 Attendance, Tardiness, and Absenteeism

AMA expects employees to be ready to work at the beginning of assigned daily work hours, and to reasonably complete their projects by the end of assigned work hours.

From time to time, it may be necessary for an employee to be late or absent from work. AMA is aware that emergencies, illnesses, or pressing personal business that cannot be scheduled outside work hours may arise. It is the responsibility of all employees to contact a member of management if they will be absent or late.

- Planned Absences – If you will be absent from work, you must request the day off with as much advance notice as possible.
- Unplanned Absences and Tardiness
  - You must report the situation directly to your supervisor as early as possible before your normal starting time each day. In situations where you have a doctor's note designating an extended length of absence, it is only necessary to call in once per week.
  - A pattern of absence and/or tardiness will lead to further disciplinary action.
- Excessive Absenteeism or Lateness

In general, five (5) absences in a 90-day period, or a consistent pattern of absence, will be considered excessive, and the reasons for the absences may come under question. Unexcused tardiness or leaving early is as detrimental to AMA as an absence. Three (3) such incidents in a 90-day period will be considered a "tardiness pattern" and will carry the same weight as an absence. Other factors, like the degree of lateness, may be considered.

In the event an employee fails to call their supervisor or report for work for 3 consecutive workdays, the employee will be deemed to have voluntarily resigned from his or her employment with AMA and will be removed from the payroll.

Be aware that excessive absenteeism, lateness or leaving early may lead to disciplinary action, including possible dismissal.

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5.4 Harassment in the Workplace

AMA is committed to providing a work environment that is pleasant, healthful, comfortable and free from intimidation, hostility or other offenses, which might interfere with work performance. Harassment of any sort—verbal, physical, visual—will not be tolerated.

What Is Harassment?

Harassment can take many forms. It may be, but is not limited to, unwelcome words, signs, offensive jokes, cartoons, pictures, posters, e-mail jokes or statements, political or religious statements, pranks, intimidation, physical assaults or contact, or violence. Please review our Non-Harassment Policy below and address any questions to your supervisor, Human Resources or any other member of management.

5.5 Non-Harassment Employment Policy

We believe that all employees are entitled to a work environment free from harassment. We strictly prohibit any conduct which constitutes harassment based on race, color, religion, age, sex, pregnancy, national origin, sexual orientation, disability or marital status. Disciplinary actions will be taken against any employee guilty of committing such conduct. This policy is based on Title VII of the Civil Rights Act, as amended, and other applicable laws and court decisions.

Harassment is defined as any unwelcome verbal or physical conduct, which is based on an employee's personal characteristics when:

- Submission to the harassment is made either explicitly or implicitly a term or condition of employment
- Submission to or rejection of the harassment is used as a basis for employment decisions affecting an individual
- The harassment has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment

Harassment includes but is not limited to:

- Sexually-oriented language, verbal abuse or "kidding"
- Unwanted sexual advances
- Unwanted physical contact
- Demands for sexual favors accompanied by promises or threats
- Interference with another individual's work performance through any type of sexually-oriented activity
- Creating a work environment that is hostile or offensive because of sexually-oriented or other conduct that interferes with another person's ability to do the job.
- Verbal abuse or kidding that speaks about another person's personal characteristics

Workplace Bullying

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AMA defines bullying as “repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment.” Such behavior violates the company Code of Ethics, which clearly states that all employees will be treated with dignity and respect.

The purpose of this policy is to communicate to all employees, including supervisors, managers and executives, that the company will not tolerate bullying behavior. Employees found in violation of this policy will be disciplined up to and including termination.

Bullying may be intentional or unintentional. However, it must be noted that where an allegation of bullying is made, the intention of the alleged bully is irrelevant and will not be given consideration when meting out discipline. As in sexual harassment, it is the effect of the behavior upon the individual that is important. AMA considers the following types of behavior examples of bullying:

- **Verbal bullying:** Slandering, ridiculing or maligning a person or his/her family; persistent name calling that is hurtful, insulting or humiliating; using a person as the butt of jokes; abusive and offensive remarks.

- **Physical bullying:** Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault; damage to a person’s work area or property.

- **Gesture bullying:** Nonverbal threatening gestures or glances that convey threatening messages.

- **Exclusion:** Socially or physically excluding or disregarding a person in work-related activities.

Retaliation:

Retaliation against an employee for exercising his/her rights under this policy is prohibited and will not be tolerated. This includes retaliation against an employee for inquiring about his/her rights, making an honest report or complaint of a violation, or for truthfully assisting in a complaint investigation.

Complaint Procedures:

AMA does not and will not tolerate harassment or bullying. In fulfilling their obligation to maintain a positive and productive work environment, supervisors are expected to halt any harassment or bullying of which they become aware. They are responsible for reporting all complaints to senior management.

Any employee who believes he/she has been harassed or bullied by a co-worker, supervisor, patient or vendor should bring the matter to the attention of Human Resources, his/her supervisor or any member of management immediately.

All complaints of harassment or bullying will be investigated and documented fully and fairly, and remedied, where necessary, by appropriate disciplinary action up to and including termination. Confidentiality will be maintained to the maximum extent possible. We will also ensure a no retaliation policy against an employee who, in good faith, reports harassment. If an employee believes retaliation takes place, he/she needs to notify Human Resources, his/her

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supervisor, any member of management, and/or Compliance Officer so appropriate action may be taken.

5.6 Violence in the Workplace

Nothing is more important than the safety and security of our employees, patients, vendors, and anyone else on our property.

AMA has adopted a policy prohibiting workplace violence. Consistent with this policy, acts or threats of physical violence, including intimidation, harassment, and/or coercion, which involve or affect AMA or which occur on AMA property, will not be tolerated.

Indirect or direct threats of violence, incidents of actual violence and suspicious individuals or activities should be reported as soon as possible to a supervisor, security personnel, Human Resources, member of AMA Security Team or any member of senior management. When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

Employees should promptly inform the Human Resource department of any protective or restraining order that they have obtained that lists the workplace as a protected area. Employees are encouraged to report safety concerns with regard to intimate partner violence. AMA will not retaliate against employees making good-faith reports. AMA is committed to supporting victims of intimate partner violence by providing referrals to AMA's employee assistance program (EAP) and community resources and providing time off for reasons related to intimate partner violence.

AMA will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. AMA will not retaliate against employees making good-faith reports of violence, threats or suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, AMA may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.

Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

AMA encourages employees to bring their disputes to the attention of their supervisors or Human Resources before the situation escalates. AMA will not discipline employees for raising such concerns.

5.7 Confidential Information and Nondisclosure

Our employees, customers, patients, contractors and vendors entrust AMA with important information relating to their personal lives and businesses. The nature of this relationship requires maintenance of confidentiality. In safeguarding the information received, AMA earns the respect and further trust of our patients and the community. Further, AMA also possesses its own confidential information.

Your employment with AMA assumes an obligation to maintain confidentiality even after you leave our employ.

Any violation of confidentiality seriously injures AMA's reputation and effectiveness. Therefore, please do not discuss company business with anyone who does not work for us and never discuss business transactions with anyone who does not have a direct association with the transaction. Even casual remarks can be misinterpreted and repeated, so develop the personal discipline necessary to maintain confidentiality. If you hear, see or become aware of anyone else breaking this trust, consider what he/she might do with information they get from you. Immediately, report this behavioral to the Chief Compliance Officer.

If you are questioned by someone outside AMA or your department and you are concerned about the appropriateness of giving them certain information, remember that you are not required to answer and that we do not wish you to do so. Instead, as politely as possible, refer the request to the Chief Compliance Officer.

No one is permitted to remove or make copies of any AMA records, reports or documents without prior management approval.

Because of its seriousness, disclosure of confidential information may lead to dismissal.

5.8 Progressive Corrective Counseling

It is our goal to provide the best possible work environment. To ensure this standard, it is necessary for all of us to follow our Code of Conduct. Where, in the sole judgment of company management, a violation or problem does not warrant immediate dismissal, and where management has determined that the employee should be given the opportunity to correct the violation or improve his/her performance to an acceptable level, a progressive corrective counseling may be implemented. There will be situations in which the circumstances of the conduct warrant immediate action, including but not limited to termination.

Causes for corrective counseling generally fall into the following three categories: Performance, conduct, and attendance. Any violation of company policy and procedures discussed in this manual will be subject to corrective counseling.

The following are customary steps that may be taken and will be treated on a case by case basis:

- **Coaching/Verbal Warning** – This will be an open discussion advising the employee of the concerns in an effort to correct a performance, conduct, or attendance issue and explain what improvement is expected. The supervisor and employee will devise a written action plan to improve performance, signed by the employee, the manager and Human Resources, and placed in the employee's personnel file.
- **Written Warning** – This will advise the employee in writing of the violation or concern following a coaching discussion when the employee's performance, conduct, or attendance, have not improved. An action plan with timeframes for improving performance will be included. The counseling given must be documented, discussed and signed by the employee, the manager and Human Resources and placed in the employee's personnel file.
- **Final Written Warning** – This will be given to an employee following a written counseling when the Associate's performance, conduct, or attendance, have not

improved. The final counseling is the final step in the process preceding termination. The final counseling must be documented, discussed and signed by the employee, the manager and Human Resources, and placed in the employee's personnel file.

- **Suspension** – Suspension is the removal of an employee from the workplace for a specified period of time without pay. A suspension should be issued if the situation involved serious misconduct but termination is not warranted. A suspension may also occur to provide time to conduct an investigation to determine if a violation of a company policy has in fact occurred. The time the employee will be out of work during the suspension period will be determined by AMA Management discretion. Depending on the outcome of the investigation, the employee may be reinstated with or without back pay for the suspension period or may be terminated. A suspension must be documented, discussed and signed by the employee, the manager and Human Resources, and placed in the employee's personnel file.
- **Termination** – Termination is the dismissal of employment from AMA. This action may be taken for a first time gross or intolerable infraction of the company policy unless the circumstances warrant otherwise, or it is a culmination of continuing serious performance, conduct, or attendance issues that have not been resolved by progressive counseling.

5.9 Solicitations and Distributions

Solicitation for any cause during working time and in working areas is not permitted. You are not permitted to distribute non-company literature in work areas at any time during working time. Working time is defined as the time assigned for the performance of your job and does not apply to break periods and meal times. Working areas do not include the meal room or the parking areas. Solicitation during authorized meal and break periods is permitted so long as it is not conducted in working areas. However, employees are not permitted to sell merchandise or otherwise solicit money or contributions without management approval.

Persons not employed by AMA are prohibited from soliciting or distributing literature on company property.

5.10 Substance and Alcohol Abuse

To help ensure a safe, healthy, and productive drug-free work environment for the employees and customers, AMA has adopted a zero tolerance policy for the use of drugs and alcohol in the workplace.

Substance Abuse Policy Procedures:

AMA requires "for cause" drug and alcohol testing for any employee who displays mannerisms, actions, behaviors, or any other evidence that he/she may have used drugs, alcohol, or controlled substance in the workplace.

1. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. Employees are expected to maintain this condition during all working hours and anytime they are on company premises, or

in company vehicles. It is our intent and obligation to provide a drug-free, healthy and safe work environment.

2. The unlawful manufacturing, distribution, possession or use of a controlled substance, illegal drug or alcohol on AMA's premises or while conducting AMA's business off its premises is prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.

3. AMA reserves the right to drug test under several different conditions including post incident and under reasonable suspicion (which must be based on specific reliable observations about the employee's appearance, behavior, and speech or body odors. Some examples would be unsteady gait, odor of alcohol on the breath, slurring speech, aggressive or abusive language or behavior, disorientation or lethargy).

Post-accident: Employees are subject to testing when they cause or contribute to accidents that seriously damage a company vehicle, machinery, equipment or property and/or result in an injury to themselves or another employee requiring off-site medical attention. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner.

Follow-up: Employees who have tested positive, or otherwise violated this policy, are subject to discipline up to and including termination. Depending on the circumstances and the employee's work history/record, AMA may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies for a minimum of one (1) year but not more than two (2) years. If the employee either does not complete his/her rehabilitation program or tests positive after completing the rehabilitation program, he/she will be subject to immediate discharge from employment.

4. As a condition of employment, employees must comply with this policy and notify the Compliance Officer of any criminal drug statute conviction which results from a violation occurring in the workplace no later than five (5) working days after the date of such conviction. Failure to do so may result in immediate dismissal.

5.10.1 Substance Abuse Policy Definitions:

For purposes of this policy the following definitions apply:

1. The term "working hours" means the employee's entire shift or workday, from the time an employee first reports for work until his/her work is done for the day, including meal and break times.

2. The term "company premises" means all Company property including vehicles, offices, and work locations, eating areas, parking lots, lockers and desks.

3. The term "illegal drugs" means all controlled substances, narcotics and other drug-related materials whose use without specific medical authorization is a criminal offense under State or Federal Law, that includes, but is not limited to, marijuana, cocaine, barbiturates, benzodiazepines, opiates, amphetamines and PCP.

5.10.2 Substance Abuse Testing Procedures:

As a means of enforcing this Policy, AMA may test employees to scientifically determine the presence and/or any level of alcohol or illegal drugs in an individual's system. Depending on the circumstances and/or the violation suspected, the employee will be directed to permit collection of a sample of urine, breath or blood for analysis by a laboratory. Controlled substance testing will be conducted by a certified testing facility. Collections will be carried out as privately as possible and will use methods to ensure the integrity of the sample provided.

The Medical Review Officer (MRO) will be responsible for receiving the laboratory results generated from any drug testing performed for an AMA employee. The Medical Review Officer will notify the employee of the test results in a confidential manner and afford him/her the opportunity to discuss the test result.

Analysis results and all other documentation pertaining to the testing process will be maintained as confidentially as possible.

Employees will be asked to sign a written consent prior to the testing process to take place. If an employee refuses to sign a consent form, testing will not be done; however, a refusal to submit to testing when directed will be deemed a refusal to comply with AMA requirements and shall be grounds for immediate termination of employment.

An employee reasonably suspected of engaging in the use, possession, purchase, sale, or transfer of any illegal drug while working for AMA will be removed from the workplace, required to undergo testing, referred to a source for assistance, and may be subject to immediate dismissal. The matter will be turned over to law enforcement officials for investigation and/or prosecution.

5.10.3 Workplace Searches

To protect AMA property and to ensure the safety of all employees, the Company reserves the right to inspect and search any employee's office, desk, drawers, cabinets, files, locker, equipment, including computers, e-mail and voice mail, Company vehicles, and any area on Company premises. In this regard, it should be noted that all offices, desks, file drawers, cabinets, lockers, and other Company equipment and facilities are the property of AMA, and are intended for business use. Employees should have no expectation of privacy with respect to items brought onto Company property and/or stored in Company facilities. Inspection may be conducted at any time, without notice, at the discretion of the Company.

In addition, when the Company deems appropriate, employees may be required to submit to searches of their personal vehicles, parcels, purses, handbags, backpacks, brief cases, lunch boxes or any other possessions or articles brought on to the Company's property.

Persons entering the premises who refuse to cooperate in an inspection conducted pursuant to this policy may not be permitted to enter the premises. All employees must cooperate in an inspection; failure to do so is insubordination and will result in disciplinary action, up to and including termination.

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6 COMPENSATION POLICIES

6.1 Base Compensation

It is AMA's desire to pay all employees' wages or salaries that are competitive with other employers in the marketplace and in a way that will be motivational, fair, and equitable. Compensation may vary based on roles and responsibilities, individual, and company performance, and in compliance with all applicable laws. Your compensation is a function of a confidential agreement between yourself and AMA and is not to be discussed with any other employees.

6.2 Basis for Determining Pay

Your pay is influenced by six (6) factors:

1. The nature and scope of the job
2. What other employers pay their employees for comparable jobs
3. Individual performance
4. Experience
5. Educational background
6. Customer service

6.3 Discretionary Performance Bonuses

Performance bonuses may be given to AMA employees at the sole discretion of the CEO. There are two factors that typically determine bonus availability and amounts: (a) Company Performance and Profits, (b) Personal Performance. Bonuses are not guaranteed. Timing of the bonus is at the sole discretion of AMA.

Additionally, you must be actively employed on the date bonuses are distributed to be eligible to receive one.

6.4 Deductions from Paycheck (Mandatory)

AMA is required by law to make certain deductions from your paycheck each time one is prepared. Among these are your federal, state and local income taxes and your contribution to Social Security as required by law. These deductions will be itemized on your check stub. The amount of the deductions may depend on your earnings and on the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim. Any change in name, address, telephone number, marital status or number of exemptions must be reported to your supervisor immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates precisely how much of your earnings were deducted for these purposes.

Any other mandatory deductions to be made from your paycheck, such as court-ordered attachments, will be explained whenever AMA is ordered to make such deductions. Some states may require other payroll deductions.

6.5 Deductions (Other)/Direct Deposit

It may be possible for you to authorize AMA to make additional deductions from your paycheck, Credit Union loan payments, payroll savings plans, etc., or to deposit your paycheck directly into

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your savings or checking account at a participating bank. Contact Human Resources for details and the necessary authorization forms.

6.6 Social Security

The United States Government operates a system of contributory insurance known as Social Security. As a wage earner, you are required by law to contribute a percentage of your weekly wages to the trust fund from which benefits are paid. As your employer, AMA is required to deduct this amount from each paycheck you receive. In addition, AMA matches your contribution dollar for dollar, thereby paying one-half (1/2) of the cost of your Social Security benefits.

6.7 Time Sheets & Timekeeping Procedure

By law, AMA is obligated to keep accurate records of the time worked by all non-exempt employees. Each employee must complete the appropriate time record sign in sheet each week, receive appropriate approval for deviations from a regularly scheduled work week and time records must be completed in accordance with the AMA time-reporting guidelines. Your time sheet is the only way the Payroll Department knows how many hours you worked and how much to pay you. Your time sheet indicates when you arrived and when you departed.

Exempt Corporate Employees

For exempt employees it is assumed that you worked your regularly scheduled hours unless you submit a signed PTO form to the accounting department. All employees are required to notify the office staff of their time away from the office during the workday through the mandatory use of the shared Outlook calendar as well as signing in and out at the front reception desk.

Non-Exempt Employees

You are responsible to submit a time sheet every two weeks. Remember to record your time. These time sheets should be submitted through your supervisor for approval and then to the accounting department the last Friday in each pay period. Payroll checks will be based on receipt of this time sheet.

Time sheets are official business records and may not be altered or falsified in any way. No one may record hours worked on another's time sheet. Tampering with another's time sheet is cause for disciplinary action including possible dismissal of both employees. Do not alter another person's record or influence anyone else to alter your record for you. In the event of an error in recording your time, please report the matter to your supervisor immediately.

6.8 Error in Pay

Every effort is made to avoid errors in your paycheck. If you believe an error has been made, contact Human Resources immediately. He/she will take the necessary steps to research the problem and to assure that any necessary correction is made properly and promptly. In instances of being overpaid, AMA has the right to recover this money. The overpayment will be deducted from the next paycheck.

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6.9 Overtime Pay

From time to time, it may be necessary for you to perform overtime work whenever responsibly possible. All overtime must be approved in advance by your supervisor. When it is necessary to work overtime, you are expected to cooperate as a condition of your employment. Immediately following an unscheduled overtime shift, notify your supervisor and have them sign-off approving the shift. There are two (2) types of overtime work:

1. Scheduled Overtime: Scheduled overtime work is announced in advance and generally will involve an entire department or operation. This type of overtime becomes part of the required workweek of the people who are members of the department or operation. If you need to be excused from performing scheduled overtime, please speak with your supervisor. He/she will consider your situation and the requirements of the department or operation in deciding whether you may be excused from performing the scheduled overtime.
2. Incidental Overtime: Incidental overtime is not scheduled; it becomes necessary in response to extenuating circumstances. It is extra time needed to complete work normally completed during regular hours. Incidental overtime may become necessary when an illness or emergency keeps co-workers from being at work as anticipated, or when there are projects requiring more hours than a normal work week. These circumstances may require you to return to the workplace, or stay late/come in early, for emergency work.

If you are a "non-exempt" employee and you perform overtime work, you will be paid one and one-half (1-1/2) times your regular hourly wage for any time over forty (40) hours per week that you work. If, during that week, you were away from the job because of a job-related injury, paid holiday, jury duty, vacation taken in single-day increments or paid sick time, those hours not worked will not be counted as hours worked for the purpose of computing eligibility for overtime pay.

6.10 Wage Garnishments

At times AMA may be required to deduct or garnish wages based on a court order. AMA will comply with any formal notice to garnish wages and will only cease the garnishment upon official notification from the entity that ordered the garnishment.

6.11 Pay Period and Paydays

Pay periods are bi-weekly; please see your supervisor or Human Resources regarding your payday. Changes will be made and announced in advance whenever AMA holidays or closings interfere with the normal payday. AMA reserves the right to make changes to pay cycles from time to time as deemed appropriate.

6.12 Paycheck Distribution Procedure

Paychecks are either

1. Directly deposited into the accounts you specify or
2. Available from your supervisor or accounting department or
3. Mailed to the address listed in your employee file.

6.13 Reporting Time Pay – Inclement Weather

At times, emergencies such as severe weather, fires, or power failures may disrupt company operations. In such instances, Executive Staff will decide on the closure and will provide the official notification to the employees.

Unfortunately, you will not be paid when work is not available due to circumstances outside of AMA's control; the following are examples of such circumstances.

- Operations cannot commence or continue due to threats to employees or property or when recommended by civil authorities.
- Public utilities fail to supply electricity, water or gas, or there is a failure in the public utilities or sewer system.
- The interruption of work is caused by inclement weather, fire, flood, earthquake, avalanche, etc. or some other cause not within AMA's control.

It is anticipated that AMA facilities will only be closed in extreme circumstances. Every effort will be made to keep the facilities open. Although we do not expect employee's to risk their lives to come to work, if alternative transportation is provided, employees will still be expected to work.

- In the event that the office is opened late or closed early because of hazardous weather, the following will be applied for paying wages to hourly employees: If the office is closed early during the day to permit employees to leave early, employees will be paid for actual hours worked.
- If the opening of the office is delayed, employees will be paid for actual hours worked.
- Employees who do not report to work when the office is open will not be paid for the day. With supervisor approval, the individual will be required to take the day as a PTO day.

As you are provided an option to remain home during inclement weather, the company will not be responsible for any personal injuries or property damage if you attempt to arrive at work. You should use your best judgment in deciding whether it is reasonable for you to attempt to get to work.

6.14 Expense Reimbursement

Under ordinary circumstances, it is the policy of AMA to reimburse pre-approved business expenses on the basis of actual expenses involved. Please see a member of management or human resources for details. All reimbursement requests must be accompanied by a receipt and expense request form signed by your supervisor. Reimbursements are paid through a check issued within two weeks of expense request form submission.

6.15 Corporate Credit Card

Corporate Credit Cards may be issued to those employees who qualify. The Corporate Credit Card is to be used for the sole purpose of purchases of goods and services as well as business travel expenses for the company.

Under no circumstances should the Corporate Credit Card be used for personal transactions or to obtain cash advances.

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Limits:
Each Corporate Credit Card will be limited to a maximum set by the Chief Financial Officer (CFO). Any adjustments to this limit need to be requested to the CFO for approval.

Conditions of Use:
The Corporate Credit Card is to be used for business purposes only and not personal expenses. Infractions of the conditions of this Corporate Credit Card Policy could result in cancellation of the card and withdrawal of Corporate Credit Card privileges. Breaching of the Corporate Credit Card policy can lead to disciplinary action against the employee concerned, termination of Card-use and/or termination from the Company.

Cardholder Responsibilities:
All Cardholders must retain evidence to support all charges. An original receipt is required for reimbursement of business expenses on the Corporate Credit Card. A failure to provide receipts or creditable explanation for the unsupported expenditure could result in legal/disciplinary action being brought against the Cardholder, termination of Card-use and/or termination from the Company.

Reimbursement for return of goods and/or services must be credited directly to the Corporate Credit Card. No cash should be received by the Cardholder.

Lost, stolen or unauthorized use of Corporate Credit Cards must be reported immediately by the Cardholder To the card issuer. The Accounting Department must also be notified immediately.

Termination of Employment:
Prior to departure or termination of duties with the Company, the Cardholder must surrender the Corporate Credit Card to the CFO.

Payment Approval Process:
Monthly credit card statements must be reconciled by the Cardholder to all original source documents within 3 days of receipt. The Company expense reimbursement form must be completed and attached to the credit card statement with receipts and submitted to the Accounting Department. If expenses are related to multiple facilities, an expense reimbursement form must be completed for each facility.

The expense reimbursement forms will be reviewed by the Accounting Department. Any expenses determined not to be business related will be treated as a personal loan to the employee and deducted from the employees' next pay check. Non-approved expenses will be reviewed by the CEO.

6.16 Employment Termination/Resignation

Unless a contract or offer letter states otherwise, AMA expects that you will give your notice period as specified in your contract or offer letter in the event you intend to leave our employ.

7 COMPLIANCE

7.1 AIDS/HIV

AMA will not discriminate against individuals with AIDS/HIV with regard to consideration for employment in keeping with the letter and spirit of the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act of 1990, the Civil Rights Act of 1991, Public Law 101-336 and Executive Order 1246.

Individuals with AIDS/HIV are entitled to protection under state and federal laws against discrimination. AMA will treat individuals with this disability as it would any other individual with a life-threatening disease.

AMA does not test for AIDS/HIV. All employees should follow universal precautions during all treatment and examination procedures in which contact with bodily fluids may occur.

7.2 Federal Anti-Kickback Law

Employees are prohibited from the following actions under the Federal Anti-kickback Law, 42 USCA 1320a-7b and shall be automatically discharged and not be considered for re-employment:

1. Knowingly and willfully solicits or receives any remuneration (including kickback, bribe, rebate) directly or indirectly, overtly or covertly, in cash or in kind:
   a. in return for referring an individual to a person for the furnishing or arranging the furnishing of any item or service for which payment may be made whole or in part under a federal health care program, or
   b. in return for purchasing, leasing, ordering or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program.

2. Knowingly and willfully offers or pays any remuneration (including kickback, bribe, and rebate) directly or indirectly, overtly or covertly, in cash or in kind, to any person to induce such person to:
   a. to refer to an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program, or
   b. To purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service or item for which payment may be made in whole or in part under a federal health care program.

7.3 Gifts

No employee may accept or solicit a gift of any kind from a patient, supplier or vendor representative. Gifts include any gratuitous service, loan, discount, money or article of value. Employees are not permitted to give unauthorized gifts to patients or suppliers, except for certain promotional "premiums" (such as t-shirts, coffee mugs, pens or key chains) imprinted with the AMA logo, or sales information. Any offers of or questions on this practice should be referred to one's supervisor or directly to the Compliance Officer. Failure to report such an offer

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is a violation of policy and may result in disciplinary action. AMA shall comply with State and Federal Anti-Kickback law.

7.4 HIPAA Compliance

AMA is committed to be in total compliance with the Privacy Guidelines of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and protect Private Health Information (PHI) for all of our Employees. Any Complaints or requests should be directed in writing to the Compliance Committee. The HIPAA legislation is complex and has many components, but the three most relevant sections for your employment with AMA are:

- Privacy – provides rules in regard to how an individual's health information may be used and disclosed.
- Transaction and Code Sets – requires the use of standard transaction formats and code sets when an individual's financial health information is transmitted electronically.
- Security – requires specific security measures to be in place to protect an individual's health information that is sent or stored electronically.

AMA will provide every new employee with HIPAA training during new employee orientation. Some employees, depending on their job duties, will require further, more in-depth training. Please check with your supervisor to determine if you require additional training.

7.5 HIPAA Violations

Any individual, acting on behalf of the "Covered Entity" (AMA) or business associate, who discloses PHI for a reason other than payment or healthcare operations, will be breaching confidentiality of Private Health Information. That individual understands and agrees that AMA will be irreparably harmed and therefore AMA is entitled, in addition to other remedies it may have at law, to seek an injunction against the individual or otherwise seek enforcement by a court. There are also Civil and Criminal penalties set forth in the HIPAA Privacy Regulations for violations which may be enforced.

7.6 HIPAA—Employee Confidentiality

It is the responsibility of all AMA employees to preserve and protect confidential patient information. The Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law governs the release of patient identifiable information by hospitals and other health care providers. This law establishes protections to preserve the confidentiality of various medical and personal information and specifies that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to: Physical medical records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples; Patient insurance and billing

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records; Mainframe and department based computerized patient data and alphanumeric radio pager messages; Visual observation of patients receiving medical care or accessing services; and Verbal information provided by or about a patient. Employees shall also follow any HIPPA related policies and procedures.

AMA employees are expected to respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care. Employees should only access or disseminate patient care information in the performance of their assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of AMA or where no officially adopted policy exists, only with the express approval of their supervisor. Employees should only discuss confidential information in the work place and only for job related purposes and should not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.

7.7 Immigration Law Compliance

All offers of employment are contingent on verification of your right to work in the United States. On your first day of work you will be asked to provide original documents verifying your right to work and, as required by federal law or in accordance to your Visa status, to sign Federal Form I-9, Employment Eligibility Verification Form. If you, at any time, cannot verify your right to work in the United States, AMA may be obliged to terminate your employment and make any required reports to the appropriate governmental or other authorities.

7.8 Licensure and Certification Requirements

It is the policy of AMA to verify the current licensure, registration and certification of all licensed, registered and certified employees who require such authorization according to state licensing and other applicable laws, rules and regulations, in order to carry out the responsibilities of their job with AMA. Verification will take place upon employment and at renewal.

Employees who do not have a current and valid license, registration and certification where required by state licensing and other applicable laws, rules, regulations, will not be permitted to work in the capacity (position) that requires such licensing, registration or certification.

Under NYS law, specifically NYCRR 10 Part 1004.5, AMA will ensure all employees are at least 21 years of age; AMA shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.

8 COMMUNICATION

8.1 Communications

Successful working conditions and relationships depend upon successful communication. Not only do you need to stay aware of changes in procedures, policies and general information, you also need to communicate your ideas, suggestions, personal goals or problems as they affect your work.

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In addition to the exchanges of information and expressions of ideas and attitudes which occur daily, make certain you are aware of and utilize all AMA methods of communication, including this Employee Manual, bulletin boards, discussions with your supervisor, memoranda, staff meetings, newsletters, training sessions, etc.

8.2 Concerns/Complaint Procedure

Our goal is to maintain a comfortable working environment for everybody. We do this in several ways:

- By treating each of you as an individual and encouraging your maximum development;
- By recognizing that each of you is essential to the success and growth of AMA; and
- By maintaining direct communications with all of our employees and ensuring that each and every one of you can speak directly and openly with our management team.

We believe that this type of communication is best for all concerned. Therefore, when you wish to express your concerns, opinions or suggestions, you will always find an open door and an attentive ear.

As time goes by and AMA grows, we will continue to listen and respond to your questions and comments.

Resolving Concerns:

Employees who have a job-related issue, question, or complaint should first discuss it with their immediate supervisor. Your supervisor is most familiar with you and your job and is, therefore, in the best position to assist you. Your supervisor works closely with you and is interested in seeing that you are treated fairly and properly.

If the issue cannot be resolved at this level, AMA encourages employees to contact Human Resources who will give your problem or complaint prompt consideration.

8.3 Open Door Policy & Counseling

Normally, you will be expected to use the Concern/Complaint Procedure outlined earlier in this manual to resolve a problem. However, if the problem or complaint is of a personal nature, or a very delicate matter, you may meet first with any member of management to discuss it. He/she will decide if you should first discuss the problem with your immediate supervisor. If so, you will be directed to use the Concern/Complaint Procedure. If the complaint, suggestion or question is of such a nature that resolution would be hampered by the Concern Procedure, the management person you contact will take the appropriate action in conjunction with Human Resources.

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8.4 Notices

E-mail and mail are our "official" way of keeping everyone informed about new policies, changes in procedures and special events. Information of general interest is sent when necessary. Please form the habit of checking and reading your e-mail and mail regularly so that you will be familiar with the information as it becomes available.

8.5 Electronic Communication Policy

AMA property, including (but not limited to) computers, phones, internet, intranet, electronic mail, and voice mail, should be used only for conducting company business. The systems may not be used for personal business.

The electronic communication systems' hardware and software are company property. Additionally, all electronic communication messages composed, sent or received on the electronic communication systems are and remain the property of AMA. Email is property of AMA and employees do not have any privacy rights with use of company email. Keep this in mind when sending and receiving e-mails.

Employees may not, through use of electronic communication systems, solicit for unauthorized commercial, religious or political organizations or other non-job related solicitations.

8.6 E-Mail Etiquette

E-mail from a company computer should be considered a business document. Good e-mail etiquette is respectful of other employees and conveys a professional image to people inside and outside of AMA. It also helps to minimize the use of resources. Please follow these simple rules of e-mail etiquette when sending e-mail.

DO:

- Use the subject line to identify your topic
- Keep e-mail to the point, be succinct
- Send e-mail only to employees who have direct interest in the subject.
- Use the out-of-office feature in Microsoft Outlook when you will be on vacation or away on business. When enabled, this feature will send a reply message that includes your to/from dates to those messages received while you were away. The out-of-office feature is under ACTIONS/MAIL TOOLS. Just remember to turn the feature off when you return.
- Spell-check everything and use proper punctuation- Business e-mail is a professional document.
- Start with a greeting instead of jumping right into a request or announcement. Use "Please" and "Thank You" if requesting something.
- Delete your old messages periodically.
- Be careful about attachments. Large attachments can be difficult to open and can clog the receiver's system.

DON'T:

- Put subject matter in e-mail that you would not put on a bulletin board, send jokes, offensive language, racial slurs, etc. Email is a public document that is backed up and stored.

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- Send Social Security numbers of employees, referring physicians, or patients through email unless the connection is secure or the social security number is encrypted.
- Use very large or small font sizes. Large type looks unprofessional and small type is hard to read. Stick with a size 10 or 12-point font.
- Flag your message as important or urgent unless it really is.
- Let e-mail sit unanswered for days. People expect a faster response from e-mail.
- Write your e-mail message using all capital letters-it is the equivalent of SHOUTING!
- Have conversations with someone by sending e-mail back and forth. Call or go see the employee(s) in question and resolve the matter. Business e-mail is for information, not conversation.
- Only copy to those employees who need the information. (cc: Your supervisor or their supervisor on every e-mail, unless requested)

8.7 Computer Software (Unauthorized Copying)

AMA does not condone the illegal duplication of software. The copyright law is clear. The copyright holder is given certain exclusive rights, including the right to make and distribute copies. Title 17 of the U.S. Code states that "it is illegal to make or distribute copies of copyrighted material without authorization" (Section 106). The only exception is the users' right to make a backup copy for archival purposes (Section 117).

The law protects the exclusive rights of the copyright holder and does not give users the right to copy software unless a backup copy is not provided by the manufacturer. Unauthorized duplication of software is a Federal crime. Penalties include fines of as much as $250,000 and jail terms of up to five (5) years.

Even the users of unlawful copies suffer from their own illegal actions. They receive no documentation, no customer support and no information about product updates. Please note the following:

1. AMA licenses the use of computer software from a variety of outside companies. AMA does not own this software or its related documentation and, unless authorized by the software manufacturer, does not have the right to reproduce it.
2. With regard to use on local area networks or on multiple machines, AMA employees shall use the software only in accordance with the license agreement.
3. AMA employees learning of any misuse of software or related documentation within AMA shall notify the department supervisor or AMA legal counsel.
4. According to the U.S. Copyright Law, illegal reproduction of software can be subject to civil damages and criminal penalties, including fines and imprisonment. AMA employees who make, acquire or use unauthorized copies of computer software shall be disciplined as appropriate under the circumstances. Such discipline may include dismissal.

8.8 Security and Proprietary Information

The protection of confidential business information and trade secrets is vital to the interests and the success of AMA. Confidential information is any and all information disclosed to or known by you as a consequence of your employment with the company that is not generally known to people outside the company about its business, its marketing and sales strategies and plans, its finances, operations, employees, methods, processes, compositions, machines, computer

software of programs, research projects, customers, customer accounts, customer information, customer reports and customer finances, product information and reports, suppliers, accounts, billing methods, pricing data, sources of supply, business methods, production or merchandising systems or plans, and any and all information entrusted to the company in confidence by third parties, and any and all information defined as "trade secrets" under the Uniform Trade Secrets Act.

Confidential information may be contained in written manuals, verbal communications, in any unwritten knowledge, and in the unwritten knowledge of other employees, and/or any other tangible method of expression, including hard disk and soft disk drive mechanisms.

Follow these rules:

1. Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. System level passwords should be changed quarterly, user level passwords should be changed every six months.
2. All PCs, laptops and workstations should be secured with a password-protected screensaver with the automatic activation feature set at 10 minutes or less, or by logging-off when the host will be unattended.
3. When sending proprietary information through email, you are required to save the document as a locked PDF file and send as an attachment in the PDF format, unless otherwise specified for other reasons.
4. If you no longer have a need for confidential documents, they must be placed in the paper recycling bin to be shredded.

8.9 Internet Usage

Employees are responsible for using the Internet in a manner that is ethical and lawful. Use of the Internet must solely be for business purposes and must not interfere with employee productivity.

Access to internet sites must be limited to business use only. AMA reserves the right to block access to certain internet web sites and monitor its employees' use of internet locations.

The Company uses various forms of electronic communication including, but not limited to: computers, email, telephones, voicemail, instant message, text message, Internet, cell phones and smart phones (hereafter referred to as "electronic communications"). The electronic communications, including all software, databases, hardware, and digital files, remain the sole property of the Company and is to be used only for Company business and not for personal use.

The following rules apply to all forms of electronic communications and media that are: (1) accessed on or from AMA premises; (2) accessed using the Company computer or telecommunications equipment, or via Company-paid access methods; and/or (3) used in a manner which identifies the Company. The following list is not exhaustive and the Company may implement additional rules from time to time.

a. Electronic communication and media may not be used in any manner that would be discriminatory, harassing, or obscene, or for any other purpose that is illegal, against Company policy, or not in the best interest of the Company. Employees who misuse electronic

communications and engage in defamation, copyright or trademark infringement, misappropriation of trade secrets, discrimination, harassment, or related actions will be subject to discipline and/or immediate termination. Employees may not install personal software on Company computer systems.

b. Employee's own electronic media may only be used during breaks. All other company policies, including the Company's no tolerance for discrimination, harassment, or retaliation in the workplace apply. The Company reserves the right to adjust this policy on a case by case basis as it deems appropriate.

c. All electronic information created by any employee on Company premises or transmitted to Company property using any means of electronic communication is the property of the Company and remains the property of the Company. You should not assume that any electronic communications are private or confidential and should transmit personal sensitive information in other ways. Personal passwords may be used for purposes of security, but the use of a personal password does not affect the Company's ownership of the electronic information. The Company will override all personal passwords if necessary for any reason.

d. The Company reserves the right to access and review electronic files, messages, internet use, blogs, "tweets", instant messages, text messages, email, voice mail, and other digital archives, and to monitor the use of electronic communications as necessary to ensure that no misuse or violation of Company policy or any law occurs. All such information may be used and/or disclosed to others, in accordance with business needs and the law. The Company reserves the right to keep a record of all passwords and codes used and/or may be able to override any such password system

e. Employees are not permitted to access the electronic communications of other employees or third parties unless directed to do so by Company management. No employee may install or use anonymous e-mail transmission programs or encryption of e-mail communications.

f. Employees who use devices on which information may be received and/or stored, including but not limited to cell phones, cordless phones, portable computers, fax machines, and voice mail communications are required to use these methods in strict compliance with the Confidentiality section of this Handbook. These communications tools should not be used for communicating confidential or sensitive information or any trade secrets.

g. Access to the Internet, websites, and other types of Company-paid computer access are to be used for Company-related business only. Any information about AMA, its products or services, or other types of information that will appear in the electronic media about the Company must be approved before the information is placed on any electronic information resource that is accessible to others.

8.10 Social Media Policy.

AMA is committed to utilizing social media to enhance its profile and reputation, to listen and respond to customer opinions and feedback, and to drive revenue, loyalty and advocacy. We encourage employees to support our activities through their personal social networking channels while adhering to the guidelines outlined in this section.

For the purpose of this section, social media and networking refers to the use of web-based and mobile applications for social interaction and the exchange of user-generated content. Social media channels can include, but are not limited to: Facebook, Twitter, LinkedIn, YouTube, blogs, review sites, forums, online communities and any similar online platforms.

Employees are expected to conduct themselves in a professional manner, to respect the views and opinions of others, and to demonstrate respect for the company, its ownership, clients, guests, vendors, employees and competitors. The Company and its employees are committed to conducting ourselves in accordance with best industry practices in social networking, to being responsible citizens and community members, to listening and responding to feedback, and to communicating in a courteous and professional manner. Behavior and content that may be deemed disrespectful, dishonest, offensive, harassing or damaging to the company's interests or reputation are not permitted. The use of social media channels on company time for personal purposes is not allowed.

Any social media contacts, including "followers" or "friends," that are acquired through accounts (including but not limited to email addresses, blogs, Twitter, Facebook, YouTube, LinkedIn, or other social media networks) created on behalf of the Company will be the property of the Company.

Employees must not disclose private or confidential information about the Company, its employees, clients, suppliers or customers on social networks. Employees must respect trademarks, copyrights, intellectual property and proprietary information. No third-party content should be published without prior permission from the owner.

The Company maintains the right to monitor company-related employee activity in social networks. Violation of policy guidelines is grounds for discipline, up to and including termination.

8.11 Cell Phone Policy.

The use of personal cell phones at work is discouraged because it can interfere with work and be disruptive to others. Therefore, employees who bring personal cell phones to work are required to keep the ringer shut off or placed on vibrate mode when they are in the office, and to keep cell phone use confined to breaks and meal periods. Conversations should be had away from areas where other employees are working. When cell phone use interferes with the satisfactory performance of an employee's duties or disturbs others, the privilege of using a personal cell phone at work may be taken away and other disciplinary action, up to and including termination, may be imposed.

The Company may provide cell phone allowances to employees in certain positions in an effort to improve efficiency and effectiveness. When cell phones are used for Company business, employees must comply with all Company policies governing conduct, including our policies prohibiting discrimination, harassment, and violence in the workplace. When using the cell phone in a public place, please remember to maintain the confidentiality of any private or confidential business information. As a courtesy to others, please shut cell phones off or place on vibrate mode during meetings.

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9 OTHER POLICIES

9.1 Close Personal Relationships

A close personal relationship includes a romantic or intimate relationship between two employees, regardless of whether they are the same or opposite sexes. A close personal relationship also includes a family relationship.

If a close personal relationship exists or develops between two employees who report one to the other directly or through the structure, the employees are required to disclose the relationship to the Human Resources Department. The company may work with both individuals to try to separate their employment responsibilities from their personal relationship in order to protect the interests of both employees and others. If a potential conflict arises, management will decide which employee may be transferred.

Failure to disclose a close personal relationship may result in disciplinary action or termination of employment of both employees involved.

9.2 Dress Code/ Appearance/ Hygiene

General guidelines: All employees working in the Dispensary must dress in business-casual attire. Cultivation and Production Work: You must wear close toed shoes at all times, no heels are allowed when working in the manufacturing facility. Cultivation: You must wear a visible piece of AMA gear at all times, including a shirt/vest/hat, etc., that plainly identifies you as an AMA employee. No shorts or lose jewelry may ever been worn while working in a production area. Hair: All employees with long hair (shoulder length or longer) must wear it tied back or in a ponytail when working in the cultivation or manufacturing facilities. Pants, Skirt or dresses: For safety reasons, neither shorts nor skirts are allowed while working in cultivation. Skirts and dresses of appropriate business length are allowed while working in offices only.

Jewelry: Minimal, small pieces only are permitted in cultivation and production areas. Nothing that dangles or isn't taught against the skin is allowed in cultivation or production areas. Shaving: Professional clean-cut, groomed, trimmed or clean-shaven appearance is required.

Employees are expected to present a neat, clean and professional appearance while conducting business, whether inside or outside of the office. Attire should always be appropriate for your work circumstances. Dressing in a fashion that is clearly unprofessional, deemed unsafe, or that negatively affects AMA’s reputation or image is not acceptable.

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If your supervisor feels your attire is out of place, you may be asked to leave your workplace until you are properly attired. You will not be paid for the time you are off the job for this purpose. Your supervisor has the sole authorization to determine an appropriate dress code and anyone who violates this standard will be subject to appropriate disciplinary action.

9.3 Entering & Leaving the Premises

At the time you are hired, you will be advised about the proper entrances and exits for our employees. You are expected to abide by these rules at all times. Failure to do so may lead to disciplinary action.

9.4 Security

Maintaining the security of AMA buildings and vehicles is every employee's responsibility. Develop habits that insure security. For example:

- Always keep cash properly secured. If you are aware that cash is insecurely stored, immediately inform the person responsible.
- Know the location of all alarms and fire extinguishers and familiarize yourself with the proper procedure for using them should the need arise.
- When leaving AMA's premises make sure that all entrances are properly locked and secured.
- It is the responsibility of the last person leaving the building at the end of the day to ensure the security alarm is set and all entrances are locked. Failure to follow this policy may result in corrective counseling up to termination.

9.5 Visitors in the Workplace

For safety, insurance, and other business considerations, only authorized visitors are allowed in the workplace and other facilities.

Visitors are not permitted on company property without prior permission as indicated in NYCRR 10 Part 1004. No visitors are permitted in working areas unless expressly permitted by law. All visitors will be accompanied by a designated AMA employee at all times they are on AMA premises or vehicles. When making arrangements for visitors, employees should request that visitors enter through the main reception area and sign in and sign out at the front desk according to policies and NYCRR 10 Part 1004.

9.6 Company Supplies, Other Expenditures

Only authorized persons may purchase supplies in the name of AMA. No employee whose regular duties do not include purchasing may incur any expense on behalf of the company without permission from an executive staff member. Without approval, AMA is not obligated for any purchase.

9.7 Equipment Use and Maintenance

AMA will provide employees with the equipment needed to do their job. None of this equipment should be used for personal use, nor removed from the premises—unless it is approved for a job that specifically requires use of company equipment outside the physical facility.

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It is your responsibility to understand the machines and equipment you need to use to perform your duties. Good care of any equipment that you use during the course of your employment, as well as the conservative use of supplies, will benefit you and AMA. If you find that something is not working properly or in any way appears unsafe, please notify your supervisor immediately so that repairs or adjustments may be made. Under no circumstances should you start or operate a machine you deem unsafe, nor should you adjust or modify the safeguards provided.

9.8 Housekeeping

Neatness and good housekeeping are signs of efficiency. You are expected to keep your work area neat and orderly at all times – it is a required safety precaution.

Easily accessible trash receptacles and recycling containers are located throughout the facilities. Please put all litter and recyclable materials in the appropriate receptacles and containers. Always be aware of good health and safety standards, including fire and loss prevention.

Please report anything that needs repairing or replacing to your supervisor immediately.

9.9 Inspection of Packages

AMA reserves the right to inspect all packages or closed containers brought into or taken out of the work area.

9.10 Recycling

Here at AMA we are interested in reducing unnecessary consumption of paper and other products. We encourage you to use the following guidelines:

Copying
To reduce the use of paper, employees are encouraged to use voice mail, e-mail, ZIP files and the like for communications and preservation of records. Generally, documents should be printed on both sides of the page.

Shredding
Confidential documents must be shredded before they are placed in the paper recycling bin. All staples and paper clips are to be removed before any item is shredded or recycled.

Recyclable Items:
White paper, white index cards, envelopes, ad cards (not glossy), manila folders, computer paper, catalogs (not glossy paper), corrugated cardboard, newspapers, soda cans, glass jars, glass bottles, tin, aluminum cans, metal lids, waxed beverage containers, aluminum foil, and plastic milk bottles .

Not Recyclable:
Copy paper wrapping, glossy and coated paper, labels, carbon paper, blueprints, wrapping paper, paper towels, or tissues.

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9.11 First Aid/ Accident Reporting

Federal law, the Occupational Safety and Health Act (OSHA) requires that we keep records of all illnesses and accidents which occur during the workday. The New York State Workers' Compensation Act also requires that you report any illness or injury on the job, no matter how slight. If you hurt yourself or become ill, please contact your supervisor for assistance. If you fail to report an injury, you may jeopardize your right to collect Workers' Compensation payments as well as health benefits. OSHA also provides for your right to know about any health hazards which might be present on the job. Should you have any questions or concerns, contact your supervisor for more information.

9.12 Life-Threatening Illnesses

AMA recognizes that employees with a life-threatening illness, including, but not limited to, cancer, heart disease and AIDS, may wish to continue to engage in as many of their normal pursuits as their condition allows, including work. These employees must be able to meet acceptable performance standards. Performing normal job functions must not exacerbate their condition. Medical evidence must indicate that their condition is not a threat to other workers or patients.

Managers need to be sensitive to the employee's condition and ensure that the employee is treated consistently with other employees. AMA seeks to provide a safe work environment for all employees and patients. Therefore, precautions should be taken to ensure that any employee's condition does not present a health and/or safety threat to other employees or patients.

When dealing with situations involving employees with life-threatening illnesses, supervisors should:

- Remember that an employee's health condition is personal and confidential, and, reasonable precautions should be taken to protect information regarding an employee's health condition.

- Contact your supervisor if you believe that you or other employees need information about a terminal illness, a specific life-threatening illness, possible contagion or if you need further guidance in managing a situation that involves an employee with a life-threatening illness.

- Contact your supervisor to determine if a statement should be obtained from the employee's attending physician that continued presence at work will pose no threat to the employee, co-workers or patients. AMA reserves the right to require an examination by a medical doctor appointed by AMA.

- Make reasonable accommodation for employees with a life-threatening illness provided that any accommodations made do not require significant difficulty or expenses.

- Make a reasonable attempt to transfer employees with a life-threatening illness who request a transfer and are experiencing undue emotional stress.

- Be sensitive and responsive to co-workers' concerns.

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- Do not give special consideration beyond normal transfer requests for employees who feel threatened by a co-worker's life-threatening illness.

9.13 Personal Phone Calls & Mail

AMA property, including computers, phones, postage meters, electronic mail, and voice mail, should be used only for conducting company business. Incidental and occasional personal use of company computers, phones, or electronic mail and voice mail systems is permitted, but information and messages stored in these systems will be treated no differently from other business-related information and messages.

. Please keep personal phone calls to a minimum—they must not interfere with your work. You are permitted to make limited local area calls on company telephones for essential personal business during meal or "break" periods only. Please do not abuse this privilege. Emergency calls regarding illness or injury to family members, changed family plans or calls for similar reasons may be made at any time. Incoming urgent calls will be directed to you.

Please don't use AMA as a personal mailing address and do not put personal mail in the stacks that are to be run through the postage meter. Although the amount may seem small, it is still considered theft.

9.14 Personal Property

Due to the strict liability guidelines of our insurance carrier, under no circumstances are you allowed to keep personal equipment or vehicles on AMA property where damage or fire could result.

Please take care to ensure the safety and security of personal items as AMA cannot be responsible for lost or stolen goods.

9.15 Theft Policy

We take internal theft very seriously. Although taking small items of Company property may seem inconsequential, the cumulative effect can be very large. Loss from theft immediately affects our ability to increase salaries and can jeopardize the profitability of AMA.

Property theft of any type will not be tolerated. We consider property theft to be the unauthorized use of company services or facilities or the taking of any company property for personal use. The following list of examples is not all-inclusive, but provides illustrations of several activities, which are unacceptable.

1. Use of company copy machines for personal use. The office copiers are not provided as a free service to employees. Using them for personal business is a form of property theft.

2. Use of computers. AMA’s personal computers (the personal computers in the office or laptops made available for work away from the office) are to be used exclusively for business purposes unless you receive permission from your supervisor.

3. Taking of company property. Items purchased or supplied by AMA should never be removed from company premises without express authorization of your immediate supervisor and the proper paper work associated with the situation. This rule applies to all company property including corporate credit card, cell phone, computers, office supplies and even pens and paper. All employees may be subject to random searches as they leave company facilities. Any employee violating this policy may be subject to disciplinary action for theft.

9.15.1 Theft/Disciplinary Action

Unauthorized possession or removal of company property is a very serious offense. Employees violating this policy will be subjected to discipline up to and including possible dismissal and prosecution. AMA will consider the dollar value of the item(s) taken, the employee's seniority and the employee's past work record in setting penalties. Referrals to criminal authorities will be made on a case-by-case basis.

9.16 Safety Rules

Safety is everybody's business. Safety is to be given primary importance in every aspect of planning and performing all AMA activities. We want to protect you against industrial injury and illness as well as minimize the potential loss of production.

Please report all injuries (no matter how slight) to your supervisor immediately as well as anything that needs repair or is a safety hazard. Below are some general safety rules. Your supervisor or department head may post other safety procedures in your department or work area:

- Avoid overloading electrical outlets with too many appliances or machines.
- Use flammable items, such as cleaning fluids with caution.
- Walk -- don't run.
- Report to your supervisor if you or a co-worker becomes ill or is injured.
- Ask for assistance when lifting heavy objects or moving heavy furniture.
- Do not smoke.
- Keep cabinet doors and file and desk drawers closed when not in use.
- Sit firmly and squarely in chairs that roll or tilt.
- Wear or use appropriate safety equipment as required in your work.
- Avoid "horseplay" or practical jokes.
- Start work on any machine only after safety procedures and requirements have been explained (and you understand them).
- Keep your work area clean and orderly and the aisles clear.
- Stack materials only to safe heights.
- Watch out for the safety of fellow employees.
- Operate motorized equipment only if authorized by your immediate supervisor.

Remember, failure to adhere to these rules will be considered serious infractions of safety rules and will result in disciplinary actions.

Although most safety regulations are consistent throughout each department and program, each employee has the responsibility to identify and familiarize her/himself with the emergency plan for his/her working area. Each facility shall have posted an emergency plan detailing procedures for handling emergencies such as fire, weather-related events and medical crises.

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It is the responsibility of the employee to complete an Accident and Incident Report for each safety and health infraction that occurs by an employee or that the employee witnesses. Failure to report such an infraction may result in employee disciplinary action, including termination.

Furthermore, management requires that every person in the organization assumes the responsibility of individual and organizational safety. Failure to follow company safety and health guidelines or engaging in conduct that places the employee, client or company property at risk can lead to employee disciplinary action and/or termination.

If you or another employee is injured, contact your supervisor immediately and seek help from outside emergency response agencies if needed. You must complete an Employee's Claim for Workers' Compensation Benefits Form if you have an injury that requires medical attention. If your injury does not require medical attention, you must still notify your supervisor and complete an Employee Report of Accident Form in case medical treatment is later needed and to ensure that any existing safety hazards are corrected. You can obtain the required forms from Human Resources.

A federal law, the Occupational Safety and Health Act, requires that we keep records of all illnesses and accidents that occur on the job. OSHA also provides for your right to know about any health hazards which might be present on the job.

Fire Safety

Every employee is responsible for recognizing potential fire dangers and taking an active role in preventing fires. Employees are required to observe all OSHA safety requirements and regulations. Flammable materials are to be stored in covered metal containers. Employees should not block any fire doors, fire exits, fire extinguishers, windows, or doorways. Review the fire escape routes posted in each work area.

9.17 Smoking Policy

In compliance with the New York State Clean Indoor Air Act, we feel it is our responsibility to protect and promote the health and comfort of our employees and patients and provide a workplace free of exposure to hazardous substances. We have established our facilities and business as a smoke-free workplace. All employees are expected to abide by this policy while at work. No smoking of any kind is permitted on any of our properties, this means that all buildings and grounds will be smoke free and all employees must maintain a smoke-free and tobacco-free status while at work.

If there are problems regarding smoking in work areas, this shall be resolved at the management level, if possible. Otherwise, such problems shall be resolved by Human Resources in accordance with this policy.

Employees who desire to quit smoking may obtain information regarding smoking cessation programs from your insurance carrier or Human Resources.

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9.18 Suggestions – We Need Your Ideas!

As a growing company, there are many changes and improvements that come about on a daily basis. We believe the person doing a job is in the best position to think of ways of doing it more easily, more efficiently and more effectively.

We encourage all employees to bring forward their suggestions and good ideas about making our company a better place to work and enhancing service to our patients. Any employee who sees an opportunity for improvement is encouraged to talk it over with management and/or Human Resources. All suggestions are valued.

Please give us the benefit of your unique experience and thoughts. Also, make sure to fill out a suggestion form to document your innovations and money-saving efforts and have them placed in your personnel file (include dates, detailed descriptions of your contributions, estimates from the accounting department regarding cost savings or profits generated, etc.) – these may favorably affect your wage, salary or promotion reviews.

All suggestions are valued and listened to. When a suggestion from an employee has particular merit, we provide for special recognition of the individual(s) who had the idea.

10 LEAVES OF ABSENCE

10.1 Unpaid Leaves of Absence

Under certain circumstances, it is the sole discretion of AMA to grant employees unpaid leave for medical, personal or other reasons, you may need to be temporarily released from the duties of your job with AMA, but may not wish to submit your resignation. Under certain circumstances, you may be eligible for an unpaid leave of absence.

10.2 Family/Medical Leave of Absence (FMLA)

The Family Medical Leave Act (FMLA) of 1993 provides an entitlement of up to 12 weeks of job-protected, unpaid leave during any 12-month period to eligible, covered employees of covered employers. FMLA only applies to employers that meet certain criteria. A **covered employer** is a: Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer; Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or Public or private elementary or secondary school, regardless of the number of employees it employs.

In general, a leave of absence is an official authorization to be absent from work without pay for a specified period of time. Eligible employees may be entitled to job-protected family or medical leaves of absence if they are unable to come to work due to pressing family or medical concerns as described under the following Family/Medical Leave Policy, which shall be administered in accordance with applicable State and Federal laws.

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Eligibility for Leave:

- An employee is eligible to request available FMLA leave if they have been actively employed by the company for at least twelve (12) months (which need not be consecutive months, but generally does not include periods of employment prior to a break in service of seven (7) years or more)
- He or she has worked at least 1250 hours (an average of twenty-five (25) hours per week) during those twelve (12) months.
- Salary continuation during any leave period shall depend upon the employee's qualifying for disability pay under the State's Disability Law.
- Time off under the disability policy shall be counted towards the twelve (12) week total. If you are not eligible for disability, the leave will be unpaid.
- Under the circumstances set forth below, each eligible employee shall have up to a total of twelve (12) weeks of leave during any one (1) year period.

Types of FMLA Leave:

An eligible employee is entitled to a total of 12 workweeks of unpaid leave during any 12 month period for one or more of the following reasons:

- A family leave shall be granted upon the birth and care of a newborn child of the employee or for placement with the employee of a son or daughter for adoption or foster care
- **"Serious Health Condition" of Family Member**: To care for a spouse, son, daughter, or parent with a "Serious Health Condition". An employee must provide certification of the family member's serious health condition.
- **"Serious Health Condition" of Employee**: A medical leave shall be granted upon the employee's own "Serious Health Condition" that makes the employee unable to perform the functions of his or her position. An employee must provide certification of a serious health condition.
- **A "Serious Health Condition"** is defined as a disabling physical or mental illness, injury, impairment or condition involving (1) inpatient care in a hospital, nursing home or hospice; or (2) outpatient care requiring "continuing treatment" or supervision from a health care professional.
- **"Continuing treatment"** requirement may be met by a period of incapacity lasting more than three consecutive, full calendar days combined with at least two visits to a health care provider or one visit and a continuing regimen of treatment, or any incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.
- **"Qualifying Exigency" for Family of Active Military Service Member**: an eligible employee is entitled up to take up to 12 weeks of FMLA leave in the 12 month period because of any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on covered active duty (or call to active duty) deployment to a foreign country, the armed forces, members of the National Guard and Reserves.
- **"Qualifying exigencies"** include: (1) short notice deployment, (2) military events and related activities, (3) childcare and school activities, (4) financial and legal arrangements, (5)

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counseling, (6) rest and recuperation, (7) post deployment activities and (8) additional activities as agreed upon by the Company and the employee.

- **"Serious Injury or Illness of Military Service Member ("Military Caregiver Leave"):** permits eligible employees to take up to 26 weeks of FMLA leave during a single 12-month period if the employee is the spouse, son, daughter, parent, or next of kin of a member or veteran of the Armed Force or National Guard to take up to 26 weeks of leave to care for (Active, Reserve, National Guard or Veteran Injury or Illness incurred or aggravated while on Active Duty) such military service member who is undergoing medical treatment, recuperation, therapy, in outpatient status, or otherwise on the temporary disability retired list, for a "serious injury or illness."

- A **"serious injury or illness"** is defined as an injury or illness that was incurred by the member on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Amount of Leave Available:

- For FMLA leave other than Military Caregiver Leave: Eligible employees are limited to a total of twelve (12) workweeks of FMLA leave during any twelve (12) month period. Each 12-month period is a "rolling" twelve (12) month period measured backward from the date the employee commences his/her leave.
- For Military Caregiver Leave: Eligible employees are limited to twenty-six (26) workweeks of FMLA leave during a single 12-month period, measured forward from the first day of the Military Caregiver Leave. If an eligible employee does not take a full 26 workweeks of leave within 12 months of the first day of leave, then the employee is not entitled to additional Military Caregiver leave with respect to the same "serious injury or illness" by the same service member. No more than 26 workweeks of FMLA leave may be taken within any 12 month period even if an employee would otherwise be eligible for Military Caregiver Leave based on two different qualifying "serious injuries or illnesses".
- Family care leave for the birth, adoption or foster care placement of a child cannot be taken later than twelve (12) months after the birth or placement of the child but may be taken before the actual date of birth under some circumstances.
- Company employees who are spouses are eligible for FMLA leave for a combined total of twelve (12) weeks of leave for the birth, adoption or placement of a foster child, or to care for a parent with a serious health condition. The combined amount of leave that can be taken by the spouses is 26 weeks in a single 12 month period for service member caregiver leave or a combination of active duty leave and service member caregiver leave. The combined number of workweeks of leave to which both these two employees can take for active duty leave is 12 weeks.
- During any applicable 12-month period in which Military Caregiver Leave is taken, an employee is limited to a combined total of, at most 26 workweeks of FMLA leave regardless of the qualifying circumstance. During any applicable 12-month period in which Military Caregiver Leave is not taken, an employee is limited to a combined total of at most, 12 workweeks of FMLA leave for all qualifying circumstances.

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Intermittent or Reduced Work Schedule Leave:

- Medical leave for the employee's own serious health condition, or leave for the serious health condition of the employee's family member, may be taken intermittently or on a reduced schedule where medically necessary in separate blocks of time for a single qualifying reason or on a reduced schedule reducing the employee's usual weekly or daily schedule.
- When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operation.
- Whenever possible, and subject to your healthcare provider's approval, absences for planned medical treatment should be scheduled so as not to unduly disrupt company operations.
- In appropriate circumstances, we may require you to be examined by a company designated physician at company expense.
- In the event of a serious illness to the employee or his/her child, spouse or parent, creating a need for unforeseeable family or medical leave, the employee should provide us with notice, as soon as practicable, of any needed time off, and a written doctor's certificate indicating the expected duration and nature of the illness, particularly as it relates to the employee's ability to come to work or the need for that employee's presence at home to care for a seriously ill family member.

Benefits While on FMLA Leave:

- While on a leave of absence provided for under this policy, we will continue your group health insurance benefits under the same terms as provided to other employees, for up to a maximum of twelve (12) weeks leave time during any one (1) year period. If your leave extends beyond twelve (12) weeks, you shall be offered the opportunity to purchase continuing coverage under state and federal COBRA continuation rules. It is your responsibility to pay your portion of the healthcare premium.

- Other accumulated fringe benefits such as seniority, retirement, service credits, sick pay, vacation pay, etc., shall be preserved at the level earned as of commencement of the leave, but shall not accrue further during any such leave period.

Return to Work:

We understand there are times when your illness may be longer than twelve (12) weeks. If you are unable to return after twelve (12) weeks, we may separate your employment. That will not affect any compensation or disability payments you may be receiving.

- Upon completion of a leave granted under this section, you shall be reinstated to your original position or an equivalent one as long as you report within three (3) days of the end of your leave. If you do not report within three (3) days, we will consider your leaving a voluntary quit.

- If, due to your own medical circumstances, you are no longer able to perform your original job, we will attempt to transfer you to alternate suitable work, if available.

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Employee Notice Requirements:
Employees shall be required to give thirty (30) days advance notice in the event of a foreseeable medical treatment. To assist us in arranging work assignments during your absence, we ask that you give us prior notice, to the extent possible, of an expected birth or adoption, as well as an indication, to the extent known, of your expected return date. To facilitate your return to work, we also ask that you provide us with two (2) weeks advance notification of your intended return date. Failure to do so may delay your return date.

PLEASE NOTE: You are responsible for regularly updating AMA of your status. We ask that you provide us with a note from your doctor following each visit. You may fax, mail, or drop notes off in person.

Medical Certifications:
Employees who request leave because of a "serious health condition" of the employee or a covered family member will typically be required to submit a supporting certification by the relevant health care provider. The certification must establish that the employee or employee's family member does in fact have a "serious health condition" and that the condition requires the employee's absence from work.
The certification must be submitted no later than fifteen (15) calendar days after receiving the form unless strictly necessary under the circumstances. If the Company finds the certification to be deficient it may require that the employee cure the deficiency within seven (7) calendar days after notification by the company of the deficiency.

General Notice:
General notice of the employees' rights and responsibilities under FMLA (if AMA qualifies as a covered employer) is posted on Company bulletin boards and has been otherwise distributed to employees and applicants.

10.3 Military Leave of Absence

If you are a full time employee and are inducted into the U.S. Armed Forces, you will be eligible for re-employment after completing military service, provided:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five (5) years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service;
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions; and
- You apply for and are available for re-employment within ninety (90) days after discharge from active duty. If you are returning from up to six (6) months active duty for training, you must apply within a reasonable time (usually thirty (30) days) after discharge.

10.4 Military Reserves or National Guard Leave of Absence

Employees who serve in U. S. military organizations or state militia groups may take the necessary time off without pay to fulfill this obligation and will retain all of their legal rights for

continued employment under existing laws. These employees may apply earned paid time off or unused earned vacation time to the leave if they wish; however, they are not obliged to do so.

You are expected to notify your supervisor as soon as you are aware of the dates you will be on duty so that arrangements can be made for replacement during this absence.

11 GOVERNMENT REQUIRED BENEFITS

11.1 Jury Duty

It is your civic duty as a citizen to report for jury duty whenever called. If you are called for jury duty, we will permit you to take the necessary time off. We will pay you per State and Federal law that is in place at the time of your jury duty.

You must notify your supervisor within forty-eight (48) hours of receipt of the jury summons.
On any day or half-day you are not required to serve, you will be expected to return to work. In order to receive jury duty pay, you must present a statement of jury service and pay to your supervisor. This document is issued by the court.

11.2 New York State Disability Insurance

Employees are eligible for short-term disability benefits under New York State law after thirty (30) days of service. There is a one (1) week waiting period, the pay is one-half (1/2) of your average weekly wages up to a maximum of $170 per week and payments continue for up to twenty-six (26) weeks. An employee claiming disability benefits must furnish the employer with written notice and proof of disability within 30 days of its onset.
Disability leave is counted toward the twelve (12) weeks allowed under the Family and Medical Leave Act if eligible.

11.3 Workers' Compensation

Our State's Workers' Compensation Law is a no-fault insurance plan which is supervised by the state and one hundred percent (100%) paid for by AMA. This law was designed to provide you with benefits for any injury which you may suffer in connection with your employment. Under the provisions of the law, if you are injured while at work, you are eligible to apply for Workers' Compensation.

Workers' Compensation leave is counted toward the twelve (12) weeks allowed under the Family and Medical Leave Act if eligible.

We understand there are times when your recovery may be longer than twelve (12) weeks. If you are unable to return after twelve (12) weeks, we may separate your employment. This will not affect any compensation payments you may be receiving.

11.3.1 What Is Covered?

Any injury is covered if it's caused by your job—not just serious accidents, but even first-aid type injuries. Illnesses may also be covered, if they're related to your job. The main question is if the injury or illness is the result of the performance of your job.

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11.3.2 When Am I Covered?

Coverage begins the first minute you're on the job and continues anytime you're working for AMA. You don't have to work a certain length of time and there's no need to earn any minimum amount of wages before you're protected.

All injuries, no matter how slight, must be reported immediately to your supervisor to assure consideration under Workers' Compensation Insurance should complications develop later. Your supervisor will see that you receive medical attention and complete an accident report.

Prompt reporting is the key. Benefits are automatic but nothing can happen until we know about the injury. Insure your right to benefits by reporting every injury no matter how slight.

12 BENEFITS PACKAGE

In addition to receiving a competitive compensation package and having an equal opportunity for professional development and advancement, you may be eligible to enjoy other benefits which will enhance your job satisfaction. AMA strives to offer a comprehensive compensation package that supports our objective to be an “Employer of Choice” in the medical marihuana and healthcare management industry.

A good benefits program is a solid investment by AMA in our employees. We strive to ensure the loyalty of our long term employees, as well as attracting talented newcomers who can aid AMA’s growth. AMA will periodically review the benefits program and will make modifications as appropriate.

AMA plans to offer the following benefits: health insurance, dental insurance, group term life insurance, additional voluntary life insurance, group long-term disability insurance short-term disability insurance, Section 125 & 132 flexible spending plans, COBRA, 401(k) or retirement plans. These planned benefits will be offered as required by law and may be modified by AMA at its discretion, except where prohibited by law.

12.1 Eligibility Requirements

Full time employees enjoy all of the benefits described in this manual as soon as they meet the eligibility requirements for each particular benefit.

Part time employees enjoy only those benefits which are specifically indicated in this manual, provided that they meet the minimum requirements set forth by law and in the benefit plan(s).

No benefits are available to you during your “Benefits Waiting Period” (the period up to the 1st of the month after 30 days from your start date), except as otherwise provided by law.

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12.1.1 Status Changes

If your status changes (i.e. from part time to full time) you will accrue benefits after completing the eligibility requirements. For example, if you change from a part time employee to a full time employee effective January 15th, your start date for benefits purposes is January 15th. Therefore, you would be eligible for benefits on March 1st.

12.1.2 Qualified Life Event

A change in the circumstances of an employee that allows for changes to be made to medical, dental and vision (where applicable) coverage other than at open enrollment:

- Marriage, divorce, or legal separation
- Birth or adoption of a child, legal guardianship
- A gain or loss of your spouse's or dependent's coverage under another plan
- Death of spouse or dependent

If you experience a qualifying event, you will need request a change to your benefits within 30 calendar days of the event and provide required documentation. If you do not request the change within 30 calendar days, the next opportunity you will have to make changes to your benefits will be during the next open enrollment period.

12.1.3 Open Enrollment

Open enrollment is an annual process to allow eligible employees to choose from the benefit plans available to them. Open Enrollment is your opportunity to review your insurance and spending accounts benefits coverage and make choices for the upcoming calendar year. You should actively enroll during Open Enrollment to ensure your benefits meet your needs.

Employees can choose:

- To start coverage if they don't have any;
- Change from one plan to another, if that option is available; or
- Drop coverage completely, if that's an option

12.2 Changes in Policy

This manual supersedes all previous employee benefit manuals and memos.

While every effort is made to keep the contents of this document current, AMA reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in the manual with or without prior notice to employees.

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13 TIME-OFF BENEFITS/ HOLIDAY COMPENSATION

13.1 Paid Corporate Holidays

When a holiday falls on a Saturday, it is observed on the prior Friday. When a holiday falls on a Sunday, it is observed the following Monday. In the event of a religious holiday, an alternative day off may be substituted for any of the holidays listed below, provided (a) the employee requests the change and (b) their supervisor determines that the substitution will serve the best interests of AMA as well as meeting the needs of the employee. Any such arrangement must be approved in writing prior to the designated holiday.

13.1.1 Recognized Holidays

The following holidays are currently recognized by AMA:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

13.2 Paid Time off (PTO)

Eligibility: Full time Employees

This is a time for you to rest, relax and pursue special interests. AMA has provided PTO as one of the many ways that we show our appreciation for your loyalty and continued service.

Full time

Unless otherwise stated in your contract and/or offer letter, full time Employees are eligible to accrue, in each full year of employment, PTO on a prorated basis as measured from the anniversary date of hire as described in 13.2.2 below. Employees are eligible to use this time as it is earned with prior written permission from their supervisor in the form of a PTO request form. You may use your paid time off in units of no less than one (1) hour increments at any one time.

Employees going on unpaid required military leave of absence may apply their accrued paid time off at the time the leave commences if they wish.
Part-time employees are not eligible for PTO.

13.2.1 PTO Requests

You are required to request PTO from your manager in advance and obtain his/her approval. You must request at least one week in advance for planned appointments in one day increments. For requests of 2 or more consecutive days, you must request with as much notice as possible, preferably one month. Approval of all requests is at the discretion of your supervisor.

- PTO requests should be submitted directly to your supervisor and sent to the accounting department with corresponding pay period information.
- If there is a conflict, the first person to request will have first priority.
- Any block of time more than three (3) days need to be asked for as soon as possible and will be approved at the discretion of the manager.
- All efforts will be made to honor these requests but the final approval will rest with the supervisor.

13.2.2 Accumulation Rights

PTO is earned and accrued on a biweekly basis and increases with length of employment as shown in the schedule below. The length of eligible service is calculated on the basis of a "benefit year". This is the 12-month period that begins with the employee's date of hire. Unless otherwise noted in contract and/or offer letter, vacation is earned at the following rate based on years of employment:

0 through 24 months	80 hours	3.0769 hours per pay period
25 months through 60 months	96 hours	3.6923 hours per pay period
61 months through 108 months	120 hours	4.6154 hours per pay period
109 months or greater	160 hours	6.1538 hours per pay period

Accrual calculation: The accrual rate calculation for full time employees are the hours per year allotted divided by 26 equals the total amount of vacation time they will accrue per pay period.

To schedule vacation time, employees should submit a completed leave form to the supervisor at least three weeks before the requested leave. Employees must ensure that they have enough accrued leave available to cover the dates requested. Requests will be approved based on a number of factors, including department operating and staffing requirements. The supervisor should return the leave request to the employee within three business days of the date it is submitted indicating that the request has been approved or denied. If the request for vacation leave is denied, the supervisor should provide an appropriate reason on the form returned to the employee.

Vacation will be paid at the employee's base rate at the time the leave is taken. Vacation pay is not included in overtime calculation and does not include any special forms of compensation such as incentives, commissions, bonuses or shift differentials. If a holiday falls during the employee's vacation, the day will be charged to holiday pay rather than to vacation pay.

Leave taken beyond an employee's available vacation balance may be unpaid unless otherwise required under state or federal law.

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If employment is terminated, accrued unused vacation leave earned through the last day of active employment will be paid at the employee's base rate of pay at termination. In the event of the employee's death, earned unused vacation time will be paid to the employee's estate or designated beneficiary.

13.2.3 Carryover Rights

Full time employees may carryover up to forty (40) hours of PTO into the next calendar year. Any PTO in excess of forty (40) hours that is not used during a calendar year will be forfeited. Changes or exceptions to this policy will be at management's discretion. Employees may not carry over if they have more than 120 hours in their PTO bank. Time will not be carried over until that portion of the 120 hours is used.

13.2.4 Separation PTO Payout

Any accrued, unused PTO time will be paid at the time of employment separation. In circumstances when an employee is discharged for a violation of the code of conduct or if they fail to give and work their period of time stated in their employment contract, employees will forfeit this benefit and therefore will not receive their PTO payout.

During the notice period, employees will not be allowed to use their remaining PTO time.

13.2.5 Paid Time off (PTO) Exceptions

- An employee who misses more than three consecutive unscheduled days, may be required to present a doctor's release to the Human Resources department that permits them to return to work.
- PTO taken in excess of the PTO accrued must be submitted in writing. The only possible exception to this policy must be granted by the CEO and will be reviewed on a case by case basis.
- PTO accrued prior to the start of a requested and approved unpaid leave of absence must be used to cover hours missed before the start of the unpaid leave.
- Unscheduled absences, due to illnesses of four hours or more that result in consecutive days absent from work, are considered one absence incident in relationship to potential disciplinary action.
- Any employee who misses three consecutive days of work without notice to their supervisor will be considered to have voluntarily quit their job.

13.3 Bereavement (Funeral) Leave

Eligibility: Full time employees only, after completion of your Benefits Waiting Period.

You are entitled to take up to three (3) consecutive workdays (eight hour days) with pay to attend the funeral and take care of personal matters related to the death of a member of your immediate family. Immediate family includes: parent, spouse, spouse's parent, child, spouse's child by a former marriage, brother or sister (*Spouse is defined to include a domestic partner as a person who is unrelated to employee and is over the age of 18 years, residing with and sharing basic living expenses with the employee).

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One (1) day of paid funeral leave will be granted in the case of the death of a grandparent, your spouse's grandparent or sibling, or any member of your extended family living in your home.

With your manager's approval, you may take up to one (1) full day without pay to attend funerals of other relatives and friends. If you prefer, paid time off may be used for this purpose.

Pay for a funeral leave will be made for actual time lost from work. If the funeral occurs at a time when work is not scheduled, payment will not be made. If a holiday or PTO days occurs on any of the days of absence, you may not receive PTO pay in addition to paid funeral leave.

13.3.1 PTO Donation

In instances of bereavement, PTO may be donated to another employee by completing a PTO Donation Form which may be obtained through your manager or the Human Resource department.

It is important for any employee donating time to understand that once the hours are given to the receiving employee they cannot be returned to the donor. Additionally the PTO hours constitute earned income that the donating employee is forfeiting from their yearly compensation.

There is no limit as to how many donated PTO days an employee may receive on an annual basis. Keep in mind each situation will be reviewed on a case by case basis. PTO days can be donated in full day (eight hour days) increments only.

The receiving employee should understand that their yearly compensation will reflect a higher amount with the donated hours they received. Further, the PTO hours donated cannot not be returned to the donor.

PTO can only be donated in circumstances of death of an immediate family member as defined under Bereavement, section 13.3. All other circumstances will be reviewed by management on a case by case basis. Management reserves the right to deny PTO donation at their discretion.

Note: Please keep in mind employees are provided PTO to care for illness or personal matters, but excessive unscheduled absenteeism may still result in disciplinary action up to and including termination of employment.

14 GROUP HEALTH AND RELATED BENEFITS

14.1 Benefits Summaries and Eligibility

AMA sponsors a comprehensive benefits program for eligible employees and their families, and each benefit plan has specific eligibility conditions. The benefits are summarized in separate booklets called “summary plan descriptions,” which are provided to all eligible employees. The details of each benefit are contained in separate legal documents known as the “plan documents,” which take precedence over anything contradictory in the summaries.

All full time employees will enjoy all of the benefits described in this policy and the individual plan summaries as soon as they meet all of the eligibility requirements for each particular benefit. Half time employees may be eligible for certain benefits if they meet the eligibility

conditions. Please make an appointment to meet with human resources to discuss the plans available to you.

15 OTHER BENEFITS

16.1 Tuition Assistance

AMA believes in an educational assistance program to provide employees with the opportunity to enhance their development, to increase their knowledge and skills, and to earn undergraduate and advanced degrees that are related to their work.

16.1.1 Eligibility

Full-time employees who have completed one year of continuous employment are eligible to apply for this program.

Courses must be directly related to the employee's current job, an advanced position within the company, or an identifiable career path within the company in order to qualify for reimbursement. Classes must not interfere with an employee's normal work schedule.

In order to be eligible for tuition reimbursement, employees must obtain the written approval of their supervisor. Employees must be on the payroll when the course is completed.

Employees will become ineligible for tuition reimbursement under this policy, if the employee has received a formal warning within six months prior to his or her request for pre-approval; or the employee receives a formal warning following pre-approval and before the course is completed.

Company will not reimburse your tuition payment if you receive a formal warning at any time prior to you completing the course.

16.1.2 Covered Expenses

Tuition costs, examination fees, books and required laboratory fees at an accredited institution or training program are covered expenses that will be reimbursed by the company. Any travel, parking, lodging, and extraneous fees will not be reimbursable expenses.

16.1.3 Application Process

Employees should complete an Educational Assistance Reimbursement Agreement Form and receive required approval *before* enrolling in a course. Forms are available in the Human Resources department.

16.1.4 Grade Requirements

The eligible expenses that AMA will reimburse are based on the employee's final grade received for the course, as follows:

Grade	% Reimbursed
A	100%
B	75%
C	50%
D	0%
Pass/Fail Courses	100% for receipt of passing grade

16.1.5 Annual Reimbursement Limit

The annual dollar limit on reimbursable tuition expenses is $3,000.

16.1.6 Time of Reimbursement

No advance payments are available. Reimbursements are made after a course is completed. Employees who quit a course, quit employment, or are discharged for violating company policy are not eligible.

16.1.7 Taxability

Tuition reimbursement payments may be subject to tax and tax withholding. Employees should consult with their tax advisor.

16.1.8 Employee Reimbursement to the Company

Employees who voluntarily leave the employ of the company within 1 year of receiving tuition reimbursement must reimburse the company for any payments received under this program within the year prior to their departure.

16.1.9 Training

In addition to courses that employees may choose to pursue under the tuition reimbursement program, employees may also be requested to attend training classes, seminars, and meetings during the course of their employment. This training is intended to enhance employee effectiveness on the job and to widen the employee's career path. The company will pay 100% of the cost of training courses, seminars, or meetings that employees attend at the company's request. Employees will also be paid for time spent in such activities.

16.2 Matching Charitable Gifts Program

AMA is pleased to join in supporting nonprofit organizations and to help make our communities better. Our matching gifts program is open to all active employees and is intended to recognize and support the important work of nonprofit organizations. Our program is designed to

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encourage community involvement and charitable giving by our employees. AMA will match our employees' charitable contributions to qualified organizations.

AMA will match a dollar for dollar employee contributions made to qualifying 501c3 charitable organizations up to a maximum of $200 annually.

To request a matching gift, eligible employees will need to complete the Matching Gifts form and provide the necessary documentation and submit the form to Human Resources.

16.2.1 Eligible Organization

Eligibility of 501c3 organizations to receive this match must meet these requirements:

- The recipient organization must be nonprofit, tax-exempt, and hold a current Section 501c3 determination letter from the Internal Revenue Service. The organization must be classified by the IRS as a public charity.
- The organization must serve the community
- No goods or service may be received by the employee, the employees' family or other designated individuals in exchange for the matching gift.

The following organization/donations are eligible to receive matching gifts from AMA:

- Accredited educational institutions, including primary, secondary, technical and specialized schools, universities, and graduate and professional schools
- Nonprofit community and civic organizations
- Arts and cultural organizations, such as museums or libraries
- Nonprofit hospital or health care agencies.
- Nonprofit social service organizations or charitable organizations that are not-for-profit, such as soup kitchens, American Red Cross, American Cancer Society, American Diabetes Association
- Nonprofit environmental organizations

16.2.2 Ineligible Organizations

The following organizations/donations are not eligible to receive matching gifts:

- Contributions to scholarship funds where the scholarship recipient is designated by the donor
- Nonmonetary donations, such as a donated vehicle
- Religious, political, or fraternal organizations
- Contributions in support of athletic programs - Athletic booster clubs or athletic scholarships
- Gifts solely for religious payments, tuition payments, membership fees to alumni associations
- Organizations that are membership based such as clubs with dues

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- Gifts to social, religious or political groups (contributions for an appointed or elected government board or organizations whose primary function is lobbying or litigation)
- Subscription fees for publications
- Payments to institutions in return for benefits or services
- Gifts for the private benefit of specified individuals

Ineligible Donors

- Contributions made by Spouses or other family members
- Inactive employees on leaves of absence or long-term disability

16.2.3 Guidelines

To qualify for a matching gift, an employee's gift must meet the following conditions:

- The gift must be an actual donation—not a pledge.
- Donated gifts must be a tax-deductible contribution of $50 or more
- The gift must be made directly to the eligible organization.
- AMA's Matching Gift Form must be completed.
- All matching gifts will be mailed directly to the non-profit group from AMA.

AMA may suspend, change or discontinue this program at any time. The interpretation, application and administration of the program shall be determined by AMA.

Please note, AMA will put a cap on the total annual amount we match as a company. This cap will be determined annually by executive management. You may contact Human Resources prior to making your gift in order to determine if the company has reached the maximum annual matching contribution.

16.3 Health Club Membership Reimbursement

AMA is concerned with the health and wellbeing of our employees and recognizes that exercising is an important aspect for work life balance. We would like to offer our full time corporate staff, health club membership reimbursement. AMA will reimburse full time employees up to $150 a year towards a gym membership.

16.3.1 Eligibility

Employees will be eligible for reimbursement following the waiting period up to the 1st of the month after 30 days from your start date.

16.3.2 Reimbursement

Eligible employees are required to fill out the gym reimbursement form and submit to Human Resources along with the receipt from the health club.

Proof of payment includes:

- Health Club contract
- Payment receipts

17 Disclaimer

The content of a manual does not constitute nor should it be construed as a promise of employment or as a contract between AMA and any of its employees.

Employees may not accrue eligibility for monetary benefits that they have not earned through actual time spent at work. Employees shall not accrue eligibility for any benefits, rights or privileges beyond the last day worked.

No one other than the CEO of AMA may alter or modify any of the policies in this Manual. No statement or promise by a manager, supervisor or department head may be interpreted as a change in policy nor will it constitute an agreement with an employee.

Should any provision in this Employee Manual be found to be unenforceable and invalid, such finding does not invalidate the entire Employee Manual but only the subject provision.

This manual supersedes all other previous manuals for AMA as of January 1, 2015.

This manual is intended for AMA employees. In the event certain classes of employees become unionized in accordance with NYCRR 10 Part 1004.5, policies in this manual and any additional policies required by Local 338, RWDSU/UFCW will apply for those classes of employees.

18 RECEIPT & ACKNOWLEDGMENT

AMA Employee Manual

The Employee Manual is an important document intended to help you become acquainted with AMA. It will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. Because the general business atmosphere of AMA and economic conditions are always changing, the contents of these manuals may be changed at any time at the discretion of AMA. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as an employee and on AMA.

Please read the following statements and sign below to indicate your receipt and acknowledgement of AMA Employee Manual.

- I have received and read a copy of AMA Employee Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of AMA at any time. I understand that this manual supersedes all other previous manuals for AMA as of December 1, 2009.
- I further understand that my employment is terminable “at will”, either by myself or AMA, regardless of the length of my employment or the granting of benefits.
- I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the CEO of AMA.
- I am aware that during the course of my employment confidential information will be made available to me, including, without limitation, marketing strategies, customer lists,

pricing policies and other related information. I understand that this information is critical to the success of AMA and must not be given out or used outside of AMA's premises or with non-Company employees. During my employment relationship and in the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.

- I understand that, should the content be changed in any way, AMA may require an additional signature from me to indicate that I am aware of and understand any new policies.
- I understand that my signature below indicates that I have read and understand the above statements and have received a copy of AMA Employee Manual.

Employee's Printed Name _____ Position _____

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____

Please sign and give to your supervisor for filing in your Employee File.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Environmental Plan**

Procedure: AMA is committed to implementing good agricultural practices (GAP) to minimize its environmental impact and natural resource needs. AMA's environmental vision is to build and operate sustainable facilities that promote environmental efficiency and stewardship, promote social and economic sustainability and respect the surrounding social and ecological community. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

A. Implementation:

The implementation of the environmental strategy plan will be a core part of AMA's overall manufacturing and dispensary operations. AMA's operating team consists of experts in the field of medical marihuana dispensation, as well as green-sector business owners and affiliate partners with expertise in environmental impact reduction and organic green methods.

AMA's approach to sustainability is twofold. The first involves design and building practices that embody green principles with guidance from established environmental agencies such as the United States Green Building Council (USGBC) and US Department of Energy and Environmental Protection Agency. The second involves ongoing operational and business practices that promote a healthy environment and minimizes our ecological footprint.

B. Design Guidelines for Environmentally Responsible Buildings:

The United States Green Building Council (USGBC) has established guidelines for designing environmentally responsible buildings and a corresponding rating system called LEED for ID+C: (Leadership in Energy and Environmental Design for Interior Design + Construction) Commercial Interiors. It is possible for the AMA facilities to achieve LEED certification based on the proposed LEED credits. According to the LEED reference guide, "Green design not only makes a positive impact on public health and the environment, it also reduces operating costs, enhances building and organizational marketability, potentially increases occupant productivity, and helps create a sustainable community."

The major LEED strategies for sustainable design in interior renovation projects which AMA intends to implement whenever possible include:

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1. **Location and Transportation**: An environmental approach to planning the construction and/or renovation of AMA's facilities takes aim at minimizing urban sprawl and reducing the need for automobile use by encouraging public transit. Automobile parking facilities that are provided will encourage carpooling and alternative means of transportation to the site.

2. **Water Efficiency**: Water efficiency (including potable water usage and sewage conveyance) will be achieved by using water-conserving fixtures, thereby reducing the taxation on community resources and energy for sewage treatment.

3. **Energy and Atmosphere**: Designing an energy-efficient building reduces the consumption of fossil fuels, reduces disturbance of natural habitats for the harvesting of resources, and minimizes global warming. Energy performance will be optimized though the selection of highly insulated wall systems and windows and the use of Energy Star systems and appliances where possible. Lighting systems shall be selected to minimize electricity requirements.

4. **Materials and Resources**: Materials conservation reduces the impact on forests and habitats, and lightens the load placed on local landfills. To the extent possible, the facility will be built with products containing a high proportion of recycled content, rapidly renewable materials, or wood that has been responsibly harvested. Where possible, indigenous materials from the region will be used to reduce the environmental impact of transporting such materials.

5. **Indoor Environmental Quality**: Maintaining a healthy, pleasant, and comfortable environment is very important to occupants and guests in these spaces. First, the entry of pollutants and contaminants into the building will be minimized by protecting the Heating, Ventilating, and Air Conditioning) HVAC system during construction and installing entryway pollutant source controls to capture dirt and particulates. Materials such as paint, sealers, and adhesives will be chosen to ensure that the release of volatile organic compounds (VOCs) is minimized. The thermal comfort of the building will be maintained and adjusted by a comprehensive system that monitors temperature, humidity, and carbon monoxide levels.

C. Operational Standards for Energy Efficiency and Utilizing Renewable Energy

Operationally, AMA is committed to establishing sound green practices that promote a healthier environment and reduces its ecological footprint. This includes educating employees and clients in these areas and encouraging compliance with policies and incentives. Green operational and business practices shall include:

1. Utilizing eco-friendly packaging for marihuana products (renewable or made from recycled content)

2. Reducing landfill waste generated by building occupants by establishing a waste management policy. This includes providing an easily accessible recycling collection area to collect paper, corrugated cardboard, glass, plastic, and metals for recycling.

3. Reducing paper consumption by discouraging the use of disposable drink- and dining-ware in employee areas

4. Utilizing a hand dryer system to reduce paper towel usage

5. Purchasing unbleached high percentage recycled content paper products including office paper, paper towels, toilet tissue and coffee filters.

6. Purchasing office supplies that are non-toxic, and contain a high percentage of recycled content, particularly post-consumer where possible

7. Requiring that suppliers propose environmentally sustainable alternative productsfor purchasing

8. Requiring responsible disposal of print cartridges, light bulbs, and other office waste

9. Requiring the use of rechargeable batteries for office devices

10. Utilizing natural ventilation and lighting as weather permits

11. Utilizing high efficiency light fixture lamps, task lighting, and natural daylighting

12. Reducing standby power usage by unplugging and/or powering down electronics after hours or when not in use

13. Include purifying plant life in the office spaces

14. Insulating water heaters and hot water pipes

15. Establishing a preventative maintenance schedule for utility systems

16. Utilizing high quality air filters with a regular replacement schedule

17. Establishing a green cleaning program both internally and with external office cleaning vendors

18. Prohibiting smoking within 40 feet of a building entry or fresh air intake.

D. Sustainable Design Principals

After researching and consultations with green builders and architects, AMA has determined the following green principals can be applied to initial construction and development of our facilities. In

addition to the standards set forth by the USGBC LEED for ID+C: Commercial Interiors, it is AMA's goal to incorporate the following strategies into the design and construction of its facilities:

1. Utilization of existing buildings and infrastructure to avoid the need for the extraction, production, and shipping of raw materials and resources, and reduce the generation of landfill waste resulting from demolition.

2. Specification of systems that do not use any CFC-based refrigerants.

3. Installation of programmable thermostats.

4. Installation of motion sensors and time clocks to control lighting.

5. Use of window coverings that allow natural light filtration but reduce solar heat gain.

6. Selection of exterior lighting systems that reduce light pollution.

7. Selection of drought resistant exterior plant material and high-efficiency irrigation systems, flow meters, flow sensors, and rain shut-off switches that limit the use of potable water, or other natural surface or subsurface water resources.

8. Diversion of construction, demolition, and land-clearing debris from disposal in landfills and incinerators. Redirection of recyclable, recovered resources back to the manufacturing process. Redirection of reusable materials to appropriate sites.

9. Use of construction techniques to reduce airborne dust generation

10. Proper sequencing of construction installation activities to avoid contamination of absorptive materials. Before occupancy, a building flush-out or testing of the air contaminant levels in the building shall be performed.

E. Minimizing Carbon Emissions and Promoting Responsible Transportation Practices

1. For the maintenance of AMA transportation vehicles, AMA intends to purchase motor oil and other lubricants that contain recycled materials; substitute hazardous vehicle maintenance products with less hazardous ones, such as water- based degreasers; and, initiate a vehicle maintenance program to ensure vehicles run efficiently.
2. Purchase fleet-related products in bulk.
3. Encourage associates to ride share whenever practical, utilize public transportation, or bike to work (will offer incentives if available/applicable).

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F. Ensuring Healthy Indoor Air Quality

It is AMA's priority to create not only a successful manufacturing facility but to also provide a healthy and productive work environment. AMA's management team will take steps to create and maintain healthy indoor air quality that is good for our employees as well as the environment.

AMA is exploring the installation of an advanced ventilation system and proper air exchange following ANSI/ASHRAE (American National Standards Institute/American Society of Heating, Refrigerating and Air-Conditioning Engineers) standards for commercial ventilation rates. The ASHRAW requirements for the minimum ventilation rate in selected space, as referred to in figure 1, indicates MME A minimums for IMC (CFM/Person) at 20, and ASHRAE standards at 6. (See Figure 1)

Occupancy Category	IMC (cfm/ person)	ASHRAE (cfm/person)
Correctional facility cell	20	10
Educational classroom	15	15 (Students ages 5-8); 13 (ages 9+
Public assembly space or theater auditorium	15	5
General office or conference room	20	6
Office building office space	20	17
Hotel, motel, resort, and dormitory lobbies	15	10

Figure 1: Required minimum ventilation rate in cubic feet per minute (cfm) per person for 2006 IMC and 62.1-2004

Other methods to ensure healthy indoor air circulation include:

- Add purifying plants to office areas to improve working environments for employees (for example it is recommended to have (1) 6" plant per every 100 SqFt).
- Ensure installed window treatments, walls, and other finishes are Greenguard certified.
- Institute a green cleaning program both internally and with any contracted cleaning services.

G. Sustainable Purchasing Agenda

AMA believes in supporting a sustainable supply-chain and will make a commitment to purchasing eco-friendly products that also lower our carbon footprint wherever possible. We will aim to:

1. Use renewable and reusable containers for storage of approved medical marihuana products.

2. Research packaging options that use sustainable packaging materials, whether renewable or made from recycled content.
3. Purchase general operating supplies with a high percentage of recycled materials, especially post-consumer content.
4. Purchase recycled, non-chlorine-bleached paper. Higher percentage recycled content should be used whenever it is cost effective. Consider buying 100% recycled content, process chlorine-free papers for special publications. Explore tree-free papers, such as hemp, bamboo, banana and other materials.
5. Ensure office supplies, such as high lighters, pens and paper are non- toxic and where applicable, made using recycled or renewable resources.
6. Purchase unbleached, recycled fiber napkins, toilet tissue, paper towels and coffee filters.
7. Include a clause in contracts with suppliers requiring manufactures to provide environmentally sustainable alternatives.
8. Look for ISO 14001 compliant suppliers.
9. Look for products that are certified green.
10. Favor rechargeable batteries over disposable ones for battery-operated products. Dispose of batteries properly to avoid hazardous waste.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Incident Reporting**

Procedure: AMA has in place the following mechanism to report accidents or illnesses which arise out of the employee's employment with AMA or a patient/visitor's visit to AMA. All onsite incidents shall be documented per this policy and all documentation shall be delivered to the Chief Compliance Officer so as to ensure proper follow-up, compliance, confidentiality, and risk management for the organization. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

A. Goals:

1. Consistency in documentation
2. Timeliness of Human Resource notification
3. Appropriate Clinical/Administrative follow-up and staff education
4. Improvement of safety standards and elimination of injuries

B. Employee Incident:

All employees who sustain a work-related injury or illness will be required to follow these established guidelines for incident reporting:

a) All work-related injuries/illnesses should be reported to the employee's supervisor immediately.
b) The employee's supervisor is responsible for obtaining prompt medical treatment for the injured employee and securing the accident scene as appropriate.
c) The employee's supervisor will complete an Employee Incident Report Form to document the incident.
d) If the employee refuses treatment, a refusal of treatment must be documented on the form.
e) The completed Employee Incident Report will be sent within 24-48 hours to the Chief Compliance Officer.
f) Incident analysis will be completed by the Chief Compliance Officer, who will investigate the incident along with the employee's supervisor.

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g) The QA team will review all incident reports and develop a plan that will be initiated to prevent reoccurrence of the same type of injury in future.

C. Patient/Visitor Incident:

a) An employee who becomes aware of a visitor experiencing an injury/illness while on AMA property shall immediately report this to their supervisor.
b) The employee's supervisor is responsible for obtaining prompt medical treatment for the injured visitor and securing the accident scene as appropriate.
c) The employee's supervisor will complete a Patient/ Visitor Incident Report Form to document the incident.
d) If the visitor refuses treatment, a refusal of treatment must be documented on the Incident Report Form.
e) The completed Patient/Visitor Incident Report will be sent within 24-48 hours to the Chief Compliance Officer.
f) Incident analysis will be completed by the Chief Compliance Officer, who will investigate the incident along with the employee's supervisor.
g) The Chief Compliance Officer shall contact any and all appropriate agencies, vendors and/or AMA administration necessary to conduct a full and appropriate review of the documented incident.
h) All incidents involving medical marihuana products shall be investigated by the Chief Compliance Officer and reported within twenty-four (24) hours to the DOH.
i) The QA team will review all incident reports monthly and develop a plan that will be initiated to prevent reoccurrence of the same type of injury in future.

See Employee Incident Report Form and Patient/Visitor Incident Report Form on following pages.

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THIS REPORT IS BEING PREPARED IN ANTICIPATION OF LITIGATION AND IS ATTORNEY-CLIENT PRIVILEGED

Date of Incident: __/___/20__

Site of Incident: _____

Person Preparing Report: _____ Phone #: _(____)_____

Employee's Supervisor: _____ Phone #:_(____)_____

Witness 1:_____ Phone #:_(____)_____

Witness 2:_____ Phone #: _(____)_____

Employee Name:_____ DOB: ___/___/_____ Phone #:_____

Incident Information

Time employee began work on day of incident: ____:____ ☐AM ☐PM

Time of incident: ____:____ ☐AM ☐PM

Exact location of the Incident w/in the site(ex: front entrance):_____

Was this location where the employee normally worked? ☐Yes ☐No

If No, why was the employee there? _____

Did supervisor witness incident? ☐Yes ☐No ☐Unknown

Describe how incident took place including activity being performed at the time (ex: slipped in spilled coffee and hit head on floor while attending to patient; fell on needle while on lunch break):

Describe exact nature of injury/illness & body parts affected (ex: twisted left ankle and forehead cut)**:**

Was an object involved in the incident? (ex: needle) ☐Yes ☐No If yes, what?_____

Did employee give notice of injury/illness to anyone? ☐Yes ☐No

If yes, notice was given to: _____ ☐Orally ☐ In writing On:___/___/**20**___

Attach a copy of Employee's written notice

Was employee given a Claimant Information Packet? ☐Yes ☐No If Yes, on:___/___/**20**___

Medical Treatment

What was the date of employee's first treatment?:___/___/**20**___ ☐None received ☐ Unknown

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Where did the employee first seek medical treatment for this injury/illness?
☐ On site ☐ Doctor's office ☐ Emergency Room ☐ Clinic/Urgent Care ☐ Hospital stay over 24 hours ☐ Unknown

Who treated the employee and where? _____

Is the employee still being treated for this injury/illness? ☐ Yes ☐ No ☐ Unknown

If yes, name and address of treating doctor(s):

_____

_____

Has the employee had another work-related injury to the same body part or a similar illness while working at this job? ☐ Yes ☐ No ☐ Unknown If yes, who treated the previous injury/illness or where was the employee treated?:_____

Did the injury/illness result in death? ☐ Yes ☐ No If Yes, date of death:___/___/**20**___

(Name and address of nearest relative: _____)

Work Status

Did the employee stop work because of the injury/illness? ☐ Yes ☐ No If Yes, on:___/___/**20**___

Has the employee returned to work? ☐ Yes ☐ No

If yes, on what date? :___/___/**20**___ ☐ Regular duty ☐ Limited duty

(limitations:_____)

What was/is employee's job title?:_____

What types of activities did/does the employee perform at work:

1.
2.
3.

Employee's job was/is: ☐ Full time ☐ Part time ☐ Per diem

Days employee usually works/ed: ☐ Mon. ☐ Tues. ☐ Weds. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Was employee paid for a full day on the date of the injury/illness? ☐ Yes ☐ No

Additional Comments and Signed Verification

Comments:

_____ _____

Employee Signature/Date **Supervisor Signature/Date**

_____

Human Resources Signature/Date

_____ _____

(Optional) Witness 1 Signature/Date **(Optional) Witness 2 Signature/Date**

Scanned and emailed to:

☐ Chief Compliance Officer on ____/____/_____

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THIS REPORT IS BEING PREPARED IN ANTICIPATION OF LITIGATION AND IS ATTORNEY-CLIENT PRIVILEGED

Date of Incident: __/___/20____ Time of Incident: ____:____ ☐AM ☐PM

Site Where Incident Occurred: _____

Person Preparing Report: _____ Phone #: _(____)_____

Witness 1:_____ Phone #:_(____)_____

Witness 2:_____ Phone #: _(____)_____

Patient/Visitor Name:_____ DOB: ___/___/_____

Phone # (visitor only):**_(____)_____**

Address (visitor only)**:_____**

Incident Information

Exact location of the Incident w/in the site:

☐Bathroom ☐ Office ☐Interior hall ☐ Parking lot ☐ Sidewalk ☐ Exterior grounds

☐ Other: _____

Reason for visit:_____

Primary care provider:_____

Describe how incident took place including activity being performed at the time (ex: slipped in spilled coffee and hit head on floor while waiting for patient; tripped at loading dock):

Patient/Visitor states:

Describe exact nature of injury/illness & body parts affected (ex: twisted left ankle and forehead cut)**:**

Patient/Visitor states:

Was an object involved in the Incident? (ex: needle) ☐Yes ☐No If yes, what?

_____

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Nature of incident:

Falls	**Drug Reaction**	**Miscellaneous**
☐ Slipped/tripped	☐ Allergy	☐ Assault
☐ Fall from equipment	☐ Drug interaction/reaction	☐ Theft
☐ Stairs	☐ Improper use	☐ Property damage
☐ Parking lot		☐ Property lost
☐ Other:_____		☐ Equipment failure
		☐ Caught in/on/between something:_____

Medication:

☐ Contaminated/outdated ☐ Contraindication ☐ Recalled ☐ Other:_____

If wrong dosage, did patient take medication? ☐ Yes ☐ No

If wrong medication, did patient take medication? ☐ Yes ☐ No

Other factors: ☐ Wrong patient ☐ Wrong time ☐ Other:_____

Was individual observed? ☐ Yes ☐ No If yes, by:_____

Contributing Factors:

Patient/Visitor

☐ Agitated, confused	☐ Patient interface	☐ Sedation/intoxication
☐ Altered level of consciousness	☐ Pre-existing medical condition	☐ Disregarded instructions
☐ Disoriented	☐ Unexpected movement	☐ None
☐ Unable to understand	☐ Allergic/adverse reaction	

Environment

☐ Weather	☐ Icy weather conditions	☐ Equipment
☐ Maintenance	☐ Procedure not followed	☐ Housekeeping
☐ Procedure not clear	☐ Supplies not adequate	☐ Other:_____
☐ Supplies not available		

Medical Treatment

What was the date of patient/visitor's first treatment? (if patient, first treatment for incident injury, not date seen for other reasons):___/___/**20**___ ☐ None received ☐ Unknown

Where did the patient/visitor first seek medical treatment for this injury/illness?

☐ On site ☐ Doctor's office ☐ Emergency Room ☐ Clinic/Urgent Care
☐ Hospital stay over 24 hours ☐ Unknown

Who treated the person and where? _____

Was person sent to ER and/or hospital? ☐ Yes ☐ No

If yes, name of hospital: _____

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Was person seen by a provider? ☐Yes ☐No **If yes, by whom?** _____

Date seen on __/___/20__ Time seen: __:___ ☐AM ☐PM

Provider's findings:_____

Was follow-up treatment recommended? ☐Yes ☐No **If yes, what?**_____

X-rays done? ☐Yes ☐No **If yes, x-ray results:**_____

Was medical care documented in chart? ☐Yes ☐No **If no, explain: _____**

Was treatment refused? ☐Yes ☐No

Is the patient/visitor still being treated for this injury/illness? ☐Yes ☐No ☐Unknown

If yes, name and address of treating doctor(s):

_____

_____

Did the injury/illness result in death? ☐Yes ☐No If Yes, date of death:___/___/**20**___

(Name and address of nearest relative: _____)

Was notice of injury given by the patient/visitor (ex: contact by an attorney)**?** ☐Yes ☐No

If yes, notice was given to: _____ ☐Orally ☐ In writing On:___/___/**20**___

Attach a copy of written notice

Additional Comments and Signed Verification

Comments:

_____ _ _____

REQUIRED: Patient/Visitor Signature/Date **REQUIRED: Manager Signature/Date**

_____ _____

(Optional) Witness 1 Signature/Date **(Optional) Witness 2 Signature/Date**

_____

Human Resources Signature/Date

Scanned and emailed to:
☐ Chief Compliance Officer on ____/____/_____

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Appendix 1

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Manufacturing Facility Hours of Operation**

Procedure: AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.5 in relation to the operation of its manufacturing facility.

A. Hours: AMA's manufacturing facility shall operate between the hours of 7:00 a.m. and 7:00 p.m. Eastern Standard Time.

a) In order to allow for optimal staffing at the manufacturing facility, the facility will remain open for twelve (12) hours daily, seven (7) days a week.

b) The amount of time dedicated personnel will need to remain at the facility will be dictated by the operations of any given day.

c) Harvest days require more personnel than typical daily operations, and therefore staffing and personnel is increased.

For example, some days will require personnel to work one shift starting at 7:00 a.m. and ending between 3:30-4:00 p.m. Other days, including harvest days, however, could require personnel splitting shifts at the facility. In this case, the first shift would take place between 7:00 a.m. and 1:00 p.m.; the second shift would take place from 1:00 p.m. and 7:00 p.m.

B. Notifications: The Cultivation Center Manager and Compliance Manager will inform personnel of their required staffing needs obligations. As managers of the facility, both the Cultivation Center and Compliance managers will have oversight of all staff and personnel within the facility and are responsible for ensuring proper fulfillment of duties, including following directions and schedules pertaining to facility operations. In the event of any split of shifts at the facility, the expected hours of attendance shall be communicated to personnel accordingly.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Naming of Approved Medical Marihuana Products**

Procedure: AMA names all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11.

Naming of Products:

1. AMA will only use distinct names consisting of letters and/or numbers in labeling each brand of approved medical marihuana offered; and
2. No names shall be coined, street, slang or contain a reference to a particular strain’s alias and no reference shall be made to any specific medical condition.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Brands**

Procedure: Through our medical marihuana research partners we have determined which particular cannabinoid combinations most effectively treat the various medical diagnoses listed in the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11.

A. Medical Foundation:

Our medical foundation presents a considerable advantage in selecting the strains which offer the most therapeutic effect to the widest scope of medical ailments, symptoms and side effects. We are confident that our unique variety will offer the greatest range of medical relief to our patients.

B. Medical Marihuana Formulary

AMA has developed its formulary to address the permitted treatable health conditions as defined by NYS DOH. These are novel creations based on the relationship of utilizing cannabinoids found in medical marihuana to address malfunctions of the CB1 & CB2 gene coupled protein receptors, responsible for many types of disease in the human body.

C. Understanding Endocannabinoids

Why do cannabinoids from the medical marihuana plant have an effect on the human body? The surprising answer is that our body produces a group of 'cannabis-like' chemicals called endogenous cannabinoids, or endocannabinoids. Together, the endocannabinoids regulate many bodily functions, as widely diverse as sleep, blood pressure, immune responses, and bone growth, among others. When the different endocannabinoids work together in a proper way, they help to keep us balanced and therefore, healthy. Conversely, it is becoming increasingly clear that an unbalance in endocannabinoid activity is involved in many medical conditions.

a) Receptors

Endocannabinoids exert their biological effects by binding to the cannabinoid receptors, which act like switches to changes bodily functions such as blood pressure, pain responses or appetite. It is now

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known that cannabinoid receptors can be found in most parts of the brain, as well as in the immune system and a variety of other organs. Endocannabinoids and their receptors together are called the endocannabinoid system. This system can be found even in very primitive organisms, indicating it has a very fundamental and important role in basic physiology.

b) Plant Cannabinoids Meet Endocannabinoids

Some of the plant-derived cannabinoids bind to the endocannabinoid receptors, and can therefore induce responses that are normally regulated by the endocannabinoids. The specific distribution of cannabinoid receptors in the human body seems to explain many of the observed effects of marihuana consumption. But cannabinoids can also have effects that are independent from binding to the receptors. For example, some cannabinoids are known to be potent anti-oxidants. Other cannabinoids do not bind directly to receptors, but can influence the way other cannabinoids (such as THC) bind.

Because cannabinoid receptors are mainly found in the nervous system and immune system, it may be easy to understand why the use of medical marihuana materials may have an effect on medical conditions where the nervous system (MS, pain of neurologic origin) or the immune system (auto-immune disease like rheumatism, inflammation) is involved. However, this does not necessarily mean it is easy for scientists to translate these effects into the development of a viable medicine.

D. Brand Requirements:

AMA will comply with the requirements set forth by the DOH in formulating its unique brand offering.

1. The final medical marihuana products shall not contain less than ninety-five percent (95%) or more than one hundred-five percent (105%) of the concentration of total THC or total CBD indicated on the label for the particular brand;
2. Each brand shall have a maximum of 10mg total THC per dose;
3. AMA shall offer and make available to patients at least one brand that has a low THC and a high CBD content;
4. AMA shall offer and make available at least one brand that has approximately equal amounts of THC and CBD;
5. AMA shall not add any additional active ingredients or materials to any approved medical marihuana product that alters the color, appearance, smell, taste, effect or weight of the product unless it has first obtained prior written approval of the DOH. Excipients must be pharmaceutical grade and approved by the department; and
6. Each approved medical marihuana product brand, in its final form, shall be defined as having a specific concentration of total Tetrahydrocannabinol (THC) and total Cannabidiol (CBD) and shall have a consistent cannabinoid profile. The concentration of the following cannabinoids, at a minimum, must be reported:

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a. Tetrahydrocannabinol (THC)
b. Tetrahydrocannabinol acid (THCA)
c. Tetrahydrocannabivarin (THCV)
d. Cannabidiol (CBD)
e. Cannabinadiolic acid (CBDA)
f. Cannabidivarine (CBDV)
g. Cannabinol (CBN)
h. Cannabigerol (CBG)
i. Cannabichromene (CBC)
j. Any other cannabinoid component at > 0.1%

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Weighing In and Weighing Out**

Procedure: All medical marihuana products will be weighed when signed out of the Final Product Vault by type, and will be weighed again immediately before being placed in the transport vehicle, and again at the final delivery location. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

A. All measurements, including the weight in and the weight out, will be recorded:
    a. on the Trip Plan (shipping manifest) and
    b. in the Inventory control System ([redacted]).
B. The measurements recorded must exactly match those on the Trip Plan (shipping manifest) and in the Inventory Control System.
C. If any medical marihuana product must be removed or added from pre-packaged amounts, new tamper-proof and child-resistant packaging in vacuum sealed bags will be utilized and all activity relative to the repackaging will be added to the records in [redacted] and the records will be updated.
D. Any activity related to adjustments made to an already packaged medical marihuana product will require immediate notification of the Inventory Manager and Operational Leadership

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 2: Transport and Distribution (10 NYCRR § 1004.5(b)(4))

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **AMA Transportation Vehicles**

Procedure: All vehicles transporting medical marihuana to or from any AMA facility will be required to follow AMA's protocols. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

All vehicles used by the Transportation Team, whether engaged in actively transporting medical marihuana products or sitting idle shall:

a. Be free of any indication of AMA's name, or reference the medical marihuana industry;
b. Not contain logo or other identifying marks indicating that it may contain medical marihuana products;
c. Have an immobile, secured and sanitary lockbox which is not visible from outside the vehicle in which to place the medical marihuana products at all times the medical marihuana products are in transit; and
a. Be equipped with GPS tracking devices, through which the route shall be traced, timed and recorded.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensary Delivery After Transport**

Procedure: All vehicles transporting medical marihuana to or from any AMA facility will be required to follow AMA's protocols. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

Upon the delivery of medical marihuana product to a dispensary, the dispensary authorized agent will:

a. Record the time of delivery into [redacted];
b. Inspect and verify with the transportation team the quantity and brand of medical marihuana product received and verity with dual signature the receipt of the medical marihuana products
c. Enter any modifications on the shipping manifest;
d. Maintain the shipping manifest and any other related documents and enter them into [redacted] and
e. Provide a copy of the shipping manifest and any related documents to the DOH for review upon request.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **En Route Security**

Procedure: In addition to the employment rules AMA expects all of its employees to adhere to, our Transportation Team must adhere to additional safety rules while in AMA vehicles. These rules will be uniformly enforced, and any violations will subject the employee to discipline, up to and including termination. In addition, all vehicles transporting medical marihuana to or from any AMA facility will be required to follow AMA’s procedures. This policy ensures AMA’s compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

The list of procedures are as follows.

a. Drivers must lock all vehicle doors at all times and remove keys anytime driver is not with the vehicle. Ensure all windows are closed.
b. Drivers must carry a working cell phone with adequate charge for emergency use only.
c. Drivers should perform a "walk around" inspection of the vehicle after every stop, including deliveries. Be sure to look for any sort of impediment to mobility, or any change to the vehicle.
d. Develop "parking instructions" for any locations away from AMA’s secured manufacturing facility: lighted areas, visibility, and security.
e. Security considerations are taken into account when planning route selection and times for transporting of medical marihuana products.
f. Drivers must not have any "down-time" while en route.
g. Schedule and dispatch with as few required stops as possible.
h. Management will establish procedures to communicate emergency messages to all facilities and to drivers on the road.
i. Management will implement formal written communications procedures for drivers to report any unexpected occurrence with the vehicle, equipment, load, or route.

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j. Drivers (and other knowledgeable employees) should not discuss any details about their route, cargo or destinations with unauthorized personnel. Information is only divulged to supervisory employees, and even then on a need-to-know basis.

k. Drivers shall never allow any unauthorized personnel in the vehicle.

l. Drivers should not stop to help disabled vehicles or motorists, even if the vehicle is not carrying any medical marihuana products. We ask that employees please note the location of the disabled vehicle or motorist, and report it to an assisting agency or the authorities upon return to the manufacturing facility.

m. Drivers are instructed to be suspicious of motorists trying to get their attention to pull over for an "alleged" traffic accident; be mindful that an accident may be staged. If you have questions, drive directly to the nearest police station and report the accident.

n. Drivers are instructed to be aware of all surrounding traffic and be especially suspicious of vehicles occupied by three or more people.

o. Supervisors will develop procedures for detecting when a delivery should be considered "late" depending on distance, street access and traffic. Any late delivery will be investigated.

p. Drivers may not change the delivery destination even if authorized by dispatch; they must return to the manufacturing facility and reschedule the delivery in accordance with the 2 day notification requirement.

q. The vehicle must always contain no fewer than two members of the Transport Team.

r. At least one transport team member shall remain with the vehicle at all times that the vehicle contains approved medical marihuana products.

s. A transport team member shall have access to a secure form of communication with employees at AMA's manufacturing facility at all times that the vehicle contains approved medical marihuana products.

t. A transport team member shall possess a copy of the shipping manifest at all times when transporting or delivering approved medical marihuana products and shall produce it to the commissioner, the commissioner's authorized representative or law enforcement official upon request.

u. All employees are to report any suspicious events to AMA Security and local law enforcement.

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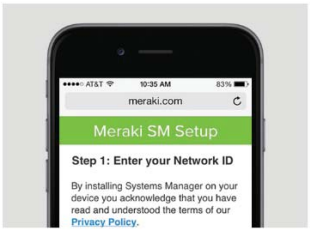
Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Mobile Communication and Security**

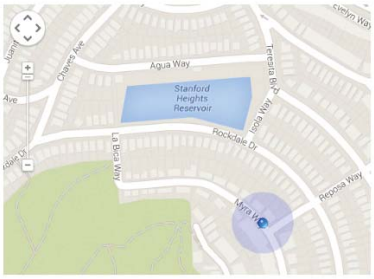
Procedure: All AMA security personnel, including those on the Transportation Team, will be equipped with a cellphone on a reliable cellular network. This policy ensures AMA’s compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

We will secure the cellphone with mobile device management to allow our security department to have the following capabilities:



1.1 PROVISION

AMA will deploy wireless and VPN connectivity settings, push apps and content, or restrict usage—based on user groups.



1.2 MONITOR

Locate and track laptops and mobile devices anywhere in the world. Get real time visibility on device health, security posture, and software and hardware inventory for your entire fleet of devices.

1.3 SECURE

Ensure security for your organization from devices all the way through to network policies. Protect devices and their data with encryption enforcement, enterprise remote wipe, and integrated network access control.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Randomized Trip Plans**

Procedure: Without exception, every planned Transportation of medical marihuana products requires a comprehensive, written Trip Plan. In addition, AMA will ensure that all approved medical marihuana product delivery times and routes are randomized. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

Each Trip Plan must contain each of the following elements:

a) The name of the employee (driver) in charge of transporting the medical marihuana products;
b) The name of any assistants or other employees who will be in the vehicle during the transportation of the medical marihuana products;
c) The date and start time of the trip;
d) A detailed description (shipping manifest) of the medical marihuana product inventory being transported, logged into [redacted]
e) An approved transportation route including alternative routes in the event of a road blockage with a map;
f) A statement of anticipated drive time from the manufacturing facility to the delivery location, and a separate statement of the estimated drive time from the delivery location to the manufacturing facility for each approved route and alternative routes; and
g) A copy of this trip plan must be stored at AMA's manufacturing facility for five (5) years and must be made available upon request by the DOH. **(See "Manufacturing Facility Transportation Security Duties" Policy for more information about shipping manifests.)**

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Transportation Security Employee Requirements**

This document is designed to provide a formal outline of the medical marihuana transportation security procedures AMA shall follow to ensure that employees responsible for medicinal marihuana product transportation will follow security transportation guidelines without compromising medicinal marihuana inventory. AMA is committed to the safety and security of our employees, the patients we serve, and our community. We all are aware of the reasons that we must be vigilant, and we require all employees to help us implement this plan to continuously ensure our security efforts are as effective as possible. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

Procedure:

AMA requires that every employee is trained and familiar with our company's security plan. In addition to our standard employee requirements, which apply to all AMA employees without exception, any person who is applying for or working on our Transportation Team must meet the following requirements before employment begins:

a. A detailed background check must be performed on all applicants for any driver, or any driver support position. To the extent legally possible, this check will include a check for criminal convictions;
b. Verification of previous employer references;
c. An investigation of any gaps in employment;
d. A reconciliation of at least 10 years of consecutive employment/education records;
e. A verification of the driver's U.S. citizenship and, for non-citizens, a verification of documentation appropriate to their immigration status;
   For drivers, a verification of valid NYS driver's license with appropriate endorsements and an additional form of identification;
f. Submission of a 10 year driver history from the NYS Department of Motor Vehicles that was issued within the two weeks preceding the date of hire.

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Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Weighing In and Weighing Out**

Procedure: All medical marihuana products will be weighed when signed out of the Final Product Vault by type, and will be weighed again immediately before being placed in the transport vehicle, and again at the final delivery location. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

A. All measurements, including the weight in and the weight out, will be recorded:
    a. on the Trip Plan (shipping manifest) and
    b. in the Inventory control System ([redacted]).
B. The measurements recorded must exactly match those on the Trip Plan (shipping manifest) and in the Inventory Control System.
C. If any medical marihuana product must be removed or added from pre-packaged amounts, new tamper-proof and child-resistant packaging in vacuum sealed bags will be utilized and all activity relative to the repackaging will be added to the records in [redacted] and the records will be updated.
D. Any activity related to adjustments made to an already packaged medical marihuana product will require immediate notification of the Inventory Manager and Operational Leadership

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 3: Dispensing and Sale (10NYCRR § 1004.5(b)(4))

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Audit Records**

Procedure: AMA follows the guidelines below to ensure 100% accuracy in AMA's inventory tracking system [redacted]). This requires daily counts and reconciliations of inventory pursuant to real-time inventory procedures as required in NYCRR 1004.11.

Preventing diversion as required in NYCRR Part 1004.11 requires daily counts and reconciliations pursuant to real-time inventory methods. It also includes the continuous audit of inventory and other control procedures to be established to ensure detection and correction at the soonest possible indication of any discrepancy. Security measures are reflective of NYCRR Part 1004.13 and are in full compliance with NYCRR Part 1004.11 incident reporting. Variances in any inventory item will be investigated, reported to the Department of Health and Law Enforcement within 24 hours of incident, and reason for losses will be detailed thoroughly pursuant to AMA's inventory tracking system; [redacted]. Investigations will employ the use of records, inventory logs and security cameras/logs.

Procedural Steps:

Daily:

a. All employees are required to work to completely reconcile all marihuana plant inventory. No one is exempt from these duties. In this regard, the [redacted] plant inventories must reflect the exact plant count and composition of the manufacturing facility at all times. AMA requires that all employees must reconcile plant information on a daily basis (thus, one must identify and record the amount of on hand 'sale ready'medical marihuana product possessing the appropriate [redacted] packaging tag residing in the Final Product Vault located in the manufacturing facility.

b. [redacted] has a seamless inventory audit feature that allows AMA to save container weights for each inventoried item in our system. We simply place the container on the scale and the [redacted] medical marihuana dispensary Point of Sale system will automatically deduct the weight of the container with product.

c. Designated individuals will perform the daily accounting and auditing functions. These individuals will be independent of the sale process (Internal Audit Team). The dispensary

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bookkeeping will be scrutinized at the end of each day by verifying all sales receipts, voided receipts, and other transactions. These will be reconciled to the Daily Patient Sales Report generated from [redacted] Furthermore, weekly and monthly sales reports will be generated for individual daily sales and date of sales.

d. Reporting features in [redacted] allow AMA to track all transactions and history when dealing with inventory even when the product is deleted. [redacted] even tracks the person who deleted the product. No historical data is ever permanently deleted or lost.
e. Cash closing feature (easily close the end of the day out and [redacted] will automatically send reports to the designated managers via email or cell phone

Monthly & Quarterly:

a. To ensure accuracy, a monthly inventory of the marihuana must be performed for comparison to the required real-time inventory. An inventory will also be conducted anytime substantial inventory is acquired. All inventories must minimally include date, summary of inventory findings, the names, signatures and titles of individual responsible for the inventory.

b. The [redacted] system will be verified to the mandatory quarterly physical inventory counts which are performed by persons independent of the manufacturing process and reconciled to the perpetual inventory records in the [redacted] system. Inventory counting procedures will require two employees. The count will be time dated and require date, summary of inventory findings, the names, signatures and titles of individual responsible for the inventory.

Exception reports will be generated for activities such as unusual occurrences, changes made to POS system configuration, any data alteration, voids, password changes, power outages, and inventory adjustments. Any documented unusual occurrences, whether daily, weekly or monthly, will require an investigation by the security team and internal audit.

[redacted] complete tracking of every plant and inventory item within the facilities and the ability to notate the exact location of any individual item will streamline any internal audits and inspections.

Additionally, with [redacted] s robust real-time reporting infrastructure, any required records can be retrieved at any time. The system enables AMA to collect, store, and retrieve all data and activity. Though system actions can be adjusted or voided, at no time is any data ever fully deleted as

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[redacted] maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data enables AMA to produce any information necessary during an inspection or at DOH's request.

Reports/Compliance

[redacted] reporting and compliance solutions highlight a complete tracking system that builds reports for accounting, customers, employees, production, inventory and sales. The system features ensure that all phases of growth, cultivation, sales and audits exceed regulatory standards. The system features internal controls that prevent users from operating against compliance standards while maintaining flexibility to allow for future innovations and changes in regulation. Any report that is required for state or county compliance can be built with [redacted]

[redacted] system generates more than 50 unique reports pertaining to the medical marihuana industry. The system is set up in some states to be used as a portal to receive direct access to all reports in real-time. Events Reports log marihuana destruction events, pending harvest events, and transportation events. Existing Inventory Reports log inventory, quarantined inventory and plant count. Financial and Tax Reports log purchase prices by seed, plant and plant tissue. Purchase prices are also logged in smaller or larger increments by unit or lot. Other Financial and Tax Reports that are available include purchase reports by producer or processor, purchases by individual retailer, sales report by product type, tax obligation reports, tax obligations for all licensees and status of confirmation, and tax obligations for all licensees by privilege code.

The [redacted] State Traceability System enables governments, states, and businesses to track the production, transportation, destruction and sales of legalized medical marihuana. All logs that are maintained within the system and regulatory agencies can view reports in real-time. [redacted] integrates with state and county agencies to offer real-time submission of data upon request.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Business Records**

Procedure: All business records related to all medical marihuana activities will be retained by AMA for examination by the NYS Department of Health (DOH) in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10.

AMA will maintain computerized records of the following:

a. Assets and liabilities, for a period of five (5) years;
b. Monetary transactions, for a period of five (5) years;
c. Books of accounts, which include journals, ledgers, and supporting documents, agreements, checks, invoices, and vouchers, for a period of five (5) years;
d. All records related to the documentation of submission of medical marihuana products to approved laboratories as required and the results of the lab testing;
e. All records related to security testing as required by NYCRR 10 Part 1004.13;
f. All records as required by article 33 of PHL for a period of 5 years and make those record available. Such records include:
    a. documentation including lot numbers of all materials used in the manufacturing of the approved medical marihuana product to allow tracking of materials including soil, soil amendment, nutrients, hydroponic materials, fertilizers, growth promotors, pesticides, fungicides and herbicides
    b. cultivation, manufacturing, packaging and labeling production records and
    c. Lab testing results
g. Salary and wages paid to each employee, stipend paid to each board member, and any executive compensation, bonus, benefit, or item of value paid to any individual affiliated with AMA for a period of five (5) years; and
h. Governing Documents of AMA, as amended, including Articles of Organization, Bylaws, and minutes of meetings of AMA, for as long as AMA is in existence.

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

CONFIDENTIALITY MANUAL

Material in this document is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Disclaimer:
Purpose of This Manual

It is the goal of **AMA, and all of its affiliated entities,** to maintain the highest level of confidentiality possible when handling our patients' sensitive health information. **AMA adheres to the standards set forth by NYCRR 1004 as well as federal HIPAA requirements.**

Every staff member within **AMA** is expected to adhere to these guidelines at all times, and any violation of the policies contained in this manual may result in disciplinary action and/or termination. All new employees are expected to review these policies and procedures.

At least one copy of this policy manual will be kept in each facility for orientation and training of all staff regarding confidentiality and the procedures of the facility. Each staff member shall sign a statement that (s)he has reviewed this manual, which shall be kept in the personnel records.

All questions on how to address specific situations or other concerns of these policies should be addressed to the Privacy Officer(s), the **General Counsel and/or Manager of AMA**, or a designee.

THIS MANUAL HAS BEEN UPDATED OR REVISED AS FOLLOWS:

- ◊ Original Version created 05/01/2015

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Accounting for Disclosures**

Purpose:

Patients have a right to receive an accounting of PHI disclosures made by AMA
This policy provides guidelines on how AMA will track those disclosures.

General Policy:

AMA must account for all disclosures of PHI made that are required under New York and federal law, such as when we disclose information to a local health department for a public health event (outbreak of small pox) or the CDC.

AMA will provide the patient with a written accounting of disclosures of PHI for non-TPO purposes. The accounting for each disclosure must include:

- The date of the disclosure;
- The name of the entity or person who received the PHI and, if known, the address of the entity or person;
- A brief description of the PHI disclosed; and
- A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure, if any.

If multiple disclosures have been made to the same person or entity for a single purpose, the accounting may include:

- The information required above;
- The frequency, periodicity, or number of the disclosures made during the accounting period; and
- The date of the last such disclosure during the accounting period.

AMA must act upon the patient's request for an accounting, no later than 60 days after the receipt of the request. This timeframe may be extended by no more than 30 days. In the event of an extension, AMA must provide the patient a written statement of the reasons for the delay and the date by which the accounting will be available.

Procedures:

The Privacy Officer or appointed designee will be responsible for documenting and maintaining a log of disclosures of PHI for non-TPO purposes.

The Privacy Officer or appointed designee will be responsible for receiving and processing requests from patients for an accounting of the disclosures. AMA will have 60 days to process the request with a one-time extension of 30 days. The patient will be notified in writing of any delay.

Exceptions:
While AMA is not required to account for the following disclosures, we may elect to do so:

- Made for TPO purposes;
- Made to patients requesting their own PHI;
- That are permitted or required;
- Made pursuant to an authorization; or
- Made to persons involved in the patient's care.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Definition of Terms**

Purpose:

To provide definitions to terms found in the Patient Access Rule under HIPAA.

Definitions:

1. Disclosure – the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information

2. Health oversight agency – an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights law for which health information is relevant

3. Required by law – a mandate contained in the law that compels a covered entity to make a use or disclosure of PHI and that is enforceable in a court of law; required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information including statutes or regulations that require such information if payment is sought under a government program providing public benefits

4. Use – with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: Handling Patient Requests for Access to PHI

Purpose:

To provide guidelines on handling patient request for access to PHI to ensure the patient's rights are not violated.

General Policy:

The HIPAA Privacy Rule requires AMA to give a patient access to (inspect and obtain a copy of) the protected health information we keep on that patient in a "designated record set." Patients are to have access to this set of records for as long as we maintain them.

Requests for access to protected health information must be acted on within the following timeframes:

- 30 days of receipt of request, if maintained or accessible on-site
- 60 days of receipt of request, if maintained or accessible off-site

Up to an additional 30 day extension is allowable if you are unable to act on the request within the deadline, but you provide the patient a written reason for the delay and the date by which you will complete your action on the request.

This written statement describing the reason must be provided within the standard deadline. You may only extend the deadline once per request for access.

If the same protected health information is maintained at more than one location, you are only required to produce the information once per request for access.

Procedure:

When a patient contacts AMA and requests access to his or her medical record information, (s)he should complete n Authorization to Release Healthcare Information form. The form must be completed in person by showing photo identification.

The Privacy Officer will make a decision regarding the patient's request to access their protected health information. The individual making this decision may deny access completely, partially deny access, or permit access. Any denial of access should be based on the permitted reasons stipulated in the HIPAA Privacy Rule.

1. If access is allowed, in part, notify the patient of your decision by sending them a letter indicating partial access.

2. If access is denied, notify the patient of your decision by sending them a letter.

3. If patient requests a review of the decision, arrange for the reviewing official to review the decision within 30 days and record their response. Notify the patient of the reviewing official's decision via written letter.

Remember, the patient does not have the right to immediate access to his or her medical information, and the front desk staff should be made aware of this important point.

If the patient is unhappy, direct the patient to the Privacy Officer. The Privacy Officer will explain what rights the patient has under the HIPAA Privacy Rule.

Exceptions:
AMA will provide access according to the State of New York regulations if they are more stringent than the federal regulations stated in this policy.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Handling Patient Request for Amendment to Records**

Purpose:

To provide guidelines for handling patient requests to make amendments to information contained in their record that they believe is incorrect or erroneous.

General Policy:

The HIPAA Privacy Rule requires AMA to act upon a patient's request to amend PHI about them that they believe is incorrect or erroneous that we keep in a "designated record set."

Requests for amendments to protected health information must be acted on within 60 days of receipt of request. Up to an additional 30 day extension is allowable if you are unable to act on the request within the deadline, but you must provide the patient a written reason for the delay and the date by which you will complete your action on the request. This written statement describing the reason must be provided within the standard deadline. You may only extend the deadline once per request for amendment.

Procedures:

The patient may a staff member, point out the error, and ask for it to be corrected. Alternatively, the patient can contact the Privacy Officer to ask for a correction to his/her information.

For "simple" corrections, such as name, address, age, and other non-medical information, the author can correct the entry or put in an addendum to the chart. For more in-depth corrections, the Privacy Officer should be contacted. If the author is unsure as to whether the correction should be considered "simple" or "complicated," (s)he should contact the Privacy Officer for assistance.

Acceptance:
If, after reviewing the request for amendment, the author and/or Privacy Officer accept the request, the following steps must be completed within the time period:

1. Notify the patient, in writing, that you have accepted his/her request for amendment.

2. Copies of the correction/amendment form will be furnished to those individuals or organizations the patient deems necessary and documents on the correction/amendment form. Copies of the correction/amendment form will also be furnished to the facility's business associates or others who have the information subject to the amendment and that may have relied or might rely on that information to the detriment of the patient.

3. The author should make an entry at the site of the information that is being corrected or amended indicating, “See correction/amendment.” The correction/amendment form will be attached to the incorrect or amended entry.

Whenever a copy of the corrected/amended entry is disclosed, a copy of the correction/amendment form will accompany the disclosed entry.

Denials**:**
If the Privacy Officer denies a request for correction/amendment, (s)he must notify the patient in writing. This written denial must include the basis for the denial, how the patient may file a written statement disagreeing with the denial, and how the patient may make a complaint to the Privacy Officer. This written denial must also state that if the patient chooses not to file a statement of disagreement, (s)he may request that the practice include the original request for amendment and the denial of the request with any future disclosures of the PHI that is the subject of the request for amendment.

Also, the patient is permitted to submit a written statement disagreeing with the denial and the basis of the disagreement. If the patient submits a statement, the Privacy Officer may prepare a written rebuttal to the patient’s statement of disagreement. If (s)he does prepare a rebuttal, (s)he must provide a copy to the patient.

If the patient submits a written statement of disagreement, an entry should be made at the site of the disputed information indicating “See Denied Amendment.” The following information should be attached to the entry:

- The patient’s request for amendment
- The denial of the request
- The patient’s statement of disagreement (if any)
- The written rebuttal to the patient’s statement of disagreement (if any)

If the patient submits a written statement of disagreement, then all of the appended information, or an accurate summary of it, must be included with each subsequent disclosure of the PHI to which the disagreement relates.

Exceptions:
AMA will provide amendment according to the State regulations if they are more stringent than the federal regulations stated in this policy.

Relevant Forms or Documents:
Patient Complaint Form

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: Providing Access to PHI

Purpose:

To provide guidelines for allowing a patient access to their PHI as outlined in the Patient Access Rule.

General Policy:

Upon written request for access to PHI, the Privacy Officer or appointed designee will review the request to determine if access can be granted. If granted, AMA will provide access to the PHI in the form or format requested, if possible. A paper copy of the information may be furnished and AMA may impose a “reasonable fee” for reproducing the information.

Additionally, AMA may provide access to a summary of information rather than all PHI in the designated record sets as long as the patient agrees to the summary and any associated fees.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Authorization Requirements for Using PHI for Non-TPO Purposes

Purpose:

To provide guidelines on how AMA will collect an authorization from a patient prior to uses and disclosures of PHI for non-TPO purposes to avoid violating the patient’s rights.

General Policy:

AMA may not use and disclose PHI for non-TPO purposes without written authorization of the patient prior to the use or disclosure. The Privacy Rule identifies instances where an authorization is specifically required.

- Marketing
- Pre-enrollment underwriting
- Employment determinations
- Fundraising
- Psychotherapy notes

The authorization must include the following elements:

- A description of the information to be used or disclosed;
- The name of the covered entity, or class of entities or person authorized to make the use or disclosure;
- The names or types of receipt(s) of the information;
- An expiration date;
- The individual’s signature and date of signature;
- If signed by a representative, a description of the representative’s authority or relationship to the individual;
- A statement regarding the individual’s right to revoke the authorization; and
- A statement that the information may no longer be protected by the federal privacy law.

Prior to using or disclosing PHI for an activity listed above, AMA will obtain a written authorization containing the above mentioned elements. This signed authorization is placed in the patient’s medical record and the requested information is used or disclosed pursuant to the authorization.

Exceptions:
No authorization is needed to use or disclose PHI for TPO purposes.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Confidentiality of Medical Information

Purpose:

To protect and ensure confidentiality and protection of patients health information. Confidentiality is an ethical and legal issue. Employees of this organization, especially those working with confidential health information, must be extremely vigilant about protecting our patients’ records.

General Policy:

All patient health information is confidential and will not be released or communicated by any employee to anyone other than the patient without valid written permission or as specified in the Privacy Notice, in a court order signed by a judge or in a life-threatening situation. All requests for release of protected health information (PHI) outside of these parameters will be routed to the Privacy Officer or designee. The Privacy Officer or designee is authorized to release information and/or make decisions about access to PHI. Release to appropriate “third parties” must have documented evidence of reasonable steps taken to verify the identity of the person receiving the PHI. No individually identifying information will be transmitted to any individual or outside organization that is not a Business Associate without an authorized release of information signed by the patient or the patient’s personal representative.

Sanctions:

Violation of this policy may result in disciplinary action up to and including termination of employment.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Application Rule: Privacy Rule

Policy: **Definition of Terms**

Purpose:

To provide an understanding of the most frequently used terms pertaining to the Privacy Rule. This will allow for better communication relating to HIPAA.

Terms:

- PHI - Protected Health Information
- IIHI - Individually Identifiable Health Information - This is information that identifies patient information, which is considered sensitive and guarded under the law.
- PO - Privacy Officer - This is the person responsible for overseeing all aspects of HIPAA in the covered entity.
- BAA - Business Associate Agreements - These are addendums to already in place agreements between the covered entity and the outside vendor hired to perform services for the group. These are assurances by the associate to uphold standards of privacy.
- Minimum Necessary - This is the minimum amount of PHI that can be shared to establish care at other facilities.
- Notice of Privacy Practices - This provides patients with insight on their rights afforded them by the Health Insurance Portability and Accountability Act.
- De-identified PHI - This is the removal of identifying characteristics so there is no chance of re-identifying the patient.
- Consent – This is required to share protected health information for treatment, payment and health care operations (TPO).
- Authorization – This is required to share protected health information for non-related treatment, payment and health care operations.
- Acknowledgement - This is a document signed by the patient indicating the receipt of the practice’s Notice of Privacy Practices.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: De-Identifying Protected Health Information

Purpose:

This policy is used to provide guidance to medical professionals on the proper steps to take for de-identifying PHI.

Policy:
PHI is information that identifies the individual and relates to his/her health status or the payment of his/her health services. To decide whether information is PHI, consider the following rules:

- Written or oral communications;
- Recorded on paper, computer or other media;
- Reveals the health status of the patient;
- Information is “individually identifiable”; and
- We created or received.

Current federal rules regulating our patient’s protected health information only apply to information that contains one of 18 enumerated identifiers. If AMA elects to remove all 18 identifiers, the information is no longer subject to the federal Privacy Rule, and AMA can use the information in any manner desired.

The eighteen (18) enumerated identifiers are:

1. Names;
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code and their equivalent geo-codes;
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and

18. Any other unique identifying number, characteristic, or code.

To ensure that the information has truly been de-identified and thus meets the requirements of the federal regulations, the Privacy Officer must review all information that is to be de-identified before it is used or disclosed by any employee of AMA. If any employee wishes to de-identify protected health information for their own purposes, they must ask the Privacy Officer to certify the information has in fact been de-identified.

Once the information has been de-identified, you may not disclose the mechanism for re-identification, such as tables, algorithms, or other tools that could be used to link the code with the subject of the information.

Sanctions:

This policy must be adhered to in its entirety. The Privacy Officer will handle violations of this policy.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Disclosures for Law Enforcement Purposes**

Purpose:

To provide guidelines for disclosing PHI to Law Enforcement Officials under the required disclosures section of the Privacy Rule. These required disclosure do not require the individual’s authorization to disclose nor do they allow the given individual the opportunity to agree to or object to certain uses and disclosures of PHI.

General Policy:

AMA does not need authorization to use or disclose PHI (including psychotherapy notes) to a law enforcement official, to the extent that such use or disclosure of PHI is required by law and is limited to the minimum necessary standard.

AMA may disclose PHI as required by law that mandates the reporting of certain types of wounds or other physical injuries. Injuries such as child abuse, neglect, or domestic violence will be reported to the appropriate public health authority or social services agency.

AMA may disclose PHI to comply with a court order, a court ordered subpoena, or a grand jury subpoena. These disclosures will be limited to the minimum necessary standard.

AMA may use or disclose PHI in response to a law enforcement official’s request, for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that the disclosed information is limited to:

> *Name and address; date and place of birth; social security number; ABO blood type and Rh factor; type of injury; date and time of treatment; date and time of death, if applicable; and a description of distinguishing characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.*

AMA will take “reasonable” steps to verify the request and the requestor prior to a required disclosure of PHI. These “reasonable” steps include, but are not limited to, verifying the officer’s credentials (e.g., badge and/or id), verifying a legitimate subpoena by locating the raised seal or calling the court

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Disclosure of PHI via Telephone Conversation**

Purpose:

Telephone conversations present AMA with the most difficulty in protecting our patients' privacy. This policy addressees how staff members should communicate PHI with patients and others using the telephone.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI that can occur in an office during the daily operations of the practice. Our office will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when communicating PHI with patients and others over the telephone.

You should always be on guard when you speak on the telephone. **Never** assume the caller is who they say they are; treat callers as people who are impersonating patients in an attempt to gain access to PHI. This is true even if you know the patient or recognize his or her voice; you simply do not know who is calling.

Remember, unless we have written permission from the patient, if the caller is the patient's personal representative, or if the disclosure is required by law, you are not permitted to disclose any personal health information to **anyone** other than the patient directly. This includes spouses, children, friends, attorneys, or other "representatives" of the patient.

Remember, you are also subject to the "minimum necessary" standard AT ALL TIMES, and you are not permitted to reveal any information you believe is not necessary (unless the disclosure is to the patient or the patient's personal representative).

If you feel uncomfortable discussing PHI with the caller, simply take his or her name and telephone number, and inform the caller you wish to call him or her back. Then explain the situation to the Privacy Officer and ask for his or her opinion as to how to proceed. Also, if the caller is unhappy, refer him or her to the Privacy Officer, who will explain why dis limited in what we can reveal over the telephone

Procedures:

Incoming Telephone Call (Patient or Personal Representative):

If a caller claims to be a patient at AMA you must take reasonable steps to verify his or her identity. Therefore, before you reveal **any** PHI over the telephone (including billing issues), you must take several steps to verify the identity of the caller. You should ask the caller a few questions, such as the following:

- "What are the last four digits of your Social Security Number?"

- "What is your date of birth?"
- "Who is your treating physician?"
- "What is your mailing address?"

In addition, the patient may be given a password or pass code and, if so, you should verify their password or pass code. If the caller is the patient's personal representative, you should inquire as to the relationship the caller has with the patient (e.g., parent, sibling, child, etc.) Once you have verified their identity by using the above questions, you may disclose personal health information to the patient.

Incoming Telephone Call (Individual Involved in the Patient's Care):
For callers who are not the patient, in addition to verifying the caller's identity, you must inquire as to the caller's relationship to the patient. You must then make the determination whether the caller is involved in the patient's care by referring to the patient's enrollment form. If the form has been left blank, use your best judgment as to whether the caller has permission from the patient and, if you are still unsure, ask the Privacy Officer for further assistance.

Incoming Telephone Call (All Others):
For all other callers, you must follow this procedure before revealing ANY PHI:

- When you receive a request from a third party for PHI via the telephone, you must verify the identity and authority of the requestor. The identity of the caller may be determined by asking for verification of a known place of business, address, phone or fax number, as well as a known human being. For most disclosures, verifying the authority for the request means taking reasonable steps to verify that the request is lawful.

- Where the person requesting the protected health information is a public official, you must verify the identity of the requester by examination of reasonable evidence, such as a written statement of identity on agency letterhead, an identification badge, or similar proof of official status. Similarly, you are required to verify the legal authority supporting the request by examination of reasonable evidence, such as a written request provided on agency letterhead that describes the legal authority for requesting the release.

- Once you have verified the requestor's identity and authority, you should then check to make sure the patient has provided the appropriate permission to release the information. Most of our disclosures to third parties will involve disclosures related to treatment, payment or health care operations (TPO) activities in our practice.

- If the reason for the request for protected health information does not fall into any of the above categories, then AMA is required to have a proper, signed authorization form **before** any information is released.

- There should be a review of the information to be released – either by checking the information against the protocol for known entities, or review by the Privacy Officer and/or treating physician to determine whether the information meets the minimum necessary standard. If the caller has a valid authorization, this step is not necessary.

Once these steps have been completed, you may disclose PHI to the caller. However, you should note the call on the patient's call log, indicating date, time, caller, and a brief description of what was discussed.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Disposal of Protected Health Information**

Purpose:

To provide guidance on the destruction of both written PHI and dictated tapes to ensure there is no unauthorized access to patient information.

General Policy:

Protected Health Information in writing, no longer needed by the practice, is to be destroyed in the following manner.

Method of Destruction:
Before any documentation, documents or any other information from a patient’s medical record no longer needed by the practice is destroyed, the Privacy Officer must first approve its destruction. Once the Privacy Officer has determined it is appropriate to discard the information, it must be done by shredding. Crumpling of the paper and discarding in a trash can is unacceptable. The shredded paper must be placed in either a receptacle or a plastic trash bag for proper discarding.

The discarding of Protected Health Information in tape form will be done so by either the Privacy Officer or the Security Officer once it has been determined the tapes and the information contained on them is no longer needed. At no time will a staff member without proper authority dispose of Protected Health Information.

Failure to comply with the policy will result in corrective action to be determined by the Privacy Officer.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Facsimiles Containing PHI**

Purpose:

To provide guidelines for the use and dissemination of PHI received or submitted by facsimile.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI, which can occur in an office during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when receiving or transmitting PHI via facsimile. Properly completed and signed authorizations must be obtained prior to the release of PHI unless the disclosure is a required disclosure.

In medical emergencies, the information may be released without proper authorization when the provider or Business Associate requesting the information is required by law to treat the individual or when there are substantial communication barriers or threats to the health of the public.

Use a cover sheet for each facsimile transmission and retain it in correspondence. Verify by telephone, when possible, the availability of the receiver and log the facsimile transaction. Notify recipients of any misdirected or returned facsimile and file an incident report with the Lead Pharmacist or Privacy Officer.

When the faxed information is to be included in a medical record, it must be clearly legible, complete, accurate, and dated with appropriate signatures as indicated. Faxed data must include:

- Date and time of fax transmission
- Sending facility's name and address
- Sending facility's telephone and fax number
- Sender's name
- Receiving facility's name and address
- Receiving facility's telephone and fax number
- Authorized receiver's name
- Number of copies sent
- Statement regarding disclosure
- Statement regarding confidentiality

Procedure:

Receipt of PHI via Facsimile**:**
The front office staff is responsible for the distribution of incoming facsimiles. (S)he should use his/her best efforts to distribute incoming facsimiles as quickly as possible. At NO time should facsimiles containing PHI be placed in an area where non-employees could read or otherwise handle the facsimile.

- When a facsimile has been received, the staff member should check the facsimile to ensure it has not been misdirected, and if so, contact the sender to inform him or her of the mistake.

- If the facsimile has been sent correctly and is legible, the front desk employee should distribute the facsimile to the appropriate recipient. If there is no appropriate recipient or if the intended recipient is out of the office, the front desk employee should hand the facsimile to the Lead Pharmacist or Privacy Officer.

- If the facsimile is to be filed in a medical record, the staff member should be sure to include any cover sheet with the facsimile by stapling the cover sheet to the received facsimile. Then, both facsimile and cover sheet should be filed in the medical record.

Handling of a Misdirected Facsimile**:**
If a facsimile transmission fails to reach the recipient, check the internal logging system of the fax machine to obtain the recipient's fax number. Fax a request using the incorrect fax number, explain the misdirected information and ask for destruction of all documents received from the said facility. Then notify the Lead Pharmacist or Privacy Officer of the misdirected facsimile.

Outgoing Facsimile**:**
Should a staff member have PHI to be sent out of the office via facsimile, (s)he should complete a cover sheet, including date, time, recipient's name, practice or business name, number of pages, and any additional comments as necessary. The employee should then verify the facsimile number and intended recipient is correct, ensure the facsimile is legible, and transmit the facsimile.

When finished, the staff member should print or keep a copy of the transmittal log to verify the facsimile has been sent in its entirety as well as sent to the intended recipient.

Applicable Rule: Privacy Rule

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Handling In-Person Requests for PHI**

Purpose:

To provide guidelines for handling in-person requests for disclosure of PHI.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI that can occur in an office during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when handling in-person requests for PHI.

Procedure:

When individuals approach you at the front desk, you should not assume the individual is whom they say they are; treat these individuals as people who are attempting to gain unauthorized access to PHI.

Remember, unless we have written permission from the patient, the individual is the patient's personal representative, or if law requires the disclosure, you are not permitted to disclose any personal health information to anyone other than the patient himself or herself. This includes spouses, children, friends, attorneys, or other "representatives" of the patient.

Remember, you are also subject to the "minimum necessary" standard AT ALL TIMES, and you are not permitted to reveal any information you believe is not necessary (unless the disclosure is to the patient or the patient's personal representative). If you feel uncomfortable discussing PHI with the caller, simply take his or her name and telephone number, and inform the caller you wish to call him or her back. Then explain the situation to the Privacy Officer and ask for his or her opinion as to how to proceed.

Also, if the individual is unhappy, refer him or her to the Privacy Officer, who will explain why AMA is limited in what information can be revealed.

<u>"In Person" Requests (Patient):</u>
If the individual is the patient, follow the same verification procedures for patients in the Telephone policy. In addition, you may wish to ask for photo identification, such as a driver's license.

Once verification is complete, you may disclose PHI to the patient.

<u>"In Person" (Personal Representative):</u>

If the individual is the patient's personal representative, follow the same verification procedures for personal representatives in the Telephone policy. In addition, you may wish to ask for photo identification, such as a driver's license.

Once verification is complete, you may disclose PHI to the individual.

"In Person" (All Others):
If an individual comes in to the office and makes an in-person request for a patient's protected health information, you must first verify the identity of the individual. This can be accomplished by asking for their driver's license, employment ID badge, or other picture identification. Make a copy of the identification and then have the requestor fill out and sign the Authorization to Release Healthcare Information and scan it into the patient's chart.

If the requestor is a public official, you must verify the identity of the individual making the request by examining an official letter from the agency or department where the individual is employed (or represents), a government identification badge, or similar proof of official status. The individual must also present to you written evidence of the agency's legal authority to obtain the information.

If the requestor is an attorney and the information is to be used in a legal proceeding, you must ask for, and copy, an official judicial subpoena or other official court document supporting the attorney's legal authority to request the patient's information.

Upon verification of the individual's identity and completion of the Authorization to Release Healthcare Information form, the Privacy Officer must approve the request. After approval and scanning the form into the patient's chart, you may then disclose the information to the requestor.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Handling Patient Complaints or Allegations of Privacy Violations

Purpose:

To provide guidelines for handling a patient’s complaint or allegation of privacy violations

General Policy:

Our Notice of Privacy Practices will inform our patients of their rights under HIPAA’s Privacy Rule to file a complaint with our Privacy Officer and the Office of Civil Rights (OCR) when they have reason to believe we have violated their privacy rights.

Our Responsibility:
The Privacy Officer or appointed designee will take all complaints and/or allegations of non-compliance seriously and will fully investigate the allegations to determine what course of corrective action, if any, needs to be taken. The Privacy Officer or appointed designee will notify the patient in writing the outcome of the investigation and what corrective action, if any, was taken.

The practice assures the patient they will honor the patient’s right to file a complaint and will not retaliate against them.

The Privacy Officer or appointed designee will keep a log of all complaints and/or allegations of noncompliance and the outcome of the internal investigation of the allegations.

The OCR may also conduct compliance reviews to determine whether we are complying with the applicable requirements of this rule.

If the OCR initiates a compliance review of our practice, we will comply with all requests for information and produce records and compliance reports to the OCR in a timely manner in order for the OCR to determine whether or not we are in compliance with the Privacy Rule. We will provide the OCR access during normal business hours to our facility, books, records, accounts, and other sources of information, including PHI, which is pertinent to ascertaining compliance with the applicable standards. If the OCR determines that exigent circumstances exist, such as when documents may be hidden or destroyed, we will permit access to the OCR at any time and without notice.

If PHI is required for the investigation and the information is the exclusive possession of any other agency, institution, or person and the other agency, institution, or person fails or refuses to furnish the information, we will certify what efforts were made to obtain the information. A written copy of the outcome of the review will be sent to the complainant and us. If we are found to be non-compliant, we will attempt to resolve the matter by informal means.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Handling PHI in Various Locations Within the Office

Purpose:

To provide guidelines for avoiding the incidental disclosure of PHI that can occur from various locations within the dispensary.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI that can occur in a dispensary during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outlined below.

AMA shall utilize its best efforts to protect privacy and limit disclosure of PHI in public and non-public areas of the office, where patients and other unauthorized persons are found. "Reasonable efforts" may include restructuring and/or reorganizing information flow in areas where information is collected from and given to patients. Other forms of "reasonable efforts" may include improving personnel practices and habits in day to day activities to better prevent random disclosure of PHI; initiating stricter practices to safeguard patient records stored/utilized in public/non-public areas;; closer supervision of patients in routing them from waiting areas to clinical areas and check-out; and incorporating more opportunities to allow patient choice in how and where they give and receive protected health information. The following procedures address these areas and are to be followed in limiting disclosure of protected health information.

Procedures:

Waiting Area/Front Desk**:**
At no time should protected health information be discussed, posted, or in any way revealed in the public waiting/front desk area of the facility. To facilitate this procedure, staff members should use their best efforts to abide by the following:

- Utilize protective barrier(s) to separate public waiting area from front desk.
- Utilize a separate private area to answer questions or discuss protected health information (e.g. financial interviews, payment concerns).
- Kindly defer all questions regarding patient's health status; reason for visit, etc. to the health care provider and advise the patient that this is to protect his or her privacy.
- Position computer monitors to face away from public areas at all times, to prevent anyone from viewing information on the screens.
- Use reasonable caution when making/receiving phones calls in the front desk area, to prevent conversation from being heard in the waiting area (e.g. speak in low tones).

- Keep all patient records, forms, etc. out of public view in the front desk area, and out of reach of unauthorized individuals (e.g. table behind desk, shelf or shielded area underneath counter, closed file folder, record holder facing away from waiting area).

- At the close of business day, place all patient records, and any other materials containing PHI in a secure location out of view and access of unauthorized persons, i.e. cleaning services, maintenance, if possible.

Receptionist Area**:**
Reasonable efforts must be exercised at all times to ensure that PHI in the dispensary is protected from view/access by unauthorized persons who may be in the building during office hours as well as after hours. PHI in the dispensary area may include patient record, patient logs, letters, etc.

To facilitate this directive, staff members should abide by the following:

- Use reasonable caution when making/receiving phone calls to/from patients, private physicians, etc. to prevent conversation from being heard in public areas (e.g., speak in low tones, keep door closed).

- Utilize private areas/environments to answer questions or discuss protected health information with patients.

- Secure holding areas (e.g., file drawer, desk drawer, shielded space behind desk), which are out of arms reach, must be utilized when records are in use. This is to prevent access by unauthorized persons.

- At no time should protected health information be left unattended on a desk, computer table, etc.

- Position computer monitors so that they face away from public view. This is to prevent unauthorized persons from viewing information on the computer screen.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Handling Workforce Education/Training on the Privacy Rule

Purpose:

To provide guidelines on how AMA will education/train their workforce on the Privacy Rule.

General Rule:

HIPAA’s Privacy Rule mandates that every covered entity provide training for all members of its workforce with respect to the policies and procedures on the use and disclosure of PHI, as necessary and appropriate for the members of the workforce to carry out their function within the covered entity.

HIPAA defines workforce to include “employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.”

AMA will provide privacy training to all members of our workforce.

Re-training is to be provided on an as-needed basis as policies and procedures change.

The Privacy Officer is responsible for documenting these training efforts and monitoring retraining needs within the practice. A copy of the training materials may be obtained from the Privacy Officer.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: Identifying and Handling Business Associates (BA)

Purpose:

To provide guidelines for identifying all current and future Business Associates (BA) of the practice and how these relationships must be handled.

General Policy:

A BA relationship is formed when individual(s) and/or organization(s) are hired by AMA to perform services on our behalf that are listed in the following types of categories, such as legal, actuarial, accounting, consulting, management, administrative accreditation, data aggregation and financial services and the performance of those services require AMA to disclose protected health information (PHI) to the other individual(s) and/or organization(s).

Identification of Business Associate Procedure:

Our Privacy Officer shall review all existing and future contracts with individual(s) and/or organization(s) hired by AMA to determine the types of services each one performs for AMA. If services provided by the individual(s) and/or organization(s) fall within the above mentioned categories and the performance of these services require us to disclose protected healthcare information, we must have the individual(s) and/or organization(s) sign a BA agreement.

For current BAs, our Privacy Officer must verify that the current contract contains all requirements of a BA as dictated by HIPAA’s Privacy Rule. If the agreement lacks critical protections, the Privacy Officer will need to get a signed addendum to the current contract from the BA to include the additional language to fulfill all the requirements of the Privacy Rule.

For future BAs, the Privacy Officer shall ensure the BA agreements meet all HIPAA Privacy Rule Requirements

BA Agreement

The Privacy Officer shall place the signed agreement(s) and/or addendum(s) in the HIPAA file in a folder titled BA Agreements. These agreements are valid until the expiration date noted on the agreement(s).

The agreement will: limit the use of disclosure of PHI to the activities listed in the contract; limit uses and disclosures as permitted by federal or New York law; be binding to all the BA’s agents and subcontractors to the limitations of the agreement; require the BA to notify AMA in writing of any and all unauthorized uses or disclosures of PHI.

AMA will take “reasonable” steps to correct any breaches to disclosure and have the right to terminate our contract with the BA without penalty, if necessary.

The agreement will also permit the Department of Health and Human Services (HHS) to pursue an investigation of any reported unauthorized use or disclosure.

While the Privacy Rule does not require us to actively monitor our BA's performance, the Privacy Officer will take "reasonable" steps to keep a general watch over all our BA's. If violations to the Privacy Rule occur, corrective action will be implemented to ensure the violation does not continue to happen. The specific type of corrective action will be dependent upon the violation.

Monitoring the BA:

The Privacy Officer shall keep a log to include the name of the BA, contact name, phone number, fax number, date agreement signed, date agreement expires and any corrective actions taken against the BA. This log shall be kept in the HIPAA file in a folder titled BA Log.

Exceptions:

Sometimes we hire individual(s) and/or organization(s) to perform services for us who do not meet the definition of a BA but who might inadvertently be exposed to PHI (e.g., a janitorial service). AMA will obtain a confidentiality agreement from these individual(s) and/or organization(s) to ensure the PHI is kept confidential by the individual(s) and/or organization(s). If the individual(s) and/or organization(s) disclose the PHI, AMA will hold the individual(s) and/or organization(s) personally responsible for any fines or penalties associated with the disclosure. AMA will take "reasonable" steps to correct any breaches to disclosure and have the right to terminate our contract with the individual(s) and/or organization(s) without penalty, if necessary.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: **Mail or Packages Containing PHI**

Purpose:

To provide guidelines for the use and dissemination of PHI that is received by mail or package.

Policy:

The intent of this policy is to limit the incidental disclosure of PHI, which can occur in an office during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when handling mail or packages containing PHI.

Procedure:

Receipt and Distribution of PHI:

The front office staff will deliver unopened mail to the Lead Pharmacist or to the person to whom the mail is addressed.

The Lead Pharmacist will open the mail in his/her office and review it for requests, due dates or deadlines. Otherwise, the Lead Pharmacist will distribute the mail to the appropriate recipient. If the appropriate recipient is out of the office, the Lead Pharmacist will notify them or their supervisor of any urgent requests or immediate due dates.

The designated staff will not open mail marked *PERSONAL* or *CONFIDENTIAL*, without the written authorization of the person to whom the mail is addressed.

The front office staff will sign for all registered mail and notify the Lead Pharmacist or intended recipient of the mail immediately. If the recipient or Lead Pharmacist is not available, the front office staff will deliver the mail to the designated backup. If a piece of mail or a package has no intended recipient, the Lead Pharmacist or his/her designee should open the letter or package to determine the appropriate recipient.

Collection of PHI**:**

Should a staff member have PHI to be sent out of the office via US mail, (s)he should completely seal the envelope, verify the address on the front of the envelope or package is correct, and place the outgoing mail at the front desk in the designated area.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Minimum Necessary Standard Requirements**

Purpose:

To provide guidelines on disclosing only the minimum necessary PHI needed for the intended purpose of the disclosure. The intent of the policy is to avoid unnecessary disclosures of PHI outside what is needed to accomplish a specific task within our own organization and/or to other covered entities.

General Policy:
The Privacy Officer must review each job title within the organization to determine what information they should use or disclose and what information is prohibited. The Privacy Officer will then develop a list of standardized information each specific job title will have access to as part of their daily job functions, thereby limiting the disclosure of PHI to the minimum necessary to fulfill their job functions. “Full access” may be granted to those individuals who need that level of access for their job functions and will be up to the discretion of the Privacy Officer.

For disclosure requests made from other covered entities, the Privacy Officer and/or the treating physician should review each disclosure request to find the minimum necessary level of information to disclose to the third party. This will limit the amount of PHI disclosed to what is reasonably necessary for the use or disclosure intended.

Exceptions:
AMA may use or disclose PHI in response to any valid authorization without regard to the minimum necessary requirement.

Disclosures to or requests by a health care provider for treatment purposes are not subject to the minimum necessary standard.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Patient's Rights to Request Restriction on Use and Disclosure of their Protected Health Information (PHI)**

Purpose:

To provide guidelines for AMA to consider an individual's right to request restrictions be placed on the use and disclosure of their protected health information (PHI).

Restriction Requests:

Individuals may request that AMA place restrictions regarding how we use and disclose PHI to carry out treatment, payment and/or health care operations.

AMA is not required to agree to this request for restrictions. If, however, we do agree, the restriction is binding and we may not use or disclose PHI in violation of this agreement unless the disclosure is allowed or required under this policy.

AMA may terminate this agreement to a restriction if the individual agrees to or requests the termination in writing or the individual orally agrees to the termination and AMA documents the oral agreement.

AMA may terminate the agreement to a restriction without the individual's agreement if we inform the individual that we are terminating the restriction, but such termination is only effective with respect to PHI created or received after the individual has been informed of the termination.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Privacy Officer Job Description

Position Title: Privacy Officer

The Lead Pharmacist of each AMA Location is that site's Privacy Officer and is responsible for compliance. The Chief Compliance Officer of AMA serves as the organization's Privacy Officer. All Lead Pharmacists report to the Chief Compliance Officer on matters relating to Privacy.

General Purpose:

The Privacy Officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, all patient's protected health information in compliance with federal and New York laws and the health care organization's information privacy practices.

Responsibilities:

Policy Development and Implementation*:*

- Provides development guidance and assists in the identification, implementation, and maintenance of privacy policies and procedures in coordination with organization management and administration and legal counsel.
- Reviews all system-related information security plans throughout the organization's network to ensure alignment between security and privacy practices, and acts as a liaison to the information systems department.
- Develops, reviews, and publishes practice's privacy notice to general public as required under federal and the applicable state law.
- Establishes a mechanism to track access to protected health information within the organization to an extent as required by law.
- Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures.
- Conducts or ensures conduction of initial privacy training and orientation to all employees, volunteers, medical and professional staff, contractors, alliances, business associates, and other appropriate third parties.

Policy Maintenance:

- Performs initial and periodic risk assessments or "privacy audits" and conducts related ongoing compliance monitoring activities to ensure compliance.

- Works with key departments to ensure the practice has and maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials reflecting current organization and legal practices and requirements.

- Participates in the development, implementation, and ongoing compliance monitoring of all trading partner and business associate agreements, to ensure all privacy concerns, requirements, and responsibilities are addressed.

- Ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in the organization's workforce, extended workforce, and for all business associates, in cooperation with Human Resources, the information security officer, administration, and legal counsel as applicable.

- Maintains current knowledge of applicable federal and state privacy laws and accreditation standards, and monitors advancements in information privacy technologies to ensure organizational adaptation and compliance.

- Cooperates with the Office for Civil Rights, the HHS, other legal entities, and organization officers in any compliance reviews or investigations.

Qualifications:

Education*:*

Law degree or graduate degree in a field related to healthcare administration or compliance.

Experience:

Knowledge and experience in information privacy laws, access, release of information, and release control technologies. Experience may be used in place of education.

Demonstrated organization, facilitation, communication, and presentation skills.

Note: This description is intended to serve as an overview of the role and responsibilities of both the site-level Privacy Officers as well as the corporate level position, served by the Chief Compliance Officer.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Requests for Disclosure of PHI**

Purpose:

To provide guidelines for responding to requests for disclosure of PHI, which are encountered during the daily operations of the practice.

Policy:

According to the Privacy Rule, a covered entity may not use or disclose PHI except as permitted or required by the Rule.

The following steps will be taken prior to a permitted or required disclosure of PHI to any party:

- Receive the request: Once we receive a request for disclosure of PHI to a third party, we take reasonable steps to verify the identity and the authority of the requestor.
    - The verification of identity may take the form of a known place of business, address, phone or fax number, as well as a known person.
    - The verification of authority may take the form of a written statement of identity on agency letterhead, an identification badge, or similar proof of official status.
- Check for the appropriate level of permission from the patient: Once we have verified the identity and authority of the requestor, we will check to make sure the patient has given us permission to release the information.
    - Verbal agreement – check the patient’s chart to see if there is a notation indicating permission to disclose to the requestor or ask the patient directly for permission and document their response in their record.
    - Acknowledgement of receipt of Notice of Privacy Practices and/or written consent – disclosures to third parties related to the treatment, payment or health care operation (TPO) activities of our practice are addressed in our Notice of Privacy Practices. The patient is given the Notice and a good faith effort is made to obtain the patient’s signature indicating the receipt of it. This acknowledgement is the permission we need to make disclosures for TPO purposes. We will verify the acknowledgement and/or written consent is in the patient’s record.
    - Authorization – disclosures made for non-TPO purposes will require an authorization from the patient. We will verify an authorization is in the patient’s record.

- Review of the request to be disclosed: Once we have validated the requestor and the level of permission, reviewed the information requested and limited the disclosure to the minimum necessary for the purpose of the disclosure. The authorization may override the minimum necessary standard in that if the patient gives permission to release the entire medical record, you may do so.
- Based upon the first three steps, make and document the disclosure: As per the Privacy Rule, we must document and account for all required disclosures, such as those we make to our local health department for a public health event. Additionally, we may document permitted disclosures, including those made to referring physicians as part of the patient's ongoing care.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Revocation of Authorizations**

Purpose:

To provide guidelines on how AMA will handle the revocation of an authorization to avoid violating a patient’s rights.

General Policy:

AMA will obtain a written authorization from the patient prior to using or disclosing PHI for non-TPO purposes.

The Privacy Rule provides that the patient may revoke an authorization at any time, except to the extent that AMA has taken action in reliance on the authorization. If the patient elects to revoke that authorization, it must be done in writing. Once the written revocation is received, AMA will cease making uses and disclosures pursuant to the authorization to the greatest extent practical. AMA is not required to retrieve information that has already been disclosed in accordance with the authorization.

Exceptions:
Individuals do not have the right to revoke an authorization if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: **Uses and Disclosures of PHI for TPO Purposes**

Purpose:

To provide guidelines on the use and disclosure of PHI for TPO purposes to avoid violating the patient’s rights.

General Policy:

AMA may use and disclose PHI for Treatment, Payment and Health care Operations (TPO). This allows AMA to use and disclose only the “minimum necessary” information to complete the desired task.

This policy applies to health care providers with a direct treatment relationship with the patient and those providers with an indirect treatment relationship. Indirect treatment relationships are formed when the provider delivers health care to individuals based on the orders of another health care provider (e.g., a radiologist performing X-rays for a primary care physician).

As a continuation of the patient’s care, AMA is permitted to share information with other health care providers to whom we refer the patient.

These uses and disclosures are outlined for the patient in the Notice of Privacy Practices, which are given to each patient on the first visit to the practice after the compliance deadline.

Exceptions:

Psychotherapy notes cannot be used or disclosed without a written authorization from the patient.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **General Overview of the Final Security Rule**

Purpose:

To provide a general overview of the Security Rule.

General Overview:

Covered entities must assure patients that the electronic PHI they collect, maintain, use or transmit is protected from the risk of improper access and/or interception during an electronic transmission. The purpose of the Security Rule is to adopt national standards for safeguards to protect the confidentiality, integrity, and availability of electronic PHI. The Security Rule standards require measures be taken to secure PHI while in the custody of entities covered by HIPAA as well as in transit between covered entities and others.

The security standards require covered entities to implement basic safeguards to protect electronic PHI from any reasonably anticipated threat or hazard to the security or integrity of the information and any unauthorized access, alteration, deletion, and transmission of the information. The scope of the Security Rule is more limited than that of the Privacy Rule in that the Security Rule only covers PHI in electronic format.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Appropriate Use of the Employee's Computer**

Purpose:

To provide guidelines for the appropriate use of the computer to avoid incidental disclosure of PHI to unauthorized individuals.

General Policy:

It is critical that the employees at AMA are careful of how they use their computers. Private data on the computer system must not be disclosed to other persons who should not have access to that data.

Therefore, all employees must adhere to the following policies when using their computers.

Passwords: Your password is for your use only. You should not reveal your password to anyone else, neither within AMA nor outside the organization. Your password may be used to track disclosure of information to third parties, and if another individual uses your password to disclose information to an unauthorized individual, you will be held responsible for that disclosure.

In addition, you must not leave your password on or near your computer workstation (such as taped to the monitor). If you have difficulty remembering your password, sit down with the Chief Information Officer and create a password that is easier for you to remember.

If you or the Privacy Officer believes your password has been revealed to another individual (either by accident or intentional), the Chief Information Officer will be notified and may elect to change your password at any time.

Leaving the Computer: The computer has been set to log off after ten (10) minutes of "idle time." However, when you get up from your computer for any reason (e.g., to use the restroom, to check on an incoming fax, etc.), you must log off the system.

If you do not log off the system, sensitive information may be disclosed to an unauthorized individual, and you will be held fully responsible for that disclosure.

Viewing the Computer Monitor: When you sit at your computer, you should be the only one able to see and read the computer monitor. You should therefore adjust the angle of your monitor to prevent other individuals from viewing and reading the information on your monitor.

If your computer does not allow you to adjust the angle of your monitor, ask the Privacy Officer to purchase for you "blinders" or another device that will limit who may view the information on your monitor.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Computer Security Incidents**

Purpose:

To provide the proper procedure of reporting computer security incidents.

General Policy:

It is a key goal of this practice to maintain the highest level of security possible for our computer systems. Therefore, staff is expected to report any potential security incidents to the Security Officer, immediately upon the discovery of such incidents. Be sure to include a detailed description of the potential breach, the date and time of discovery and any other information the employee believes to be helpful to the Security Officer in investigating this matter. Further, failure to report to the Security Officer any potential security breach may result in disciplinary action against the employee.

Once the Security Officer has received notification of a potential security violation, (s)he shall conduct a thorough investigation through access audits, interviews, other electronic documentation, or any other means available to him or her. This investigation shall begin no later than two (2) business days after the Security Officer becomes aware of the incident.

Upon the completion of the investigation, the Security Officer shall document the original report, findings from the investigation, and recommended action(s), if any. The Security Officer may also ask for additional assistance from the Chief Information Officer, if necessary.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: Downloading Information from the Internet

Purpose:

To provide guidelines on downloading information from the Internet or other source to prevent contamination of the computer system by viruses.

General Policy:

The Chief Information Officer or appointed designee must give permission before any applications can be loaded onto the system by the employees (e.g., screen savers or other types of personal applications). The Chief Information Officer or appointed designee is responsible for verifying the software application is virus-free prior to loading onto the computer.

All emails with attachments from unknown sources must be deleted prior to opening the attachment to minimize the possible corruption of the computer systems.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Employee Termination**

Purpose:

To provide formal documented security measures for termination of an employee’s employment.

General Policy:

The intent of this policy is to provide safeguards to protect the confidentiality and integrity of electronic PHI from unauthorized access by terminated employees. When an employee is terminated, AMA will implement the following security features:

- Change/Amend the facility locks, combinations to the locks and/or electronic entry system to maintain security at facility.
- Removal of employee’s name for the access list to electronic PHI.
- Removal of user account(s) by termination or deletion of an individual’s access privileges to the information, services, and resources for which they had clearance and authorization.
- Collection of keys, tokens, or cards that allow access to the property, building or equipment.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Handling Information Access Control**

Purpose:

To provide guidelines for granting employees access to electronic information as determined by their job functions.

General Policy:

Under the Security Rule, covered entities must establish and maintain formal, documented policies and procedures for granting different levels of access to health care information.

The Chief Information Officer or appointed designee will decide what levels of access each employee of AMA should have in order to perform their job responsibilities. This will be accomplished by reviewing each employee’s job description, job title, the department where (s)he works, or some other clearly identifiable group, and based on that assessment, will decide what levels of access the employee should have.

The Chief Information Officer or appointed designee will periodically reassess each employee’s functions to determine if a different level of access should be granted.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Record Retention**

Purpose:

To provide guidelines for recordkeeping timelines of HIPAA related compliance issues.

General Policy:

The Privacy Officer and/or their appointed designee will maintain documentation of all HIPAA related compliance materials including but not limited to policies, procedures, written communication, complaints/allegations of violations, etc. in electronic format. This documentation shall be maintained for six years from the date of its creation or the date when it was last in effect, whichever is later. However, if State-specific guidelines for record retention are more stringent, AMA will utilize the applicable state guidelines.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: Removal, Destruction or Recycling of Electronic PHI

Purpose:

To provide guidelines on the removal, destruction or recycling of electronic PHI to ensure a patient’s rights are not violated.

General Policy:

AMA has a duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. PHI may only be disposed of by means that assure that it will not be accidentally released to an outside party. Secure methods will be used to dispose of electronic data and output. The Chief Information Officer or appointed designee is responsible for the destruction of electronic copies containing PHI. The following methods of destruction may be used:

- Deleting on-line date using the appropriate utilities;
- “Degaussing” – removing or neutralizing the magnetic field – computer tapes to prevent recovery of data;
- Removing PHI from mainframe disk drives being sold or replaced, using the appropriate initialization utilities;
- Erasing diskettes to be re-used using a special utility to prevent recovery of data;
- Destroying discarded diskettes; or
- Whatever other means are appropriate, as determined by the Chief Information Officer

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: Risk Assessments and Risk Management Processes of Electronic PHI

Purpose:

To provide protocols for performing a risk assessment of electronic PHI in our care and establishment of a risk management process to ensure up to date security measures for the practice.

General Policy:

As part of the administrative safeguards of the Security Rule, AMA will perform a risk assessment to identify all risks to and vulnerabilities of the information in our care. The assessment will analyze “all relevant losses” that would be expected if we didn’t have security measures in place. The “relevant losses” include losses due to unauthorized uses and disclosures of PHI and loss of data integrity that would be expected to occur without security measures.

Based upon the results of the risk assessment, the Chief Information Officer or appointed designee will take appropriate and effective steps to eliminate or minimize these risks and vulnerabilities.

As part of a risk management process to ensure security measures are kept current, periodic evaluation of the risk areas and/or vulnerabilities will be performed by Chief Information Officer or appointed designee.

On-going training will be implemented to ensure all personnel recognize all potential risks and vulnerabilities and follow the risk management processes to minimize the possibility of “relevant losses.”

Sanctions:

Violation of the security measures implemented by the Chief Information Officer or appointed designee to reduce risk and/or vulnerabilities will result in disciplinary action up to and including termination of employment.

Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Workforce Education/Training on the Security Rule**

Purpose:

To provide guidelines on how AMA will educate/train their workforce on the Security Rule.

General Rule:

HIPAA’s Security Rule mandates that every covered entity provide security awareness training programs in which all employees, agents, and contractors must participate, including, based on job responsibilities, customized education programs that focus on issues regarding use of health information and responsibilities regarding confidentiality and security.

AMA will provide security awareness training by the designated Compliance, Security or Privacy Officer. Re-training will be provided on an as needed basis as policies and procedures change.

The Security Officer or appointed designee will be responsible for documenting these training efforts and monitoring retraining needs within the practice. A copy of the training materials may be obtained from the Privacy Officer.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: Confidentiality and Security of Information Plan

AMA shall use acceptable privacy practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. The following is an overview of AMA's confidentiality and security of information procedures.

Purpose:

A. The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.
    a. [redacted] is a secured program that is password protected and is also set for Biometric Fingerprint scanning to ensure only authorized personnel will be able to access secure documentation within the system.
    b. At no time will an employee access or share health related information that they are not authorized to view. AMA is committed to its patient's right to privacy and understands it is directly liable for compliance with the provisions of the HIPAA Rules.
B. Reference Unlawful Disclose of Confidential Information for full detail.

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Criminal Activity Committed Against AMA**

AMA shall use acceptable security and reporting practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. The following is an overview of AMA's criminal activity policy.

Procedure:

A. It is of paramount importance that AMA properties remain a safe and crime free environment for employees and the public alike. For this reason, Security personnel shall remain vigilant for any persons that are engaging in criminal conduct.

B. The Assistant Director in charge of Cultivation is responsible for developing and maintaining a close working relationships with the local police precincts covering the AMA facilities. These relationships will prove invaluable while attempting to stem the tide of criminal activity committed against AMA.

C. There are mainly two different types of responses to address criminal activity perpetrated against the AMA facilities:

   a. <u>Criminal Activity Requiring Summary Action:</u>
      i. Security personnel assigned to the Command Center/Security Offices shall monitor the CCTV system during their shifts. The cameras will flip through a cycle that covers all interior/exterior cameras providing coverage for the facility.
      ii. Security personnel assigned to posts in and around a facility shall monitor all persons within their view for criminal activity.
      iii. In the event a person is engaging in criminal conduct outside of the property, a notification shall be made to the Command Center/Security Office for the local police to be contacted for a response. The individual will be visually monitored while the

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police are en route and prohibited from entering the property. The reporting security officer shall meet and brief the responding police officer upon arrival. If a police report is prepared, the Assistant Director of Security assigned to the facility will petition the precinct to obtain a copy.

iv. In the event a person engages in criminal conduct in the parking lot, or inside of a AMA facility, the observing security officer shall immediately contact the Command Center/Security Office with brief details and attempt to engage the individual in order to cease the criminal activity from occurring until police arrival.

v. The Command Center/Security Office shall immediately assign additional security personnel to respond to that location for assistance, and notify the local police through the 911 system.

vi. If possible, the subject shall be escorted to a private area within the facility and await the arrival of police. Security personnel are authorized to use the minimum amount of force necessary to protect themselves, and restrain the subject until police arrive at the scene.

vii. A member of the Security force shall assist the police during arrest processing.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

b. <u>Criminal Activity Not Requiring Summary Action</u>

i. There may be times that criminal activity is detected after the fact, or the circumstances of the crime are not immediately known. These types of occurrences need to be further investigated and reported to local police for immediate follow-up. The following protocols are to be implemented during these cases:

ii. Upon discovering criminal activity, security personnel shall respond and the appropriate Assistant Director of Security shall be notified immediately.

iii. The Assistant Director shall respond and attempt to ascertain the basic facts associated with the occurrence by conducting a brief investigation.

iv. The Assistant Director shall notify the Director of Security with the facts of the occurrence without delay.

v. The Director of Security or his designate, shall notify the appropriate Detective Division Squad covering the affected facility to report the criminal activity and initiate an official criminal investigation.

vi. The Director of Security or his designate, shall initiate immediate internal measures necessary to safeguard AMA from any further loss.

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vii. The Director of Security or his designate shall remain in close contact with the Investigating Detective regarding the progress of the case and assist him in any way possible.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

c. Criminal Conduct Involving Employee

i. It is of paramount importance that AMA properties remain a safe and crime free environment for employees and the public alike. For this reason, all AMA employees must remain above reproach. Security personnel shall remain vigilant for any employees that are engaging in criminal conduct while at the workplace.

ii. AMA has a Zero Tolerance policy regarding employees who choose to engage in criminal activity while on the job. If an employee is caught engaging in criminal conduct while working, they will be summarily arrested, and subsequently terminated.

iii. The appropriate Assistant Director shall be briefed by security personnel on the circumstances of the incident in which the employee was involved.

iv. Security personnel shall immediately escort the offending employee to the Assistant Director's Office for interview.

v. The Assistant Director will make a notification to the Director of Security who shall conference with the Internal Investigations Officer.

vi. Pending the outcome of the information exchange, the Director of Security and/or the Internal Investigations Officer may respond to the place of occurrence and process the employee for termination. This process includes the removal of the following: AMA ID/Access card, Access card profile, and all AMA issued property from the employee's locker. A letter of termination shall be presented to the employee.

vii. Local police will be notified for an arrest response.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

D. Employees who engage in criminal conduct while on their own time, may be subject to discipline ranging from a verbal reprimand to termination depending on the nature of the crime they are charged with.

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E. Any time an employee is arrested while off duty, it is mandatory that they notify the appropriate Assistant Director of Security of the event, and the circumstances of the arrest before returning to work.

F. After learning the basic facts associated with the arrest, the Assistant Director shall contact the Director of Security and brief him.

G. The Director of Security may contact the Internal Investigations Officer and conference the matter.

H. The employee will be directed to stay at home until a decision is made regarding their standing with AMA. In the event that the employee is suspended or terminated, immediate action to secure their AMA ID/Access card and all other AMA issued equipment is required.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Customer Service and Complaints**

Procedure: AMA is committed to continually improving service excellence and patient satisfaction. All patients, caregivers and visitors are expected to receive friendly and professional care at all times. AMA aims to create an environment where the customer knows that their satisfaction is of the utmost importance. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

AIDET Training:

All AMA employees will be trained on and are expected to follow five fundamentals of customer service known throughout the organization as **AIDET**:

1. Acknowledge
2. Introduce
3. Duration
4. Explain
5. Thank

Procedure:

To meet these high quality service standards all AMA employees will:

a) Be polite, friendly and welcoming instantly when patients or caregivers present to an AMA dispensary. This should be also followed when communicating in person, in writing, by phone, fax or email.
b) Respect differences in values, cultures, beliefs and ages, and include our awareness of diversity into our daily practice.
c) Respect the dignity of all patients and visitors and show empathy and consideration in our daily practice.
d) Listen and respond in an attentive way to all patient and visitor inquiries.
e) Explain all plans and procedures in words our patients and visitors understand.
f) Invite and answer all questions.

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g) Provide AMA customer satisfaction surveys to every customer.
h) Treat all patients, caregivers and visitors as members of the AMA team.
i) Explain and apologize for any delays.
j) Protect the confidentiality of all patients and visitors and limit discussions of confidential information to appropriate, private locations.
k) Introduce ourselves by name, title or role.
l) Wear ID badges so they can be easily seen and read.
m) Dress appropriately according to AMA uniform policy and present a positive image of AMA within all our interactions.
n) Maintain a clean and safe work environment for patients, visitors and staff.

AMA Team Members Core Values:

1. Will trust, respect, support and assist our co-workers.
2. Will work cooperatively, as members of the AMA team.
3. Will acknowledge our co-workers' contributions.
4. Will contribute to a positive work environment.

Complaints:

AMA places customer satisfaction as a high priority. If a patient, caregiver or visitor has a complaint against the organization or a staff member all AMA employees will:

a) Listen carefully to the person making the complaint, take the matter seriously and deal with the complaint appropriately.
b) The complaint will be documented by the Lead Pharmacist and forwarded to the Chief Compliance Officer for review.
c) If the complaint cannot be handled appropriately by the Lead Pharmacist or dispensary staff, the complaint should then be forwarded to the Chief Compliance Officer to handle.
d) If a number of complaints about the same issue are received, the Chief Compliance Officer will implement an action plan.
e) If complaints about the same issues continue after action plan. Employee may face disciplinary action up to and including termination.

Compliance:

All staff are expected to adhere to this policy. Non-compliance may result in disciplinary actions up to and including termination.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensary Delivery After Transport**

Procedure: All vehicles transporting medical marihuana to or from any AMA facility will be required to follow AMA's protocols. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

Upon the delivery of medical marihuana product to a dispensary, the dispensary authorized agent will:

a. Record the time of delivery into [redacted]
b. Inspect and verify with the transportation team the quantity and brand of medical marihuana product received and verity with dual signature the receipt of the medical marihuana products
c. Enter any modifications on the shipping manifest;
d. Maintain the shipping manifest and any other related documents and enter them into [redacted] and
e. Provide a copy of the shipping manifest and any related documents to the DOH for review upon request.

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensary Emergency Procedures**

Procedure: AMA's dispensing facilities shall comply with all applicable state and federal laws and rules, including the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.

In the event of an emergency, it is imperative that all AMA employees are prepared to handle the situation. Employees have a duty to help ensure the safety of our patients as well as themselves. The following procedures provide an outline of AMA's emergency procedures at our dispensary locations.

Emergency Plan

AMA's emergency plan is designed to manage the consequences of natural disasters and other emergencies that threaten or actually disrupt AMA's ability to ensure the safety and well-being of patients, staff and others at the dispensing facility, and AMAs ability to ensure the security of marihuana products.

Emergency Preparedness Drills

AMA will conduct 4 emergency preparedness drills per year.

Person(s) in Charge

It is the responsibility of management, or his/her designee, to evaluate the emergency, determine whether evacuation is necessary, and determine whether outside support is needed.

Evacuation Plan

- Move Patients and others who are closest to the danger to a safe area near or at an emergency exit.
- Direct all patients, visitors and dispensary employees to evacuate the building through the

nearest safe emergency exit.

- Patients with mobility issues will be assisted by dispensary employees.
- All available dispensary employees will be on hand to assist in the evacuation to ensure no one is left in the building.
- Dispensary employees assigned a safety function should be the last to exit the building whenever possible.
- One dispensary employee will be assigned to take AMA's First Aid Kit to the assembly area.
- After safely exiting the building, all evacuees (patients, dispensary employees, etc.) should proceed directly to the assembly area to participate in "roll call".

Fire Procedures

- Immediately signal patients, visitors and dispensary employees of the fire.
- Direct all patients, visitors and dispensary employees to evacuate the building using the nearest safe exit.
- If possible, turn off electrical equipment and close doors against the fire.
- Exit the building using the nearest safe exit.
- Notify the Fire Department by dialing 911.

Bomb Threat Procedures

Bomb threats must be taken seriously.

- An employee receiving a bomb threat should notify his/her supervisor immediately, and the supervisor should notify the Police Department by dialing 911.
- The Company will implement its Evacuation Plan.

In The Event of Any Incident

In the event of any instance of diversion, theft, or loss of AMA's medical marihuana products, the following emergency policies and procedures for securing all product will be implemented:

1. AMA shall immediately notify appropriate law enforcement authorities and the Department within 24 hours after discovering the following:
   (a) Discrepancies identified during inventory, diversion, theft, loss, and any criminal action involving the Company or a dispensary employee;
   (b) Any suspicious act involving the sale, distribution, processing, or production of marihuana products by any person;
   (c) Unauthorized destruction of marihuana products;
   (d) Any loss or unauthorized alteration of records related to marihuana products, patients, personal caregivers, or dispensary employees;

(e) An alarm activation or other event that requires response by public safety personnel;
(f) The failure of any security alarm system due to a loss of electrical power or mechanical malfunction that is expected to last longer than eight hours; and
(g) Any other breach of security.

2. AMA shall, within ten calendar days, provide written notice to the Department of Health (DOH), any incident described above, by submitting an incident report in the form and manner determined by the DOH which details the circumstances of the event, any corrective actions taken, and confirmation that the appropriate law enforcement authorities were notified.
3. AMA maintains all documentation related to an incident that is reportable for at least five (5) years and the Company shall make such documentation available to the DOH and to law enforcement authorities acting within their lawful jurisdiction upon request.

In the event of any such incident, AMA will conduct an assessment to determine whether additional safeguards are necessary to prevent further diversion, theft or loss of medical marihuana products.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: Dispensary Health and Safety, including Emergency Equipment and Notifications

Procedure: This document is designed to provide a formal outline of the procedures AMA dispensaries shall follow in an effort to ensure that dispensary personnel are provided with familiarization with safety rules, easy access to necessary emergency equipment, and updated contact lists.

a) AMA shall provide information to employees about workplace safety and health issues via regular internal communication channels such as management-employee meetings, bulletin board postings, training sessions, memos, or other written communications. Additionally, AMA shall provide specialized job appropriate training upon request when, in the sole judgment of management, such training is deemed appropriate.

b) Employees with safety enhancement ideas, concerns, or suggestions for improved safety in the workplace are encouraged to raise them with his or her management. Reports and concerns about workplace safety issues may be made anonymously if the employee wishes and all reports can be made without fear of reprisal.

c) A personal commitment to health and safety preparedness is expected of each employee; dispensary personnel shall exercise caution and alertness in all aspects of work activities.

d) Dispensary personnel are expected to immediately report any unsafe condition(s) to the Lead Pharmacist.

e) Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report and/or remedy such situations, may be subject to disciplinary action, up to and including termination of employment.

f) In the event of accidents that result in injury, regardless of how insignificant the injury may appear, the employee must notify his or her management in a timely manner. Workplace incident reports are necessary as they comply with laws as well as initiate insurance and workers' compensation benefits procedures.

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A. General Safety Rules:

a) The Lead Pharmacist shall act as the First-Responder responsible for safety leadership.
b) All employees must be familiar with emergency procedures, equipment, and evacuation routes.
c) Never block access to aisles, corridors, emergency exits, or equipment. Further, fire lanes and emergency access points shall not be obstructed.
d) Treat every alarm as if it were an actual emergency.
e) Dispensary staff shall immediately report all unsafe acts or conditions (to include leaks, spills, outages, odors, etc) to the first-responder, or his or her designee.
f) Smoking in the dispensary is prohibited, further, AMA takes a firm stand against alcohol and drug abuse.
g) Become familiar with all equipment prior to use and use extra caution when performing a task for the first time.
h) When not in use, drugs shall be stored in their proper locations.

B. Emergency Equipment:

a) Smoke detectors and sprinkler systems shall be maintained and operational as required by local code of regulations.
b) A fire extinguisher sign is required for each extinguisher location and posted in accordance with local code of regulations. All fire extinguishers must be mounted a minimum of three feet above floor level near an exit.
c) Illuminated emergency exit signs must be secured over all exits and have the ability to remain visible during a power failure.
d) The dispensary must have a fully stocked first aid kit on hand. Each kit must meet ANSI standards to include, at a minimum, one (1) absorbent compress, sixteen (16) adhesive bandages, one (1) adhesive tape, ten (10) antiseptic applications, six (6) burn treatment applications, two (2) pair of medical exam gloves, four (4) sterile pads, and one (1) triangular bandage.
    i. If an employee requires a first aid product, the item must be logged on the posted or accessible sign out sheet.
    ii. Inventory shall be conducted to assure a fully stocked kit void of expired material.
e) The dispensary shall have at least two heavy duty rechargeable flashlights on hand. Each flashlight must be mounted in an accessible location. Battery longevity shall be verified quarterly by the First-Responder or other dispensary designee.

f) The dispensary shall have a portable radio on hand to be able to collect information on weather or emergency situations in the area.

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g) Spare batteries shall be kept on hand to accommodate flashlights, radios, beepers, or similar.

h) The First-Responder, safety coordinator, or other dispensary designee shall routinely, quarterly at a minimum, verify equipment is in working order, and inspect for damage or defect(s). An emergency equipment check sheet is attached. Discoveries of damage or defect shall be documented on the attached damage or defect log.

C. Notifications

a) The dispensary shall have accessible a written call list that documents dispensary employee phone numbers. Said list shall be used in the event of an emergency which may include coverage issues, technical or professional assistance, or for other unforeseen circumstances.

b) The dispensary shall post an emergency call list near the phone. The list of names and/or numbers as the case may be shall include, but may not be limited to:

i. Police Department
ii. Fire Department
iii. Hospital or other Emergency Care Facility
iv. Lead Pharmacist
v. Other AMA Lead Personnel
vi. 911

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensary Inspections and Audits**

Procedure: This document is designed to provide a formal outline of the procedures AMA shall follow to ensure that dispensary inspectors and internal auditors will have the information required for an accurate and safe appraisal of the facility without compromising record confidentiality, and to ensure that the inspectors and auditors will follow any precautions that may be communicated to them. This policy ensures AMA's compliance the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10.

A. Inspectors and Auditors

a) Upon scheduling, notification or arrival of a representative from the New York State Department of Health or other state or regulatory agency, the Lead Pharmacist or his or her designee, shall be immediately notified. AMA Corporate shall also be immediately notified.
b) Both external inspector and internal auditor must provide valid identification. A badge or picture ID must be provided; a business card is an unacceptable means of identification. If the inspector fails to provide adequate credentials, dispensary personnel shall phone the inspecting agency to verify and confirm.
c) The inspector must sign the visitor registration form and attach/provide a business card as a secondary ID means and cross-reference.
d) All dispensary personnel will be informed that an inspection is in progress.
e) The Lead Pharmacist or his or her designee shall be deemed the primary contact and will accompany the inspector at all times. When accompaniment by the primary is not possible, a secondary contact will be designated for the interim. When possible, and if space allows, an area for record review or interviews will be provided to the inspector.
f) AMA will make make its books, records and dispensing facilities available to the DOH or its authorized representatives for monitoring, on-site inspection, and audit purposes, including but not limited to periodic inspections and/or evaluations of facilities, methods, procedures, materials,

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staff and equipment to assess compliance with requirements set forth in article 33 of the public health law and NYCRR 10 Part 1004.10.

g) Documents of confidentiality shall be shared with the inspector(s) if requested. Confidential documents include, but may not be limited to pricing, personnel profiles, customer profiles, and similar. Questions regarding confidentiality should be referred AMA Corporate.

h) The primary contact designated to accompany the outside inspector must complete an inspection synopsis immediately upon audit conclusion to allow for optimal recall. The synopsis shall be provided to the Lead Pharmacist and to AMA Corporate.

B. Internal Audits

a) The internal auditor will assist in the management of overall quality and compliance activities by ensuring operational adherence to corporate policies, industry standards, and applicable regulations.

b) All AMA dispensaries and staff are subject to audits and site visits; dispensary audits may be conducted on-site as well as from the corporate office.

c) The selection of dispensary audits will be at random and on a rotating schedule based upon the needs of the company. Audits may also be performed at a dispensary that is perceived to require assistance with compliance criteria adherence.

d) The internal auditor may notify the dispensary to be inspected or may arrive unannounced prior to a site visit audit. The auditor may use his or her discretion in accommodating dispensary scheduling requests however the dispensary is not entitled to a postponement.

e) The auditor shall engage in both an opening and closing meeting with the Lead Pharmacist or other designated dispensary contact or escort.

f) The auditor shall research and investigate via electronic, paper, and/or personal interviews, a variety of data sources that may include but may not limited to, training records, inventory reports, credentials verification, past audit reports, customer satisfaction surveys, complaints, physician inquiries, storage facilities, process control data, AMA mandated HIPAA compliance, and similar.

g) Upon completion of the audit, the auditor shall compile, review, and analyze his or her findings; the auditor shall identify strengths and areas for improvement and shall provide recommendations for corrective or preventive actions (CAPAs) as appropriate.

   i. A corrective action is defined as a measure take to correct, fix, repair, or eliminate an existing problem, defect, or non-conformity.

   j. A preventive action is defined as a measure taken to correct, fix, repair, or eliminate the occurrence of a potential problem, defect, or non-conformity.

h) The auditor, in conjunction with executive management, is charged with determining if adequate measures for quality compliance are in place and being maintained at the dispensary level. The

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auditor must review said report with appropriate management and shall receive authorization prior to audit report release.

i) The auditor shall write and provide a written report to the Lead Pharmacist as well as AMA Corporate in a timely manner, no more than thirty (30) days from completion of audit. If more than 30 days is required, communication shall be provided to auditee advising of such to include when the report is expected to be released.

j) The auditee shall have thirty (30) days of receipt of report to respond in writing. If CAPAs were recommended, the auditee shall address actions that were taken or will be taken to prevent recurrence.

k) The auditor shall engage in follow up action as necessary

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensary Janitorial Practices**

Procedure: AMA's dispensing facilities shall comply with all applicable state and federal laws and rules, including the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.

All dispensary facilities will be cleaned on nightly basis. The exterior of the dispensary will be cleaned of debris and garbage on a daily basis and any vegetation surrounding the dispensary will be manicured frequently.

Floors, walls, and ceilings are constructed in such a manner that they may be adequately kept clean and in good repair. There is sufficient space for placement of equipment and storage of materials as is necessary for the maintenance of sanitary operations.

All contact surfaces, including utensils and equipment, are maintained in a clean and sanitary condition. Such surfaces are cleaned and sanitized on a daily basis to protect against contamination, using a sanitizing agent registered by the U.S. Environmental Protection Agency, in accordance with labeled instructions. AMA uses equipment and utensils that are designed and constructed of such material and workmanship as to be adequately cleanable.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensary Quality Improvement Program**

Procedure: This document is designed to provide a formal outline of the procedures AMA dispensaries shall follow in an effort to analyze, measure, and improve upon the delivery of client services. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors. In an ever changing, evolving marketplace and economy, continuous improvement undertakings will allow the dispensary to meet or exceed customer wants and needs while continuing to maintain a competitive edge. Continuous improvement initiatives include, but are not limited to:

a) Development, enhancement, and enforcement of written, documented standard operating procedures, processes, or policies;
b) Availability of continuing education and training across relevant disciplines;
c) Provision of a performance management and process improvement mechanism via utilization of valuable communication and constructive feedback techniques;
d) Clarity of rights and responsibilities with regard to patient v provider;
e) Resolution of all [potential] complaints amicably, effectively, safely, and in a timely manner;
f) Dedication to internal controls such as conducting compliance audits and implementing corrective and preventive actions (CAPA) when or if necessary or appropriate

General:

1) The AMA Quality Assurance (QA) Team, with the support of executive management, aims to ensure that each AMA dispensary operates within acceptable standards of practice and in accordance with the AMA dispensary QA policies and procedures as outlined in the AMA Operating plan.
    a. AMA Corporate shall take accountability for and ownership of the development and administration of an up-to-date, documented, company-wide QA policy and procedure and improvement program manual. Compliance and conformance shall be monitored by the QA team working in conjunction with the Lead Pharmacist and AMA Corporate.

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b. The Lead Pharmacist shall ensure that the facility and employee is properly and legally licensed and credentialed.

2) Continuing education (CE) is an investment in one's future; therefore, schooling, technical programs, or attendance at other training seminars or professional credentialing courses shall be expected of all dispensary personnel.
    a. Each and every new employee shall receive on-site training followed by practical evaluation or review. Introductory training may include, but is not limited to, processes associated with privacy rules, sensitivity training, computer usage, prescription refill compliance, comprehension of government standards, and similar. All training sessions shall be documented noting attendance, course description, and other relevant CE material.
    b. Dispensary Licensed Pharmacists shall engage in continuing education (CE) with regard to changes and updates to applicable and evolving laws and regulations relevant to his or her business operations functionality. Pharmacists and/or technicians shall earn the applicable amount of CE credits in accordance with her or her State Board of Pharmacy requirements. Additionally, dispensary personnel shall be made aware of and be versed in any restructured employment standards.
3) Two way communication and acceptance of constructive criticism or feedback shall be welcomed by dispensary personnel as well as by AMA Corporate. Open communication channels are an essential element for optimum customer service.
    a. Communication assists the overall quality improvement program gain support both internally and externally.
    b. Dispensary staff is encouraged to speak with, and listen to, customers with regard to customer perception(s) of medical marihuana health care delivery. Ask open ended questions, seek ideas or suggestions, and determine how the dispensary might compare to its competition.
    c. Written patient satisfaction surveys shall be used to engage customers to offer constructive criticism and provide feedback as it relates to the provision of dispensary services. Surveys shall be given out one month per quarter, or for thirty consecutive days four times per year.
    d. A written customer survey shall be placed in all medical marihuana dispensary packaging for both new and returning customers.
    e. Results of dispensary customer satisfaction feedback shall be shared with AMA Corporate and the Board of Directors as deemed appropriate.
4) The Lead Pharmacist is encouraged to speak with, and listen to, his or her employees with regard to perceived performance and will seek ideas and suggestions to determine how the dispensary and its management might compare to its competition.

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a) Dispensary employees are encouraged to open dialogue with the Lead Pharmacist or alternatively, the employee is invited to contact AMA Corporate in the event of a complaint, a notable violation, or to receive clarification on company policy.
b) No dispensary employee shall be subject to intimidation or retaliation. While his or her confidentiality shall be respected, contact information is an important element in the obtainment and validation of clear, concise, complete, and correct description of evidence, events, and/or concerns. Identification is also necessary if a follow-up status report notification is desired or requested.

5) Feedback received in any way, shape, or form, written or verbal, shall be noted and trended so that recommendations for corrective and/or preventive actions may be sufficiently set forth.
6) The dispensary has an obligation to protect and promote the rights of its customers. Both customers and dispensary staff have the right to be treated with dignity and respect. Customers have a right to confidentiality, and the dispensary has a right to refuse certain service(s) within legitimate boundaries. The patient is responsible for his or her own contact information and condition accuracy while the dispensary is responsible for provision of effective communications.
7) A complaint is a written or verbal communication that expresses dissatisfaction concerning any aspect of provision of services. Provision of services shall encompass the actions, or lack thereof, of AMA dispensary personnel. Anyone who has used or seeks to use the services rendered by AMA dispensary personnel or any representative of such may communicate a complaint.
    a) Each staff member maintains the responsibility of ownership once he or she is made aware of an issue of discontent. If the issue cannot be corrected immediately, and if the customer remains dissatisfied, the complaint shall be escalated to the Lead Pharmacist. Further escalation, such as intervention by AMA Corporate for example, may occasionally be required.
    b) All complaints, formal or informal, must be recorded and dealt with in a timely manner.
    c) Dispensary staff shall confidentially interview the customer with regard to the complaint to commence the investigative process.
    d) Whenever possible, the customer should put the complaint in writing. The customer shall be encouraged to provide as much detail as possible without the fear of retaliation of any kind.
    e) If an immediate fix is not plausible, the dispensary shall keep the customer informed, in the same manner in which the complaint was provided, as to the progress of complaint resolution. Notice shall be provided no later than fifteen (15) days upon receipt of complaint.

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f) The final stage of the complaint process entails notification to the patient/customer which outlines the complaint, research conducted, and the corrective and preventive measure(s) implemented as the case warrants. All records of such must be documented and retained; the complaint is then closed.

8) Internal controls, via the utilization of quality tools and techniques, shall be governed by AMA on a corporate level.
   a) Monitoring mechanisms include generation of dispensary system reports, real-time-on-site observation, internal process and procedural audits, as well as customer feedback via surveys or on-site visitation, etc. Data collected shall include both quantitative data (measurable by count) and qualitative data (obtained by observation).
   b) The QA Team shall engage in impartial on and off site compliance audits geared toward driving improvement(s); the auditing entity will gather information, investigate potential process deviations or suspected noncompliance or nonconformance issues, evaluate controls for adequacy and effectiveness, and issue CAPAs intended to protect the dispensary from risk or liability.
   c) Risk reduction and management endeavors include a constant and continuous assessment, review, or appraisal of suspected or potential hazards or threats, followed by the identification of risk tradeoffs, and, ultimately, taking the necessary steps to manage said risk(s) with the intended result of enhanced quality outcomes. Risk management serves to preserve the dispensary's wealth, well-being, and reputation, while eradicating negative publicity, loss of customer loyalty, and/or legal implications.
   d) Audits serve to verify that agreed upon criteria has been met and determine if business goals are being addressed; they identify areas of opportunity or cost-savings, strengths and weaknesses associated with training effectiveness, and discover potential regulatory or contractual deficiencies. Further, audit results assist management in making educated decisions with regard to business performance, business development, and strategic planning ventures. Overall, audits serve to build credibility.
   e) The QA team shall engage in root cause analysis which is valuable in the prevention of recurring problems or incidents.
   f) Dispensary staff shall be cognizant of lean principles, such as the 5S theory (sort, straighten, sweep/shine, standardize, sustain), designed to minimize waste. Poor performance indicators such as redoing work, delays or backlogs, wasted time, non-value adding work responsibilities, complicated facility or work station layout(s), are symptoms of ineffectiveness and inefficiency and must be improved upon.
   g) The QA team shall take a proactive approach to continuous improvement by monitoring and comparing the price of conformance and compliance to the price of nonconformance and

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noncompliance or, measuring the costs associated with ensuring an adequate and realistic level of quality services against losses sustained for failing to achieve it.

9) Dispensary personnel shall adhere to company policies and procedures as outlined in AMA's Operating Plan. Further, dispensary personnel shall be advised of disciplinary actions associated with violations of the law or other intentional or unintentional noncompliance activities.
    a) Consequences associated with noncompliance may result in civil or criminal penalties of monetary value, prison time, or both, depending on the nature of the offense.
    b) Violators may be subject to disciplinary action, to include written or verbal warnings, suspension, or termination for lack of compliance or conformance to this policy or for failing to report any witnessed or known violation of this policy.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensary Waiting Room Materials**

Procedure: AMA's dispensing facilities shall comply with all applicable state and federal laws and rules, including the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. AMA is committed to providing patients accurate information on the health effects of medical marihuana. Moreover, AMA's Medical Director will monitor medical marihuana research to ensure that AMA provides its patients with the most accurate information related to the health effects of medical marihuana.

In the dispensary waiting rooms, there will be educational materials about medical marihuana available to patients to help them understand the responsible and effective use of medical marihuana products. The educational materials will consist of brochures, pamphlets and video images that contain basic knowledge of:

1. Information to assist in the selection of medical marihuana products that describes the potential differing effects of various strains of marihuana, as well as various forms and routes of administration;
2. Information describing proper dosage and titration for different routes of administration, with an emphasis on using the smallest amount possible to achieve the desired effect and with an explanation of the impact of potency;
3. Materials to enable patients to track the strains used and their associated effects;
4. Research studies on health effects;
5. AMA's laboratory testing program;
6. Information regarding tolerance, dependence, and withdrawal;
7. Facts regarding substance abuse signs and symptoms, as well as referral information for substance abuse treatment programs;
8. A list of resources for additional study.

AMA will also provide educational materials from Americans for Safe Access (ASA). ASA has compiled a number of educational booklets covering a range of medical conditions and the efficacy of medical marihuana in treating these conditions. Each booklet contains sections such as:

- Why Medical Marihuana is legal to recommend
- Overview of the Scientific Research on Medical marihuana
- Research on medical marihuana and specific conditions
- Comparison of Medications: Efficacy and Side-Effects
- Testimonials of Patients and Doctors
- History of Marihuana as Medicine
- Scientific and Legal References

These booklets are concise summaries for the administration of and current research regarding the application of medical marihuana in treating the associated conditions. They contain clinical as well as anecdotal evidence on the efficacy of medical marihuana treatments and include citations for relevant research materials for further reading. These booklets will be available to all patients free of charge.

In addition, on the wall of the waiting room, there will be a sign as to the following:

- A warning that medical marihuana products have not been analyzed or approved by the FDA, that there is limited information on side effects, and that there may be health risks associated with using them, and that medical marihuana products should be kept away from children.
- A warning that when under the influence of medical marihuana products, driving is prohibited by New York law, and machinery should not be operated.
- A statement that patients may not distribute medical marihuana products to any other individual, and that they must return unused, excess, or contaminated products to the dispensing facility from which they purchased the product for disposal.

The educational materials will be available in languages accessible to all patients served by AMA, including for the visually- and hearing-impaired.

There will be a Pharmacist available at the dispensing facility, to answer any questions that a patient may have about any information contained in the educational materials or any questions that the patient may have about the consumption by the patient and effect of medical marihuana on the patient.

AMA shall make educational materials available for inspection by the DOH upon request and modify the materials as needed to include any other information required by the DOH.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Approved Medical Marihuana Products**

Procedure: AMA dispenses all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.12. The following policy is designed to provide a formal outline of the procedures AMA Dispensaries shall follow in an effort to ensure that pharmacy personnel will meet, greet, and provide the certified patient or designated caregiver with approved medical marihuana products in a timely, efficient, and acceptable manner.

A. Responsibilities:

1. The Lead Pharmacist will oversee policy compliance for personnel under his or her supervision.
2. All AMA employees and contractors will adhere to the policies and Standard Operating Procedures SOPs in this policy.
3. The Quality Assurance department reserves the right to regularly perform audits related to the adherence to this policy, both on and off site.

B. Dispensing Protocols:

1. Every certified patient or designated caregiver shall receive a greeting with professional courtesy.
2. The patient's information will be entered into [redacted], the dispensary data collection system. This information will include:
    a. The patient name, date of birth and sex;
    b. The patient address, including street, city, state, zip code;
    c. The patient's registry identification card number;
    d. If applicable, designated caregiver's name and registry identification card number;
    e. The date the approved medical marihuana product was filled by the dispensing facility;
    f. The metric quantity for the approved medical marihuana product;

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g. The approved medical marihuana product drug code number, which shall be populated by a number provided by the DOH, to represent the approved medical marihuana brand that was dispensed to the certified patient or designated caregiver, as applicable;
h. The number of days' supply dispensed;
i. The registered practitioner's Drug Enforcement Administration number;
j. The date the written certification was issued by the registered practitioner;
k. A serial number that will be generated by the dispensing facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver;
l. An identification number which shall be populated by a number provided by the DOH, to identify AMA's dispensing facility; and
m. The payment method.

3. Upon releasing medication to a patient, dispensary personnel shall ask the patient if he or she has any questions. If the patient should have questions or concerns, the patient shall be directed to confer with the on-site pharmacist; dialogue shall be conducted in a private setting such as a conference room, office, or other mutually acceptable venue conducive to maintaining patient confidentiality.
4. (See "**Dispensing and Sale Tracking Technology**" Policy for a detailed explanation of AMA's patient tracking protocols and its protocols surrounding the timely submission of patient data to the DOH.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Facility Ethical Business Conduct**

Procedure: This document is designed to provide a formal outline designed to maintain and enhance the reputation of AMA. Built upon the principles of fair dealing(s) and ethical conduct guiding each AMA employee, AMA's reputation for integrity and excellence requires astute observance of applicable laws and regulations, as well as a scrupulous regard for the highest quality standards of performance and personal integrity. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

A. Ethical Business Conduct

1) AMA dispensary personnel have a duty to AMA and its customers to act in a way that will merit the continued trust and confidence of the public. Further, each employee shall refrain from any illegal, dishonest, or unethical conduct.
2) AMA will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the intent of said laws and regulations.
3) If a situation should present itself and it becomes difficult to determine a proper course of action, the matter should be discussed openly utilizing the appropriate management chain up to and including, if necessary, the Chief Executive Officer for advice and consultation.

B. Roles and Responsibilities

1) The Lead Pharmacist shall maintain knowledge of local, state, and federal rules and regulations relative to pharmacy practices; handling and transport of sensitive material; and environmental health and safety. He or she shall implement measures to ensure staff compliance with the aforementioned requirements and shall advise of penalties or consequences for noncompliance. The Lead Pharmacist shall be fully versed of all company policies and standards and shall implement measures to ensure compliance with same. Further, the Lead Pharmacist is responsible to ensure that pharmacy and staff shall:
    a) Operate only when a licensed pharmacist is on site.
    b) Uphold the dispensary hours of operation which shall be clearly posted for customers to view.

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2) In addition to accurately dispensing medical marihuana to individuals, the pharmacist shall counsel patients, and advise physicians when appropriate, on the selection, dosages, interactions, and side effects of medications. He or she shall monitor the health and progress of patients to ensure the safe and effective use of medication. The pharmacist shall maintain knowledge of local, state, and federal rules and regulations relative to pharmacy practices.
3) AMA dispensary staff shall assist the pharmacist in provision of patient medication. He or she not only tracks inventory or labels bottles, but may also answer phones, stock shelves, maintain patient profiles, or act as cashier. It is the responsibility of the dispensary staff to refer any questions regarding drug information, or health matters to a pharmacist, when appropriate.
4) Drivers and couriers of AMA are expected to handle, package, and deliver medical marihuana products in compliance with all regulations and company policies. Couriers will ensure that deliveries are accompanied by completed paperwork for outgoing customer products. He or she may also be asked to assist in inventory control by reviewing, documenting, and verbalizing stock needs to dispensary personnel. Each AMA driver is expected to regularly inspect and coordinate routine maintenance of delivery vehicles. **(See "Transportation" Section of AMA's Operating Plan for more information.)**
5) Dispensary employees are responsible for ensuring that the quality of their work produced meets all regulatory requirements and company standards.
6) The Lead Pharmacist shall also act as the dispensary's First Responder or Safety Coordinator. The First Responder/Safety Coordinator is the primary resource for safety leadership. Additional responsibilities include surveillance of health and safety policies and procedures to include emergency notification postings, maintenance of clear emergency evacuation routes, as well as attending First Aid/CPR training.
7) Each of AMA's Lead Pharmacists shall act together as AMA's Quality Assurance (QA) Team and will ensure that the dispensary participates in continuous improvement initiatives serving to improve upon the provision of services. The QA program will enable the dispensary to meet and potentially exceed customer expectations; the QA Team is expected to:
    a) Evaluate operational and business functions and will implement policies and procedures, as appropriate, serving to maintain and improve upon pharmacy operations best practices.
    b) Conduct process audits, both internal and external in nature.
    c) Identify, expose, and analyze risk, develop a contingency plan when or if necessary, and monitor the resulting corrective and preventive action plan results.

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PROPOSED DISPENSING FACILITY #1:

CHEEKTOWAGA, NY

BUFFALO METRO AREA

Property Description

The proposed facility for our first dispensary is located at 5020 Transit Road in the City of Cheektowaga, which borders Buffalo, New York's second largest city. Cheektowaga is the home of Buffalo Niagara International Airport. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the manufacturing facility (§1004.10 (b) (1)). The manufacturing facility is nine miles away from the Cheektowaga dispensary site. The AMA dispensary in Cheektowaga will be located in a stand-alone building in a commercial zone overlay. Specifically, the site is located within COM1, a general commercial zoning district.

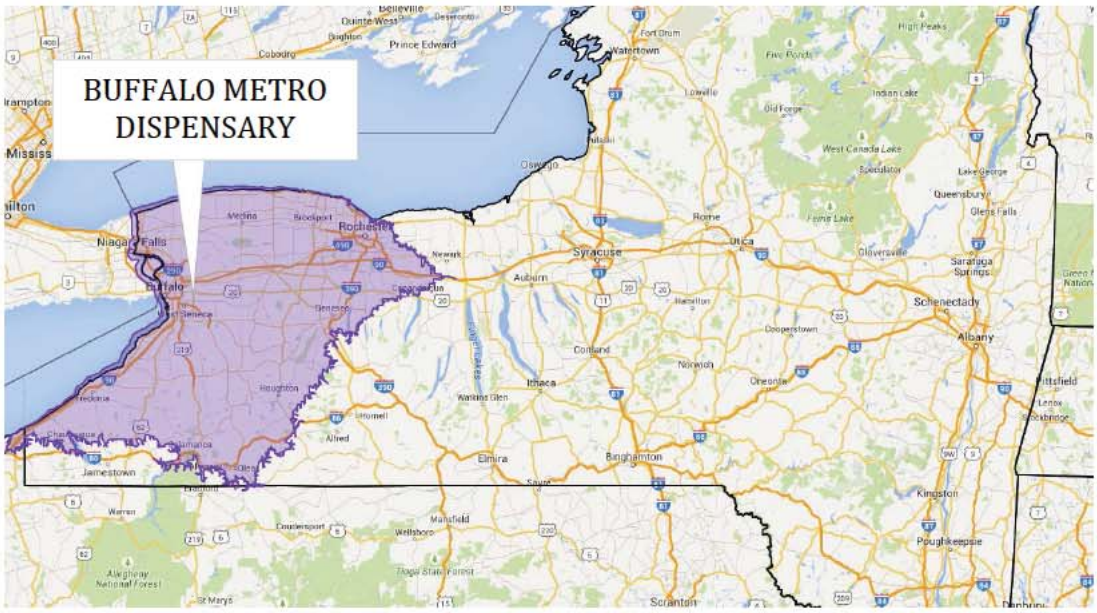
This one-acre site is owned by an AMA affiliate and has been land-developed, that is, prepared with permits, plans, grading and the installation of utilities. It is located more than 1,000 feet from any public or private school, day care, or church (§1004.10 (b) (7)). This site was selected for its State-compliant location and its position next to an existing medical use, a Western New York Immediate Care facility built and owned by a company founded and managed by AMA principals.

AMA's historical experience with the medical facility on the neighboring parcel provides us with first-hand knowledge of the feasibility of a successful medical dispensary in this area in terms of site visibility and access.

In determining the square footage necessary for a best-in-class dispensary, AMA used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Scout by Buxton]



Patient Projections

Our facility is accessible to 2,275,010 people within a 90-mintute drive *[Source: Experian Population Facts].*

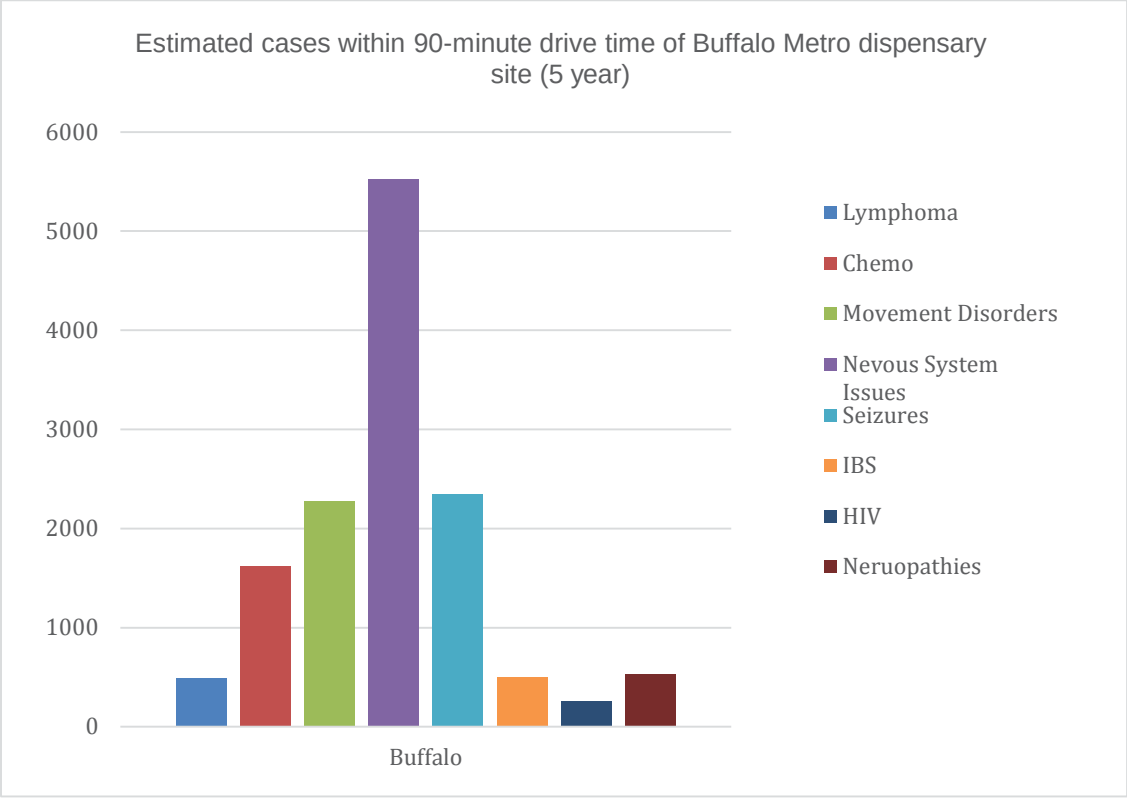
The five year diagnostic projection data sourced from *MMA Inc. Health Service Demand Estimates*, for patients in a 90-minute drive radius from the facility estimates that 13,561 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neuropathies or will require Chemo Therapy within a 5 year period beginning in the year 2012. All of these ailments are eligible for treatment with medical marihuana in New York State.

From this data, the Buffalo service area can expect an average of 2,712 new patients per year. If 50% of this pool utilizes the Buffalo Metro facility 12 times per year, we could expect 16,273 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Table 1: Population By Disease Process in Dispensary Service Area

Ailments	Estimated Diagnosis within 90-minute drive time of Buffalo Metro Dispensary (5-year)
Lymphoma	493
Chemo	1,622
Movement Disorders	2,274
Nervous System Issues	5,529
Seizures	2,350
IBS	504
HIV	256
Neuropathies	533
Total	**13,561**

(Source: MMA Inc. Health Service Demand Estimates)



(Source: MMA Inc. Health Service Demand Estimates)

Site Advantages

The selected site, 5020 Transit Road, confers a number of advantages in addition to its ease of regional and local access:

- Maximum rural and city service area convenience due to location on major throughfare and close proximity to Interstate 90
- At a planned 7,360 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Buffalo Metro Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discreet regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

The site is along Transit Road, one of the most well-traveled local and regional thoroughfares in Buffalo, acting as a major connector of southern and northern Metro communities. Intersected by many major east-west roads and Routes 5 (Main St.), 20, 33, and 400, and with an exit off Interstate 90, Transit is also accessible from the north by I-190 and I-290 and from the south by Routes 16 and 219. Transit Road is an easy-to-find draw for Metro patients, and will be easily identifiable to visitors from all over western New York.

At one acre, AMA Cheektowaga will provide copious at-grade parking for dispensary clients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

The exterior elevation of AMA Cheektowaga will be modeled from its neighbor, the Western New York Immediate Care building, which has won numerous awards and praise for its architecture and design. As can be seen in the attachment, the architecture is tasteful, stylish, with a mix of earthy hues, interplay of stone and smooth finishes, and contemporary flourishes like bronze trim and reflective windows.

As with all AMA dispensaries, picturesque landscaping consonant with the built environment will complete the welcoming presence that is the object of our design.

In all, the effect will be of attractive visual themes carried through, a landmark site hard to miss even on a busy road.

The proposed exterior will hearken to the best style of medical facilities as a professional, orderly, and dignified environment. As with all AMA dispensaries, the Buffalo Metro dispensary will enhance the look and feel of the surrounding community.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a) (1)-(4)).

Use of Interior Space

The layout of AMA Cheektowaga is approximately 7,360 square feet, ample space to serve the needs of our patients and caregiver visitor flow. Seamless patient flow, personal staff interaction with each individual patient, and ensuring patient privacy were the driving considerations of the interior design for patient experience. Equally important was attention to meeting or exceeding State security requirements (§1004.13). The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary. Within the back office, only authorized employees will have access to the security surveillance room and the vaults (§1004.13 (b),(d)).

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e. retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Cheektowaga dispensary will be equipped with a separate loading area located on the opposite side of the main entrance guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking

of all medicinals so as to minimize the occurrence of theft, product loss, and diversion (§1004.7 (c)(2)(i), 1004.13(a)). The dispensary will have two vaults for a higher-than-average level of security by storing and managing cash separately from medicinals (§1004.13 (j),(k)). The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

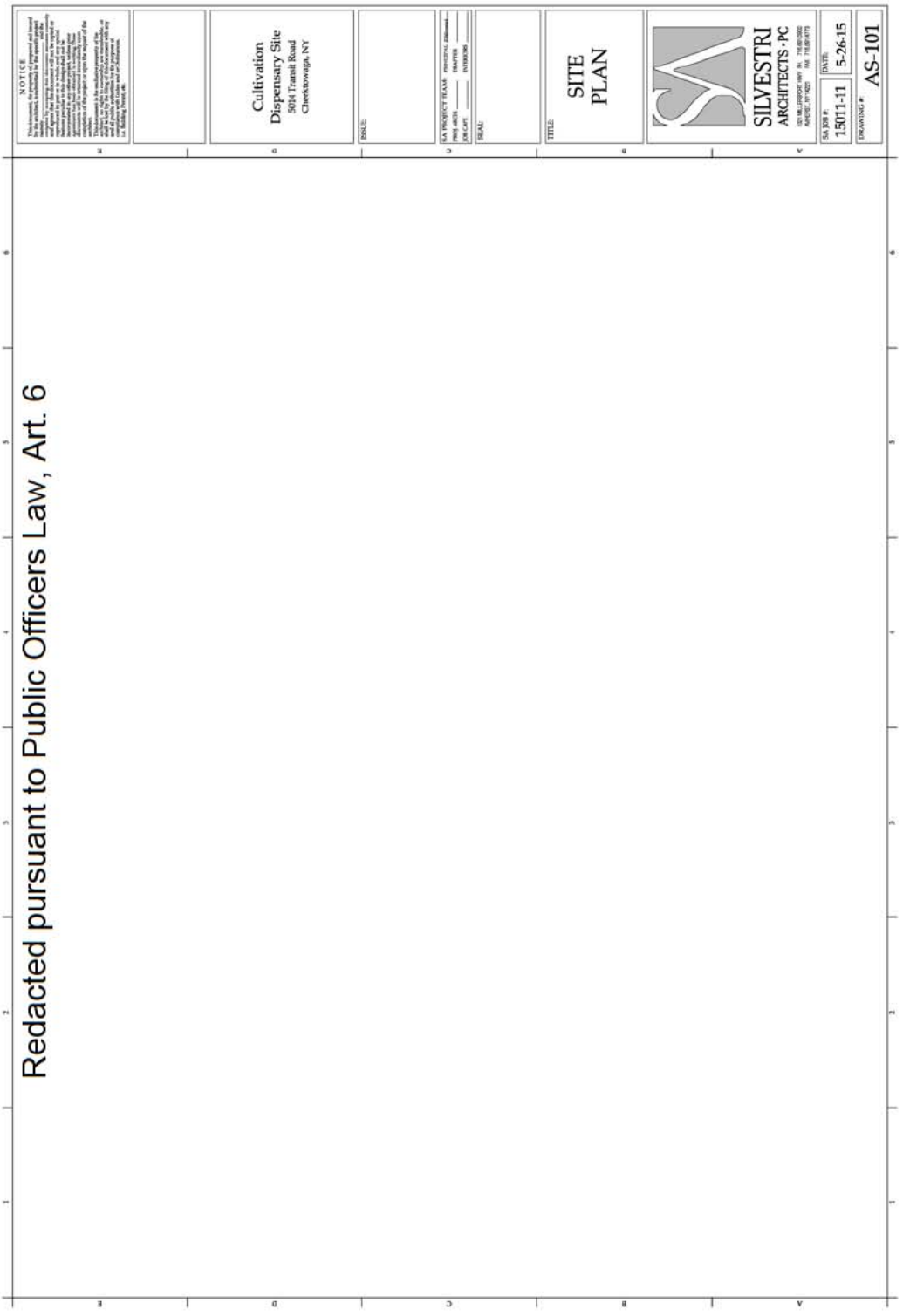
Building and Construction Plans

The following building and construction plans have been provided in the following pages:

- Proposed Architectural Style (Neighboring Building)
- Dispensary Site Plan
- Dispensary Floor Plan
- Exterior Elevation Plan

Proposed Architectural Style (Neighboring Building)

Building and Construction Plans



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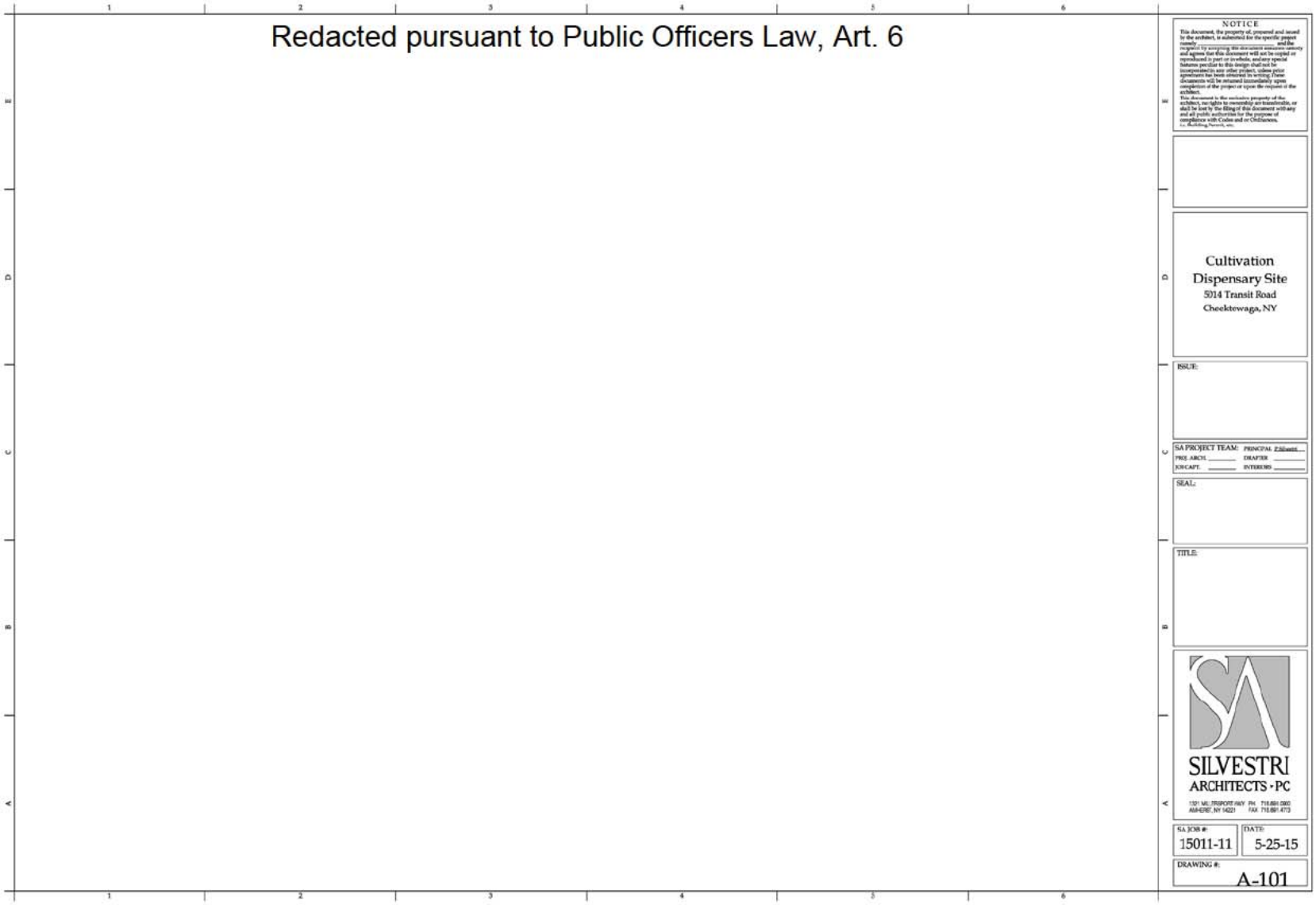
Redacted pursuant to Public Officers Law, Art. 6



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Cultivation
Dispensary Site
5014 Transit Road
Cheektowaga, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

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ARCHITECTS · PC
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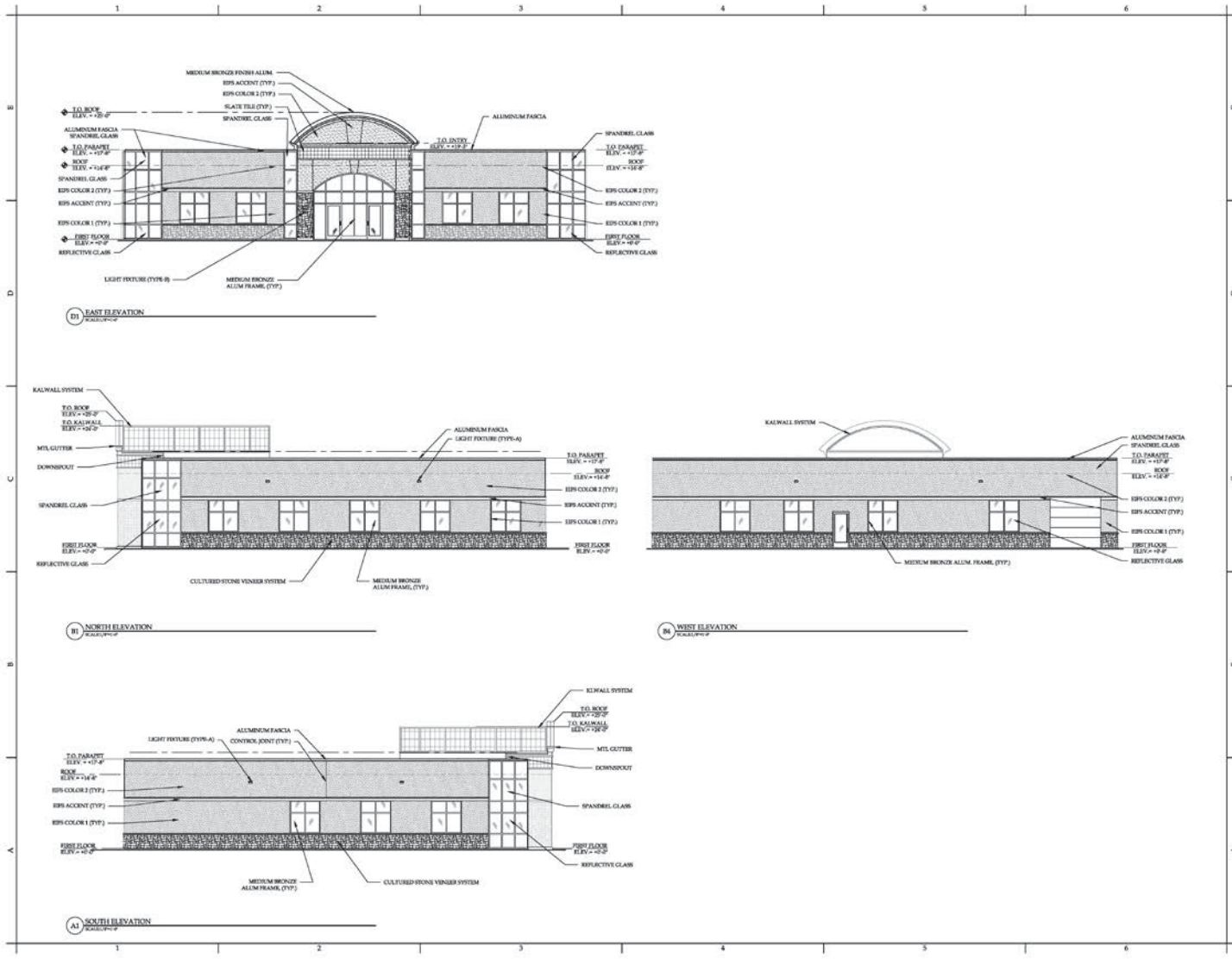
AMHERST, NY 14221 FAX 716.691.4713

SA JOB #: 15011-11

DATE: 5-25-15

DRAWING #: A-101



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Cultivation
Dispensary Site
5014 Transit Road
Cheektowaga, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL: P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

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TITLE:
EXTERIOR ELEVATIONS

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SA JOB #: 15011-11
DATE: 5-26-15
DRAWING #: A-201

PROPOSED DISPENSING FACILITY #4:

BINGHAMTON, NY

Property Description

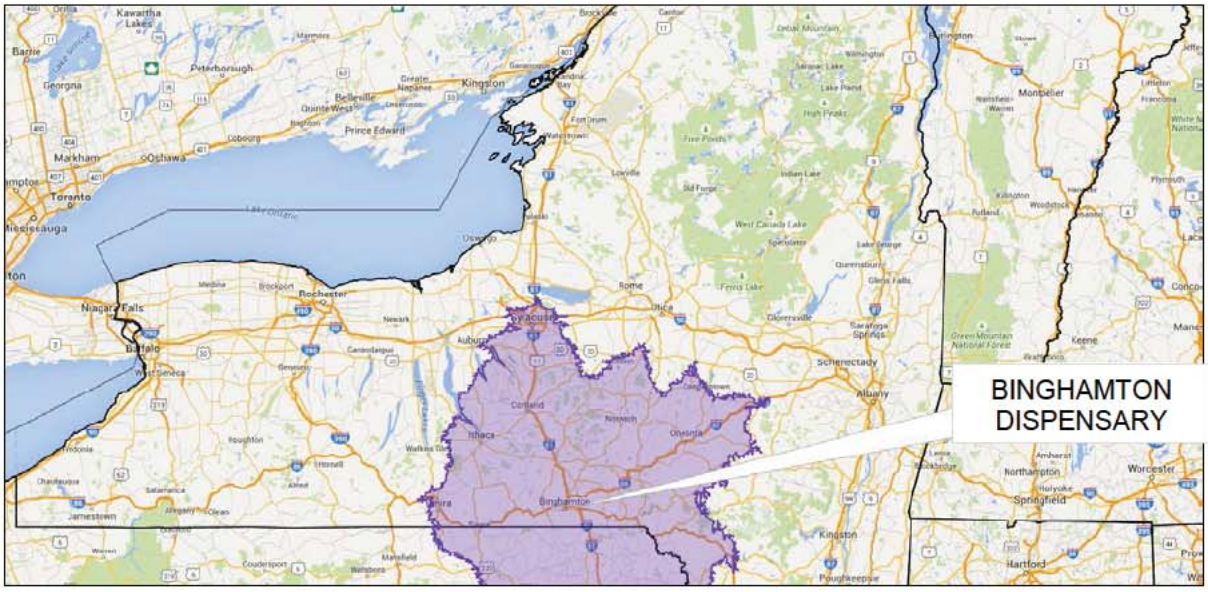
The proposed facility for our fourth dispensary is located at 596 Court Street in the City of Binghamton, Town of Kirkwood. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the manufacturing facility (§1004.10 (b) (1)). The AMA dispensary in Binghamton is in a stand-alone building in a commercial or industrial zone overlay. Specifically, the site is located within Kirkwood's B-2-E zoning district, which allows a wide range of non-residential uses.

The 4,920 square foot facility on a 0.62 acre lot is located more than 1,000 feet from any public or private school, day care center, community center, or church (§1004.10 (b)(7)). From a positioning standpoint, this site was selected for its regional access, its compliance with State rules and accessibility along a main thoroughfare, and the anticipated likelihood that the Town of Kirkwood would allow a dispensary in an area specifically encouraging non-residential uses. The site's neighboring uses include a self-storage building, a motel, an RV dealer, repair facilities, and a shopping center. The rear of the property borders railroad train tracks. The facility is within close proximity to a point of convergence for three US Interstates (I-81, I-86, and I-88) allowing for easy patient access from a wide geographic range.

In determining the square footage necessary for a best-in-class dispensary, AMA, LLC used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Source: Scout by Buxton]



Patient Projections

Our facility is accessible to 1,675,086 people within a 90-minute drive time time *[Source: Experian Population Facts]*. Of this population, 25% is ineligible due to Pennsylvania residency.

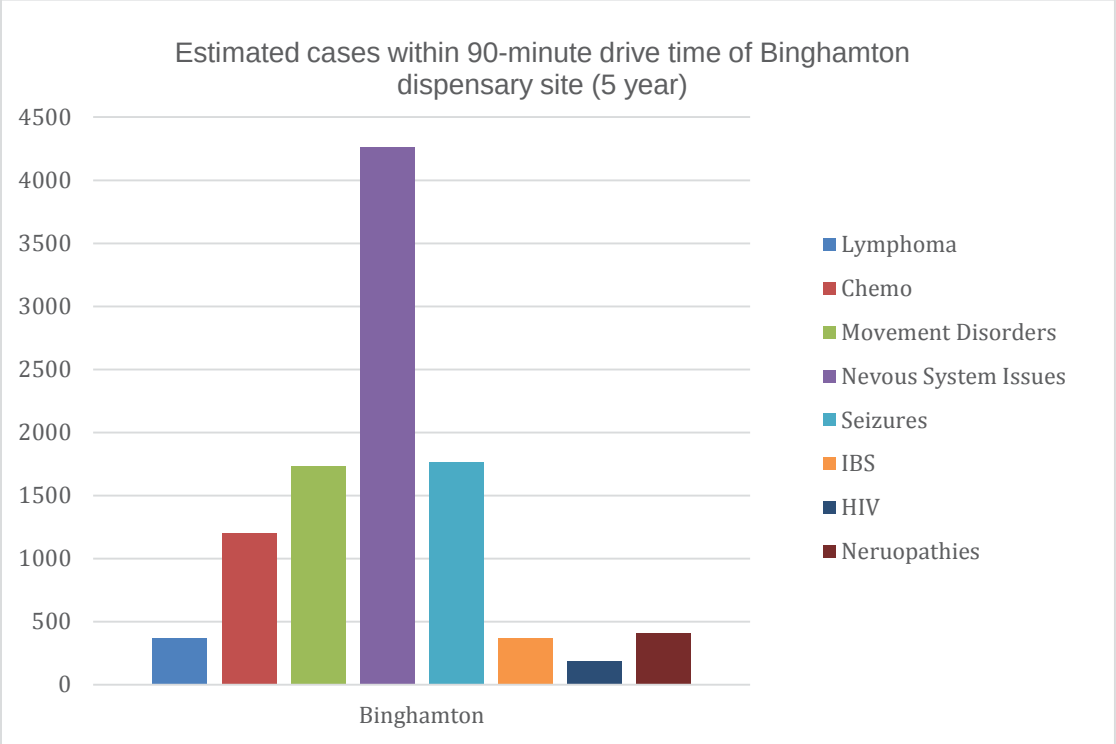
The five year diagnostic projection for patients in a 90-minute drive time radius from the facility estimates that 10,298 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neruopathies or will require Chemo Therapy within a 5 year period beginning in the year 2012 [*Source: MMA Inc. Health Service Demand Estimates*]. All of these ailments are eligible for treatment with medical marihuana in New York State. Of these projected cases, again, 25% will be ineligible due to Pennsylvania residency, leaving 7,723 New York patients that are expected to be diagnosed with these ailments in the five year period.

From this projected data, the Binghamton service area can expect an average of 1,545 new eligible patients per year. If 50% of this eligible patient pool utilizes the Binghamton facility 12 times per year, we could expect 9,270 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Table 1: Population By Disease Process in Dispensary Service Area

Ailments	Estimated cases within 90-minute drive time of Binghamton dispensary site (5 year)
Lymphoma	370
Chemo Therapy	1,200
Movement Disorders	1,732
Nervous System Issues	4,264
Seizures	1,766
Irritable Bowel Syndrome (IBS)	370
HIV	190
Neuropathies	406
Total	**10,298**

(Source: MMA Inc. Health Service Demand Estimates)



(Source: MMA Inc. Health Service Demand Estimates)

Site Advantages

The selected site, 596 Court Street, confers a number of key advantages of significant importance to patients in the service area:

- Maximum rural and city service area convenience due to proximity of a 3-interstate hub (I-86, I-88, I-81)
- Proximity to Binghamton General Hospital and a regional VA outpatient center,
- At 4,920 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Binghamton Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discrete regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

Located near major freeways, the proposed location offers a seamless retail experience with accessibility and convenience for patients and caregivers. Free parking will be provided; the number of parking spaces is more than sufficient for the expected demand.

At 0.62 of an acre, AMA's dispensary location in Binghamton will provide copious at-grade parking for dispensary patients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums. AMA has an agreement with the neighboring lot to share parking capacity presenting the opportunity to provide an overflow lot completely contiguous with our parking lot. The surface of AMA's dispensary parking lot with the neighboring parking lot is without partition or variation in grade thus creating a smooth transition between the two lots and affording our patients an oversized oasis of parking.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

The proposed exterior and interior appearance will be professional, orderly, dignified, and consistent with the best design of pharmacies and medical offices. An exterior design scheme meant to enhance the appearance of the surrounding community will be incorporated. The existing building is steel frame and steel-clad, painted black consistent with its prior use. AMA will repaint the building and reorder elements of the façade to achieve an appearance more consistent with its new medical use.

The landscape plan will tie together all of the exterior elements, incorporating new plantings and a resealed/repainted parking lot with discreet, regulatory-compliant signage, and crowned by a refreshed building façade to enhance the aesthetic appeal of the site as a whole, augmenting the surrounding neighborhood.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a) (1)-(4)).

Use of Interior Space

The total square footage of AMA's Binghamton dispensary site is approximately 4,920 square feet, ample space to serve the medical needs of our patients. Careful consideration was given to the design elements to ensure the facility layout accommodates seamless patient flow and encourages isolated staff interaction with each individual patient so that patients can receive individualized attention in privacy. Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition. The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary. Within the back office, only authorized employees will have access to the security surveillance room and the vaults (§1004.13 (b),(d)).

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e. retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Binghamton dispensary will be equipped with a separate loading area located on the opposite side of the main entrance and guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking of all medicinals so as to minimize the occurrence of theft, product loss, and diversion (§1004.7 (c)(2)(i), 1004.13(a)). The dispensary will have two vaults for a higher-than-average level of security by storing and managing cash separately from medicinals (§1004.13 (j),(k)). At the dispensary level, all marihuana product is monitored and recorded from the point the transport vehicle enters the Secure Delivery area to the point product is dispensed and carried off the premises by the patient. The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

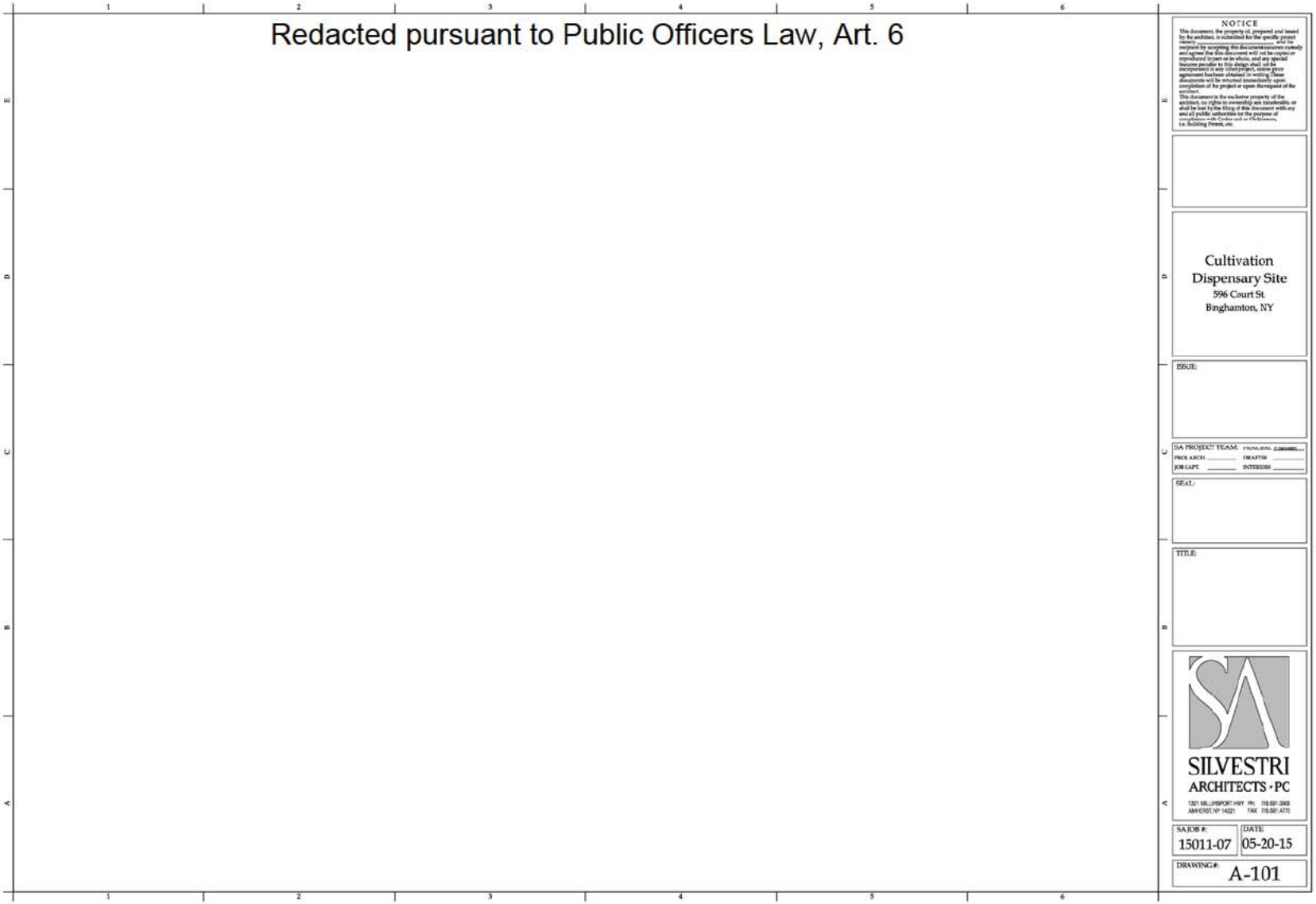
Building and Construction Plans

The following building and construction plans have been provided in the following pages:

- Photo of Front Elevation
- Dispensary Floor Plan

Photo of Front Elevation

Redacted pursuant to Public Officers Law, Art. 6



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Cultivation
Dispensary Site
596 Court St.
Binghamton, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL _____
PROJ. ARCH: _____ DRAFTER: _____
JOB CAPT: _____ INTERIORS: _____

SEAL:

TITLE:

SILVESTRI
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1321 MILLERSPORT HWY PH. 716.691.2900
AMHERST, NY 14221 FAX 716.691.4771

SA JOB #: 15011-07
DATE: 05-20-15
DRAWING #: A-101

PROPOSED DISPENSING FACILITY #2:

WEBSTER, NY

ROCHESTER METRO AREA

Property Description

The proposed facility for our second dispensary is located at 1067 Ridge Road in the Town of Webster adjacent to Rochester, the third largest city in New York State. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the manufacturing facility (§1004.10 (b)(1)). The AMA dispensary in Webster will be located within Webster's 'MC' zoning district, which allows for medium-intensity commercial uses such as pharmacies.

AMA's dispensary in Webster will operate independently, but will be 'Unit B' in a 10,970 square foot building on one story and with two separate entrances, owned by an affiliate company of AMA and will share with Rochester Immediate Care, Unit A. This is a built but unfinished retail space of 3,714 square feet.

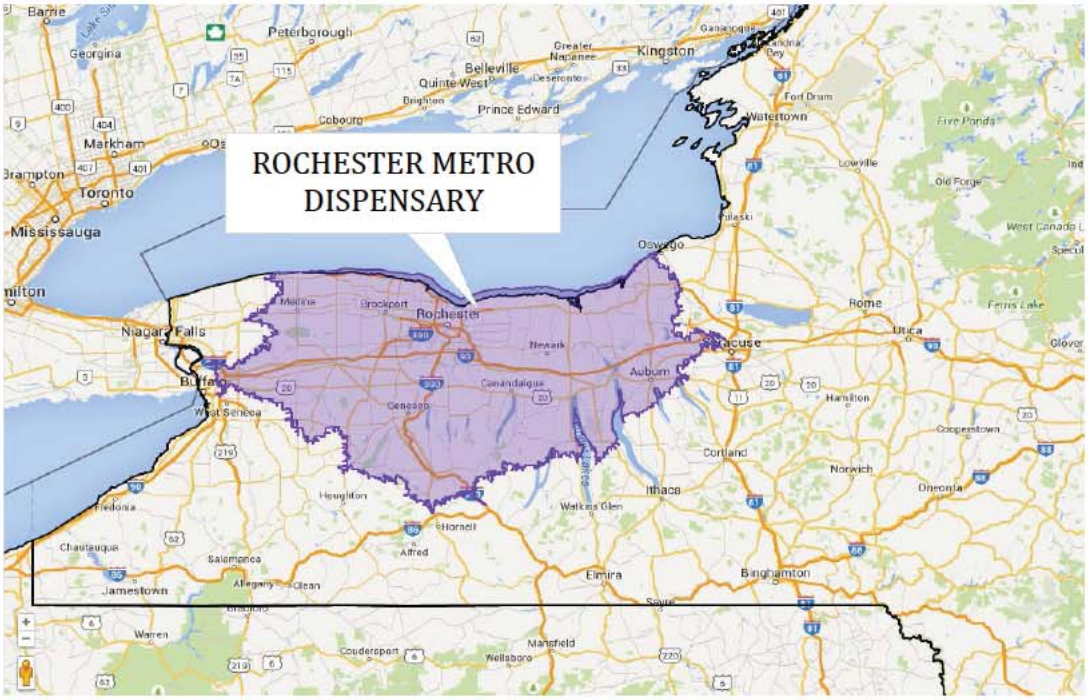
The facility is owned by an AMA affiliate and located more than 1,000 feet from any public or private school, day care, or a church (§1004.10 (b)(7)). This site was selected due to its State-compliant location, the ease with which the space can be conformed to the dispensary's requirements, its high-visibility siting across the street from a Target-anchored shopping center and its position next to an existing medical use, a Rochester Immediate Care facility built and owned by a company founded and managed by AMA principals.

AMA's historical experience with the medical facility in the neighboring suite provides us with first-hand knowledge of the feasibility of a successful medical dispensary in this area in terms of site visibility and access.

In determining the square footage necessary for a best-in-class dispensary, AMA, LLC used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Scout by Buxton]



Patient Projections

Our facility is accessible to 1,525,048 people within a 90-mintute drive time *[Source: Experian Population Facts]*.

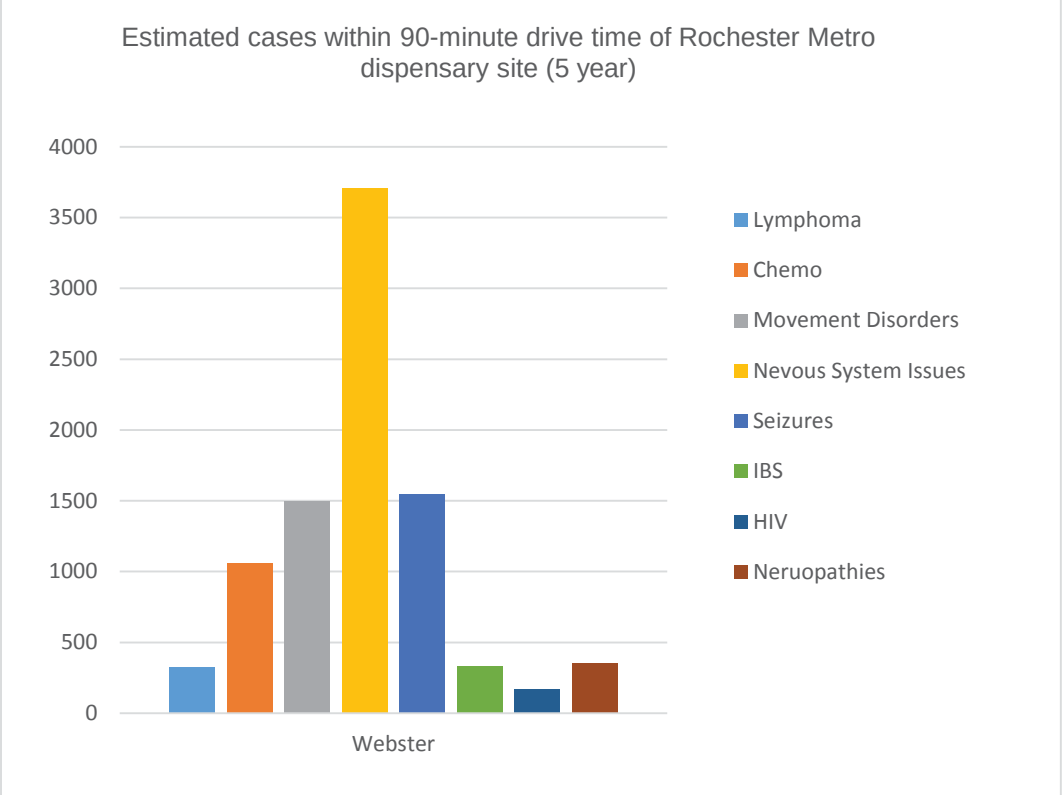
The five year diagnostic projection data, for patients in a 90-minute drive radius from the facility estimates that 8,994 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neruopathies or will require Chemo Therapy sourced from within a 5 year period beginning in the year 2012 [*Source: MMA Inc. Health Service Demand Estimates]*. All of these ailments are eligible for treatment with medical marihuana in New York State.

From this projected data, the Rochester service area can expect an average of 1,799 new eligible patients per year. If 50% of this eligible patient pool utilizes the Rochester Metro facility 12 times per year, we could expect 10,792 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Table 1: Population By Disease Process in Dispensary Service Area

Ailments	Estimated cases within 90-minute drive time of Rochester Metro dispensary site (5 year)
Lymphoma	324
Chemo Therapy	1,062
Movement Disorders	1,499
Nervous System Issues	3,711
Seizures	1,547
Irritable Bowel Syndrome (IBS)	330
HIV	169
Neuropathies	352
Total	**8,994**

(Source: MMA Inc. Health Service Demand Estimates)



Site Advantages

The selected site, 1067 Ridge Road, confers a number of key advantages of significant importance to patients in the service area:

- Maximum rural and city service area convenience due to close proximity to major throughfare and Interstate 90,
- Public transportation access via bus to and from downtown Rochester,
- At 3,714 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Webster Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discrete regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

The location is on Ridge Road, a major east-west thoroughfare in Rochester that runs parallel to close-by Route 104, which through its interchange with I-390 and I-590 connects to most of the interstates in the Metro area and ultimately to I-90 after a short ride. Across the street is Towne Centre Webster, an 800,000 square foot major shopping center with Target, Dick's Sporting Goods, Bed, Bath & Beyond, T.J. Maxx, Kohl's, Old Navy and other national retailers.

Because of Towne Centre, Rochester public transportation is available for patients who don't have a car or cannot drive because of their condition. The RTS Bus Route 103 stops at Towne Centre, just in front of the Webster dispensary. We anticipate that this amenity will encourage such patients to select our dispensary as their designated provider.

At 1.83 acres, AMA's dispensary location in Webster will provide copious at-grade parking for dispensary clients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition, and will be met with approval from patients with a range of medical conditions, making ours the dispensary of choice.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

As can be seen in the attachment, the architecture is tasteful, stylish, with a mix of earthy hues, an interplay of stone and smooth finishes, and contemporary flourishes like bronze trim and reflective windows.

As with all AMA dispensaries, picturesque landscaping consonant with the built environment will complete the welcoming presence that is the object of the design. In all, the effect will be of attractive visual themes carried through, a landmark site that is hard to miss even on a busy road.

The proposed exterior will hearken to the best style of medical facilities as a professional, orderly, and dignified environment. As with all AMA dispensaries, the Webster dispensary will enhance the look and feel of the surrounding community.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a)(1)-(4)).

Use of Interior Space

The total square footage of AMA Webster is approximately 3,714 square feet, ample space to serve the medical needs of our patients. Careful consideration was given to the design elements to ensure the facility layout accommodates seamless patient flow and encourages isolated staff interaction with each individual patient so that patients can receive individualized attention in privacy. Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition. The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary. Within the back office, only authorized employees will have access to the security surveillance room and the vaults (§1004.13 (b)(d)).

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e. retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Webster dispensary will be equipped with a separate loading area located on the opposite side of the main entrance guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking of all medicinals so as to minimize the occurrence of theft, product loss, and diversion (§1004.7

(c)(2)(i), 1004.13(a)). The dispensary will have two vaults for a higher-than-average level of security by storing and managing cash separately from medicinals (§1004.13 (j)(k)). All Marihuana product is monitored and recorded from the point the transport vehicle enters the Secure Delivery area to the point product is dispensed and carried off the premises by the patient. The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

Building and Construction Plans

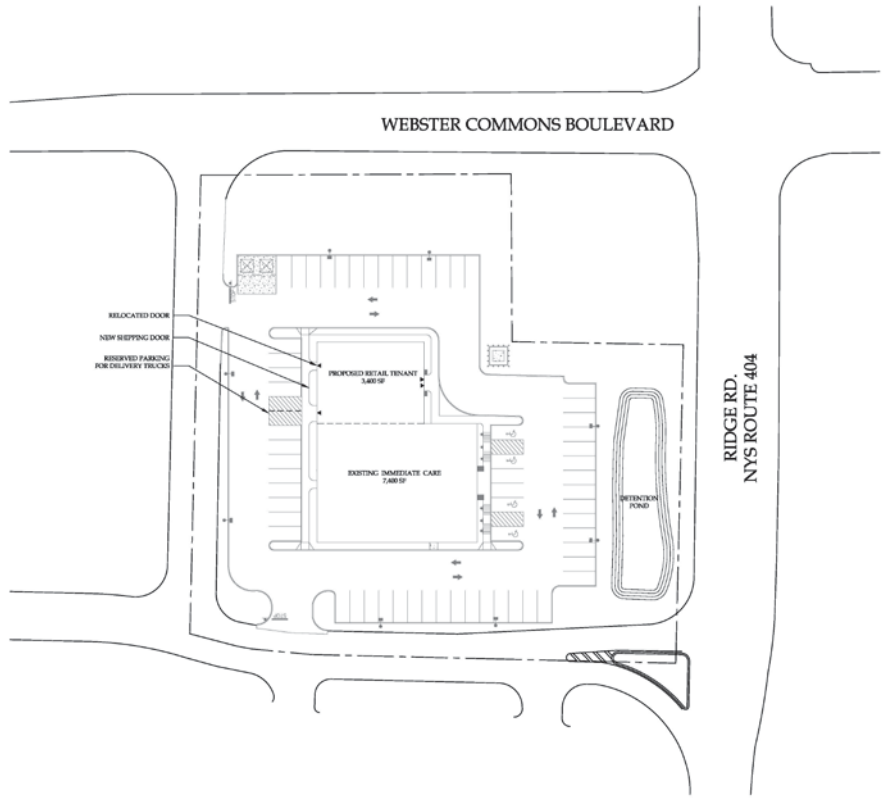
The following building and construction plans have been provided in the following pages:

- Photos of Dispensary Entrance and Immediate Care Entrance
- Exterior Elevation Plan
- Dispensary Site Plan
- Dispensary Floor Plan

Photos of Dispensary Entrance and Immediate Care Entrance

Entrance to Webster Dispensary

Entrance to Adjacent Immediate Care Facility



B1 SITE PLAN

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Cultivation
Dispensary Site
Ridge Road
Webster , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

EXTERIOR ELEVATIONS

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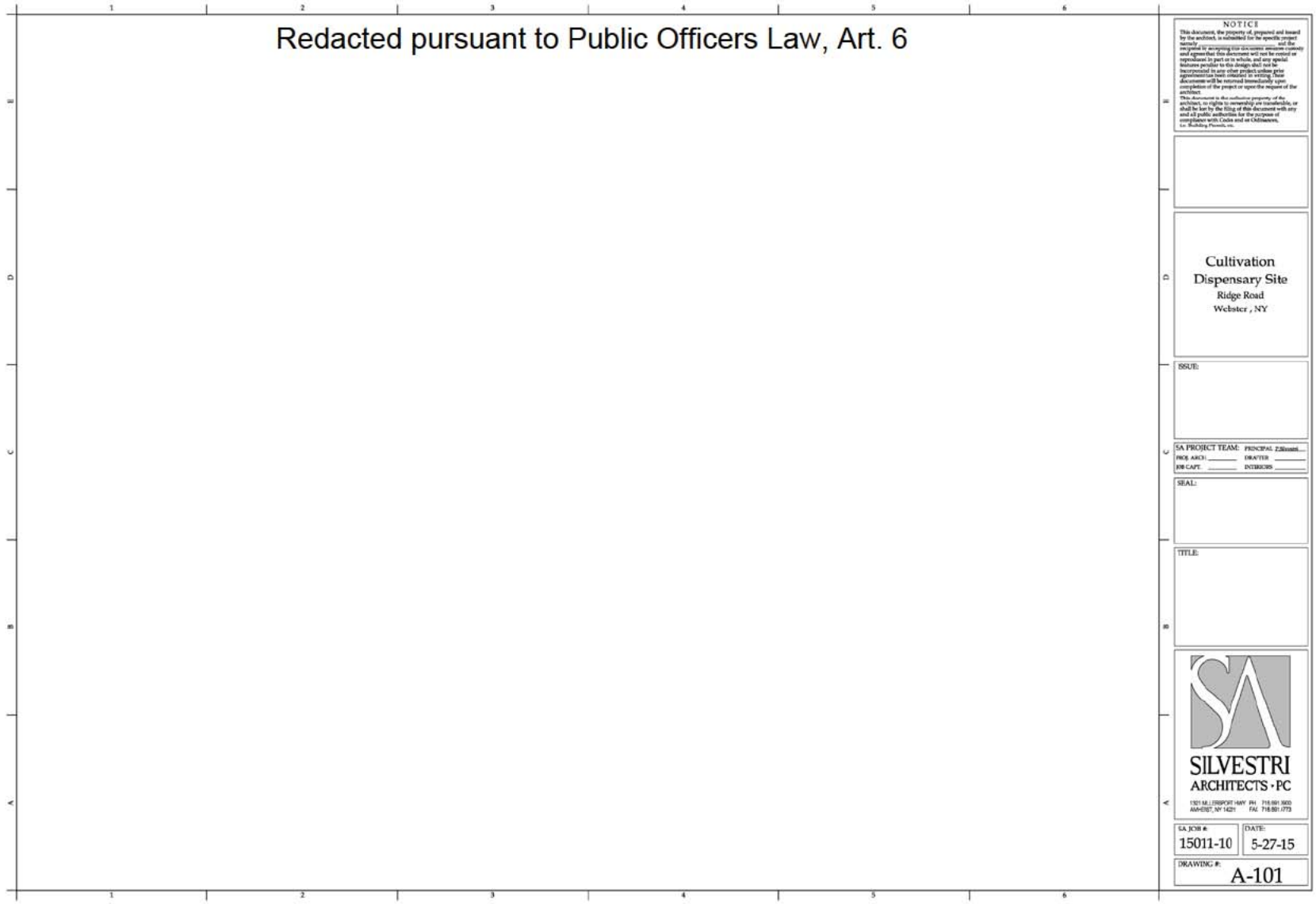
SA JOB #: 15011-10
DATE: 5-26-15
DRAWING #: A-201

Redacted pursuant to Public Officers Law, Art. 6



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Cultivation
Dispensary Site
Ridge Road
Webster , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL: P.Silvestri
PROJ. ARCH: _____ DRAFTER: _____
JOB CAPT: _____ INTERIORS: _____

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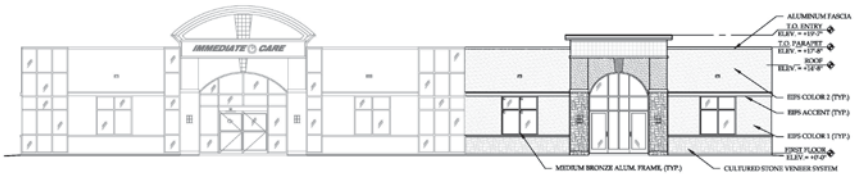
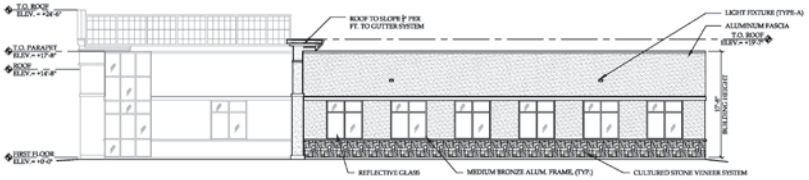
DATE: 5-27-15

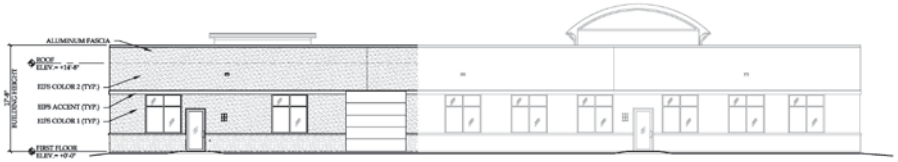
DRAWING #: A-101



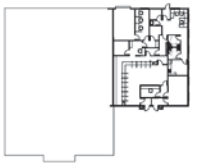
D1 NORTH ELEVATION



C1 WEST ELEVATION



A1 SOUTH ELEVATION



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Cultivation
Dispensary Site
Ridge Road
Webster , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

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SA JOB #: 15011-10
DATE: 5-26-15
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PROPOSED DISPENSING FACILITY #3:

SYRACUSE, NY

Property Description

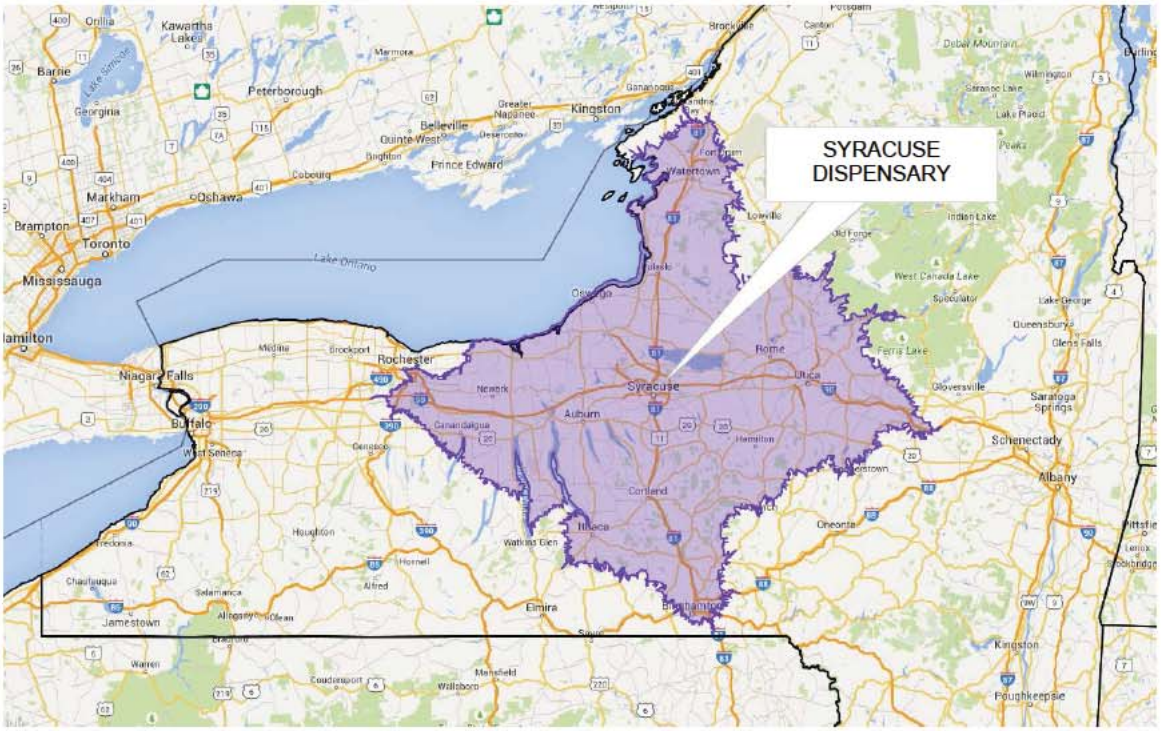
The proposed facility for our third dispensary is located at 6489 Ridings Road in the Town of DeWitt next to the City of Syracuse, the fifth largest city in New York State. In compliance with New York State law, the dispensary location and dispensing operations will be separate from the manufacturing facility (§1004.10 (b)(1)). AMA's Syracuse dispensary will be housed in a stand-alone building whose former function was a repair facility for CAT scans and other medical machines. The immediate surroundings form an office and light-industrial park with no residential uses. Specifically, the site is located within the Town of DeWitt's COM 1 zoning district for general commercial uses.

The 8,137 square foot facility is located more than 1,000 feet from any public or private school, day care center, community center, or church (§1004.10 (b)(7)). This site was selected for its State-compliant location, its cleanliness, its rational layout for an easy transition into a functional dispensary, and its closeness to Military Circle, a high traffic hub.

In determining the square footage necessary for a best-in-class dispensary, AMA, LLC used certain methodologies to deduce a mathematically competent range based on key factors:

- Accessibility to an eligible patient population
- Percentage of the accessible population likely to become patients
- Projected number of visits from eligible and likely patients

90 Minute Drive-Time Radius Map [Source: Scout by Buxton]



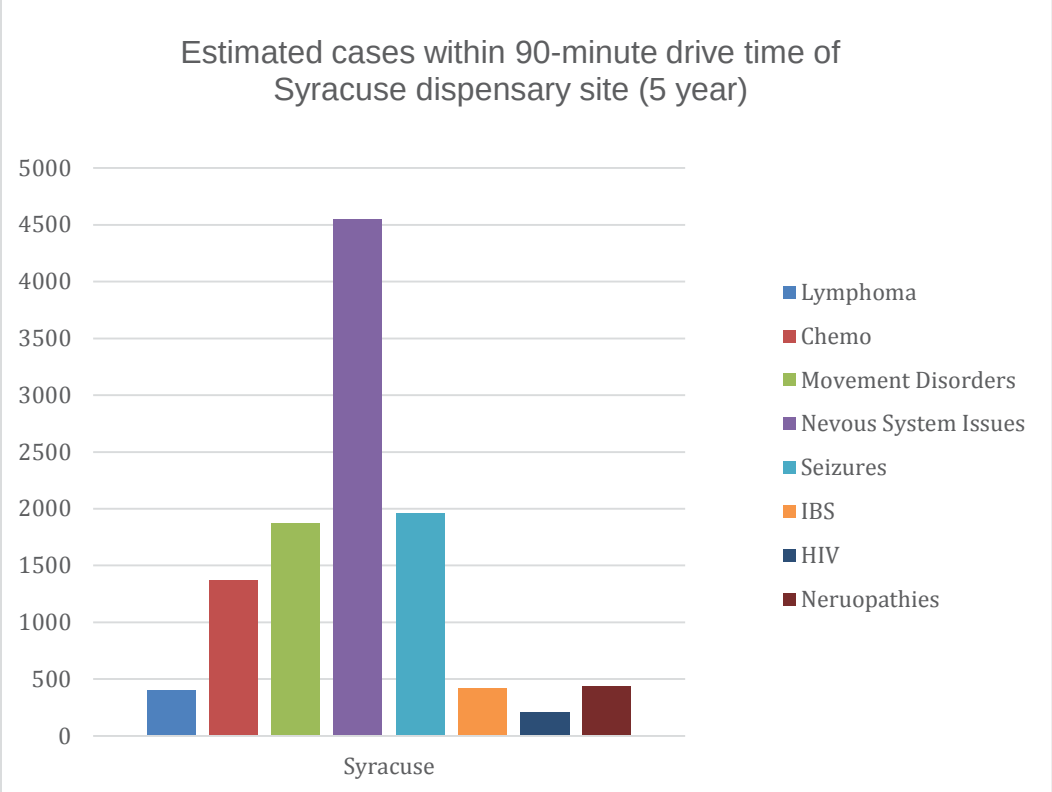
Patient Projections

Our facility is accessible to 1,892,639 people within a 90-minute drive time time *[Source: Experian Population Facts]*.

The five year diagnostic projection for patients in a 90-minute drive time radius from the facility estimates that 11,224 patients will be diagnosed with Lymphoma, Movement Disorders, Nervous System Issues, Seizures, Irritable Bowel Syndrome, HIV, Neruopathies or will require Chemo Therapy within a 5 year period beginning in the year 2012 [*Source: MMA Inc. Health Service Demand Estimates*]. All of these ailments are eligible for treatment with medical marihuana in New York State.

From this projected data, the Syracuse service area can expect an average of 2,245 new eligible patients per year. If 50% of this eligible patient pool utilizes the Syracuse facility 12 times per year, we could expect 13,470 annual patient visits, even without counting the historical backlog of eligible patients in the service area for whom medical marihuana was previously unavailable.

Ailments	Estimated cases within 90-minute drive time of Syracuse dispensary site (5 year)
Lymphoma	403
Chemo Therapy	1,367
Movement Disorders	1,874
Nervous System Issues	4,550
Seizures	1,960
Irritable Bowel Syndrome (IBS)	419
HIV	211
Neuropathies	440
Total	**11,224**



Site Advantages

The selected site, 6489 Ridings Road, confers a number of key advantages of significant importance to patients in the service area:

- Maximum rural and city service area convenience due to proximity of a two major Interstate hubs (I-90, I-86),
- Public transportation access via Centro Bus 52 to and from downtown
- At 8,137 square feet, the site has enough space to more than meet all regulatory requirements,
- Facility design that combines first-class patient experience with top-notch security,
- Facility design that exceeds ADA standards for exterior and interior accommodations,
- Ample on-site parking

As in all cases, AMA's Binghamton Dispensary will strive to be a "good neighbor," with high levels of building and grounds maintainenance, discrete regulatory-approved signage, minimal disruption to local parking, orderly ingress/egress, the improvement of building appearance to levels of upscale medical/retail, and the installation of tasteful, welcoming landscaping; on the whole, fitting in but also raising the standards of the local surroundings.

Location Convenience

The site, at 6489 Ridings Road, is minutes away from the interchange of two major Interstates, I-90 (east-west) and I-81 (north-south) which runs through the heart of central New York. The site will not only service the Syracuse Metro, but can be expected to regularly draw visitors from as far north as Watertown and as far south as Binghamton along I-81. To the east, the eligible residents around Utica can be expected to participate as part of the patient pool. In all, the site is within a circle formed by I-90, I-81, I-690, and I-481, which makes it extraordinarily accessible by many areas of Central New York, including the Finger Lakes Region.

For local patients without access to their own vehicle, this site is conveniently located on Centro Bus line 52 which is a highly accessible route with a stop downtown at Central Public Library.

At nine-tenths (0.9) of an acre, AMA Syracuse will provide copious at-grade parking for dispensary clients. The number of free parking spaces is more than sufficient for the expected demand, and the number of ADA spaces will be sized for proportionate accommodation of visitors rather than for regulatory minimums.

The true test of "accessibility" is the ease-of-use for patients with the most severe physical challenges within the population. The proposed facility will strive to achieve the highest level of accommodation to patients relying on devices or other assistance to utilize the facility's services. This philosophy will guide all interior and exterior design decisions, striving to exceed compliance with ADA requirements. Our site will be the dispensary of choice for those with the most challenging physical complications, because their encounter with any of our site elements such as parking spaces, ramps, wide doorways and bathroom facilities, etc., will be the best to be offered in the marketplace.

AMA's core approach is to optimize the medical retail experience for all of its clients.

Exterior Appearance

The architecture of the site is unremarkable, but highly functional and efficient, as light industrial uses are frequently designed to be. The neat, simple brick exterior is in excellent condition. Despite its modest and straightforward appearance, the site is nonetheless distinguished by being strikingly different from its neighbors. We do not anticipate that patients will have trouble locating the building even with minimal signage. With minor amounts of improvement needed, the appearance of the façade is already professional, orderly, and dignified.

The modest, workmanlike landscaping will be improved to liven up the approach to the location. As with all AMA dispensaries, picturesque landscaping will complete the welcoming presence that is the object of the design.

All signage for the facility will be discreet, professional, and consistent with the State regulations (§1004.16 (a) (1)-(4)).

Use of Interior Space

The total square footage of AMA Syracuse is approximately 8,137 square feet, ample space to serve the medical needs of our patients. Careful consideration was given to the design elements to ensure the facility layout accommodates seamless patient flow and encourages isolated staff interaction with each individual patient so that patients can receive individualized attention in privacy. Thoughtful interior layout and design will foster an easy and comfortable product fulfillment experience for all patients regardless of physical condition. The dispensary is designed to have two distinctive zones; the retail area and back office. Dispensing staff will not be able to access the back office area and back office employees will not have access to the retail area of the dispensary.

The essence of AMA's dispensary design is a circular one-way flow of patients and caregivers through the facility. When clients arrive at AMA, they will enter the facility from one side of the building, through a secured and monitored double-door entry vestibule where AMA personnel will verify patient or caregiver credentials before allowing entry to the waiting room or dispensary area. Based on the interaction with our patient consultants, the patients will obtain the necessary medicine and proceed through the checkout process. All patients and caregivers will exit the dispensary through a set of secured double-doors different from those they used to enter the facility.

AMA has created a separate entrance for dispensary employees reporting for duty. Employees will be required to enter through this entrance and not the main entrance used by registered patients and caregivers. Upon entering the facility, employees will immediately enter the locker room and place any and all personal belongings into their assigned lockers for security measures. From the locker room, each employee will report to their respective department. All points of entry and exit are access controlled. Given that the two zones of the dispensary, i.e., retail side and the back office side are equally important from a security standpoint, equal attention was given to meeting or exceeding State security requirements in the interior plan.

The Syracuse dispensary will be equipped with a separate loading area located on the opposite side of the main entrance guarded by a heavy overhead door to enclose delivery vehicles. The loading bay will be attached to the receiving room, which will require authorization in order to enter. All marihuana medicinals received by AMA will be examined and inventoried in this area. The delivery of product and the removal of cash will require no interaction with the public side of the dispensary. The electronic inventory tracking system will allow for the tracking of all medicinals so as to minimize the occurrence of theft, product loss, and diversion. The dispensary will have two vaults installed for a higher-than-average level of security by storing and managing

of cash separately from medicinals. The facility design also features adequate office space to house dispensary management operations.

In addition to being a safe, professional, secure environment for patients, AMA will seek to make its facilities highly comfortable places to work. Dispensary space allocation for employees exceeds base levels for amenities such as bathrooms and break rooms.

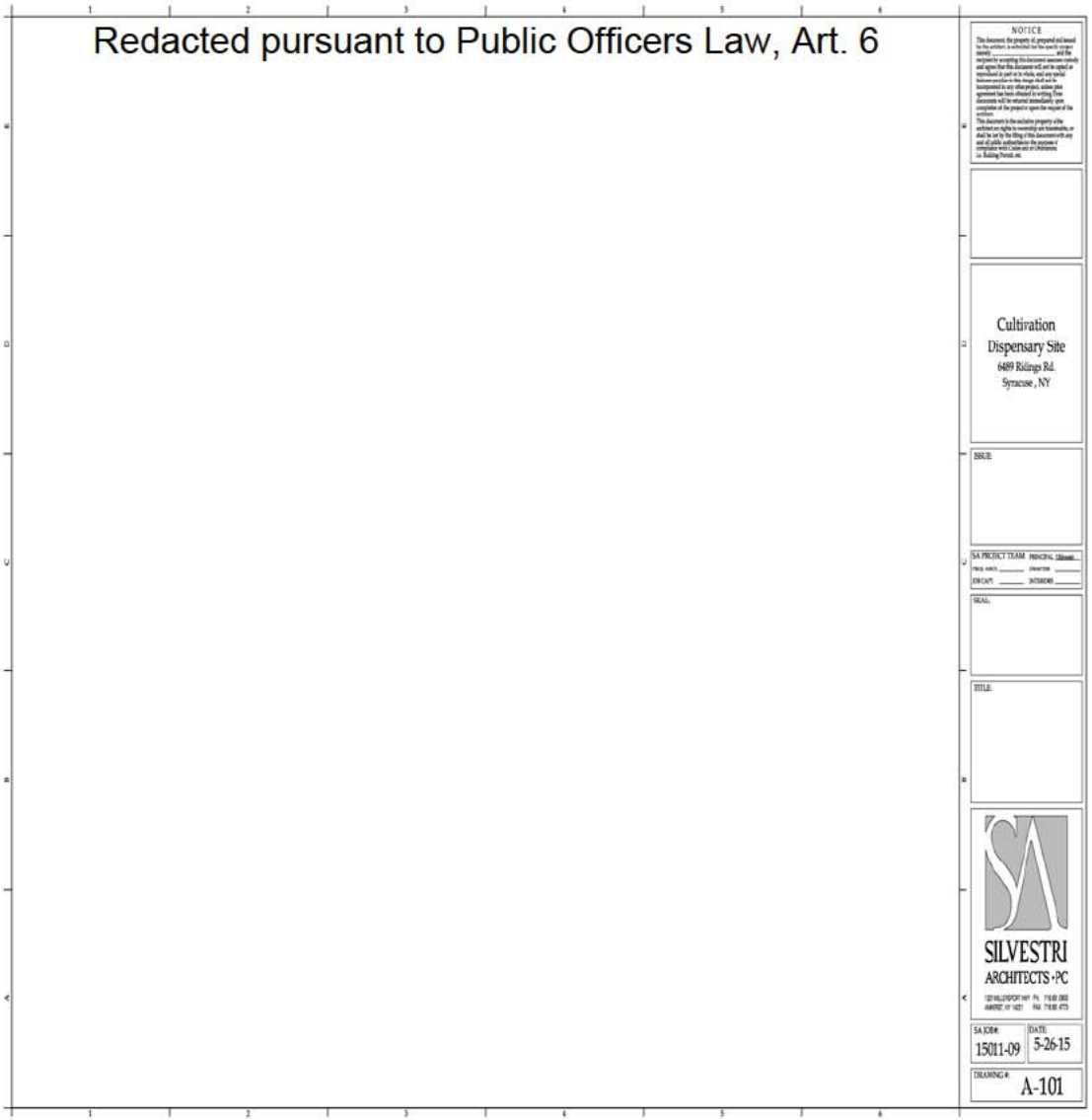
Building and Construction Plans

The following building and construction plans have been provided in the following pages:

- Exterior Photo (Entrance)
- Dispensary Floor Plan

Exterior Photo (Entrance)

Entrance to 6489 Ridings Road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SA JOB#:
15011-09
DATE:
5-26-15
DRAWING #:
A-101

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Facility Personnel Training, Development, and Evaluation**

Procedure: This document is designed to provide a formal outline of the procedures AMA shall follow in an effort to ensure that dispensary personnel will receive adequate training coupled with competency evaluations by way of verbal, written, or practical mechanisms. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

1. All AMA dispensaries (and employees as dictated by Federal, State, Local, or District law), shall maintain proper licensure. Further, each AMA Lead Pharmacist shall ensure that every employee is competent to perform the duties assigned.
2. Dispensary personnel are required to monitor and maintain their professional credentials, where required by AMA, law and regulations.
3. In addition to all dispensary personnel earning required continuing education credits necessary for proper credentialing, staff are required to attend DOH sponsored training and other training programs as directed by AMA.
4. All dispensaries must have trained and experienced, or have timely access to, bi-lingual or multi-lingual capabilities necessary for appropriate translation and/or counseling activities.
5. All dispensary staff must participate in Health Insurance Portability and Accountability Act (HIPAA) training as directed by AMA and understand the importance of secure and confidential patient information.
6. Dispensary personnel shall understand that components of fraud, waste, and abuse include, but may not be limited to drug short-fills, bait and switch tactics, forged or altered patient registration cards or other records, dispensing or sale of expired product, dispensing errors or manipulations, false claims, theft from inventory, and similar diversion tactics.
7. Consequences and penalties associated with fraud, waste, and abuse may include civil or criminal penalties (monetary or incarceration, respectively), placement on Medicare exclusion lists, loss of employment, and/or immediate contract termination.
8. Dispensary personnel shall engage in dispensary systems computer training for [redacted] on proper data input, monitoring, inventory control, and report generation.

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

9. Dispenary personnel who have completed training segments shall sign a training log. An authorized reviewer, such as the Lead Pharmacist, shall sign the form as verification that the employee has completed the training.
10. Training documentation shall be placed in the employee personnel file and maintained for adequate accessibility in the event of an audit.

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Facility Product Storage Areas**

Procedure: All dispensing facilities will follow this policy for all handling of medical marihuana products. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.12.

Storage of Medical marihuana Products

AMA stores medical marihuana products at the dispensing facilities in one of the following three places:

1. Master vault;
2. Product storage vault; or
3. At the dispensing agents station behind a locked counter.

All 3 of the above storage locations will be securely locked or protected from entry, except for the actual time required to remove or replace marihuana products (§1004.13(k).

AMA has in place the following policies and procedures for the storage of medical marihuana products at the dispensing facilities:

1. AMA monitors each storage area that stores marihuana products, and entrance and exit to a storage area that stores marihuana products by video surveillance, as described in the security plan;
2. All medical marihuana products are kept behind locked doors and are inaccessible to any persons other than specifically authorized Dispensary Agents (§1004.13(k);
3. The master vault and the product storage vault will be climate controlled.
4. AMA provides adequate lighting, ventilation, temperature, humidity, space, and equipment;
5. Only AMA designated employees will have access to the combination for the master vault and the product storage vault;
6. AMA storage areas are maintained in a clean and orderly condition;
7. AMA storage areas are free from infestation by insects, rodents, birds, and pests of any kind;

8. Storage of medical marihuana products are under conditions that will protect them against physical, chemical, and microbial contamination as well as against deterioration of them or their container.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Quality Assurance Recorkeeping**

Procedure: AMA will offer medical marihuana products for sale in dispensing facilities in accordance with the guidelines specifically in NYCRR 10 Part 1004.12. AMA will utilize the sophisticated seed to sale tracking technology [redacted] at each of its dispensaries to ensure compliance. (See Dispensing and Sale Technology policy)

1. **Detect, identify and prevent dispensing errors**;

   Within [redacted] there are also numerous sales and inventory reports that can identify that exact time a sale was made, the items dispensed and the employee that made the transaction. Additionally [redacted] requires that each patient be added to the system with all relevant information before a sale can be made. This information includes the quantity that that patient is allowed to purchase. Patient sales amounts can be automatically set within the system to prevent any transaction outside of permitted limits. The time sales occur can be set in the system to prevent sales outside of hours of operation

2. **30 Day Supply Control for Dispensary:**

   Each registered patient is assigned a revolving 30 day limitation. The system, [redacted] tracks all items dispensed for a patient and automatically deducts from said limit. If a patient attempts to purchase any products beyond their limitations the system will prevent the sale from occurring.

3. **Two Distinct Lot Record:**

   The AMA dispensing facilities shall ensure that each patient receives approved medical marihuana product from no more than two distinct lots for any 30-day supply dispensed. Each plant grown, as well as products created will be assigned to a specific patient

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within [redacted]. The 16 digit identifier for any given product will be selected upon fulfillment of an order. This allows for compliance with the two distinct lot rule.

4. **Product Labeling Record:**

The AMA dispensing facilities shall affix to the approved medical marihuana product package a patient specific dispensing label that is easily readable, and firmly affixed and includes:

a. Name and registry identification number of the certified patient and designated caregiver, if any;
b. Certifying practitioner's name;
c. Dispensing facility name, address and phone number
d. Dosing and administration instructions;
e. Quantity and date dispensed; and
f. Any recommendation or limitation by the practitioner as to the use of medical marihuana.

The [redacted] label creation tool generates transaction specific information including all aforementioned criteria.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Disposing of Unusable Marihuana Recordkeeping**

Procedure: All business records related to all medical marihuana activities will be retained by AMA for examination by the NYS Department of Health (DOH) in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10.

Inventory records, including seed-to-sale tracking records for all medical marihuana seeds, plants, products and waste, are created and maintained for a period of Five (5) years. Only authorized employees have the access level in [redacted] to record the destruction of product.
When medical marihuana is disposed of, it is disposed of in accordance with the Waste Disposal Policy and Procedure. AMA creates and maintains an electronic record of the date, the type, weight and quantity disposed of, the manner of disposal, destruction purpose and/or approved disposal method and the persons present during the disposal, with their signatures.

Although the inventory can be adjusted or voided, at no time is any data ever fully deleted as [redacted] maintains a log of every action, including adjustments and voids, so that the entire history of the system may be re-constructed.

Disposal of infested product occurs on the same day it is logged in the system. It is sent through a plant chipper and mulcher rendering it unrecognizable and unusable. Spent media is thoroughly mixed with this 'mulched' plant material to render it completely unusable. It is then disposed of in a larger trash receptacle. This receptacle is locked and secured, where it awaits pickup.

The availability and report ability of the system data enables AMA to produce any information necessary at any point in the process for the DOH during an inspection or at DOH's request.

(See "Waste Disposal Policy" for more information.)

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Drug Reaction/Interaction, Adverse Event or Incident**

Procedure: This document is designed to provide a formal outline of the procedures AMA shall follow in an effort to proactively avoid or minimize adverse drug reactions or interactions, adverse events and/or incidents, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.

This guideline aims to:

a) Enhance overall accuracy and evaluation of medication dispensing and use.
b) Provide a monitoring mechanism for all reported potential serious or unexpected adverse drug interaction(s).
c) Allow for a trending mechanism with regard to tendencies or progression of adverse drug interaction(s) potential.
d) Protect the interests of AMA dispensary staff with regard to conducting work with accuracy, efficiency, and professionalism.

A. General:

a) In an effort to limit variances in care that may result in an unexpected occurrence or adverse outcome, dispensary personnel shall make every attempt to provide patients with the medical marihuana products they seek.
b) The pharmacist, or other authorized staff member as appropriate, shall repeat the information back to the patient or designated caregiver to ensure accuracy.
c) Inquiries or clarity with regard to any medical marihuana product requires the recommending physician to be contacted. Inquiries may encompass potential drug interactions, appropriateness of therapy or dosage, or underlying health condition(s). Any adjustments made and authorized by the recommending physician shall be documented in the patient's electronic medical record.
d) In an effort to sustain a viable drug and health care management program, the pharmacist shall strongly encourage the patient to utilize a single source dispensary for his or her medication needs and avoid indulging in multi-source tactics.

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B. Dispensing Medical Marihuana to a Certified Patient or Caregiver:

a) Patient contact and identifying information shall be cross-checked to verify that the individual noted on the patient registration card corresponds with the information documented in the computerized dispensary system, [redacted]

b) Upon verification of prescription and corresponding patient, the physician's medical marihuana recommendation data shall be entered into the computerized dispensary system, [redacted]

c) Prior to medication dispensing, the pharmacist shall both review the physician recommendation on the patient or caregiver's registration card, then shall review against the corresponding drug label.

d) The pharmacist or dispensary technician shall remove the medical marihuana product from inventory based upon the patient or caregiver's physician's recommendation, or shall remove the patient or caregiver's requested product.

e) A visual inspection shall be performed to ensure that the medical marihuana product dispensed is the actual drug requested.

f) The medical marihuana product shall be packaged into the appropriate dispensary packaging container to adequately accommodate the dispensed product. **(See "Dispensary Packaging and Labeling of Medical Marihuana Products" Policy.")**

g) Dispensary personnel shall ensure that the required elements for the packaging label are present before dispensing the medical marihuana product to the patient.

h) Upon releasing medication to a patient, dispensary personnel will ask the patient if he or she has any questions. If the patient should have questions or concerns, the patient shall be directed to confer with the pharmacist; dialogue shall be conducted in a private setting such as a conference room, office, or other mutually acceptable venue conducive to maintaining patient confidentiality and compliance to Health Insurance Portability and Accountability Act (HIPAA) regulations, which AMA requires all employees to observe.

i) Dispensary personnel shall utilize the tools within the computerized dispensary system, [redacted] which has the capacity to monitor patient profiles as well as trend refill compliance, inventory control, and identify, inform and warn the pharmacist of potential adverse drug interactions, combinations, or allergy alerts.

C. Identifying Trends:

a) The identification of trends and the detection of potential errors with respect to reported occurrences is an essential element of the quality enhancement initiative.

b) Trending has the capacity to track and monitor the performance of staff member's daily duties and highlight areas that may require improvement or correction.

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c) Trending has the capacity to track and monitor the effectiveness, or lack thereof, of particular products, services, and treatment regimens; trending highlights product and service problems, deficiencies, and/or malfunctions.

D. Incidents:

An incident report shall be completed in the event of an adverse reaction or other notable unusual incident. An incident report is a record of an unintended event that describes the details of what is/was correct and what actually happened.

a) The report shall identify the nature of the incident, involvement of the patient or dispensary employee(s), witness accounts if applicable, a note advising if the physician was contacted, and resolution of the incident event.
b) The report shall be submitted to AMA Corporate within three (3) days of the incident.
c) The incident log shall be securely maintained and accessible to authorized dispensary personnel only.

E. Adverse Events: Adverse events must be reported to the NYS DOH within twenty-four (24) hours of notification, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

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Employee Manual

1 INTRODUCTION

This document has been developed by Human Resources to provide information about working conditions, key policies, procedures, and benefits affecting employment. The policies in this Manual are to be considered as guidelines.

It is recognized that an employee manual cannot answer every question nor would we want to restrict the normal question and answer interchange among us. It is in our “person-to-person” conversations that we can better know each other, express our views and work together in a harmonious relationship.

We hope this manual will help you feel comfortable with our organization. We depend on you; your success is our success and vice versa. Please don't hesitate to ask questions. Your supervisor will gladly answer them.

We ask that you read this manual carefully and refer to it whenever questions arise.

1.1 Welcome!

We're very happy to welcome you to Alternative Medicine Associates (AMA). Thank you for joining us! We want you to feel that your association with AMAAMA will be a mutually beneficial and pleasant one.

You have joined an organization that has established an outstanding reputation for quality products and service. Credit for this goes to every one of our employees. We hope you will also find satisfaction and take pride in your work here.

This Manual provides answers to most of the questions you may have about our benefit programs, as well as AMAAMA policies and procedures that we abide by, our responsibilities to you and your responsibilities to AMAAMA. If anything is unclear, please discuss the matter with your supervisor or human resources. You are responsible for reading and understanding this Employee Manual. In addition to clarifying responsibilities, we hope this Employee Manual will also give you an indication of AMAAMA’s interest in the welfare of all that work here.

There are several things to keep in mind about this handbook. First, it contains only general information and guidelines. It is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described. For that reason, if you have any questions concerning eligibility for a particular benefit or the applicability of a policy or practice to you, you should address your specific questions to the Human Resource department. ***Neither this handbook nor any other company document confers any contractual right, either express or implied, to remain in the company's employ. Nor does it guarantee any fixed terms and conditions of your employment. Your employment is not for any specific time and may be terminated at will with or without cause and without prior notice by the company, or you may resign for any reason at any time.*** No supervisor or other representative of the company (except the CEO) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above.

The company at its option, may change, delete, suspend or discontinue any part of the manual at any time without prior notice. Any such action shall apply to existing as well as to future employees.

The procedures, practices, policies and benefits described herein may be modified or discontinued from time to time. We will try to inform you of any changes as they occur.

This handbook and the information in it should be treated as confidential. No portion of this handbook should be disclosed to others, except Alternative Medicine Associates employees and others affiliated with Alternative Medicine Associates whose knowledge of the information is required in the normal course of business.

Some subjects described in this handbook are covered in detail in official policy documents. Refer to these documents for specific information because the handbook only briefly summarizes those guidelines and benefits. Please note that the terms of any written insurance policies are controlling and override any statements made in this or other documents.

1.2 Our Background

AMA members have been pivotal with regards to the care and delivery of healthcare services in the community. AMA is a natural pharmaceutical organization managed by physicians and healthcare professionals. Our core leadership personnel are individuals with impressive credentials and capabilities in organizational management of successful enterprises inside and outside of the healthcare industry. AMAAMAAMAAMAAMA is a performance driven organization. Optimizing performance, whether it is manufacturing or from a management perspective, requires empowerment and a risk/reward methodology. AMA

1.3 Our Standards

Mission: Our physician-led organization was assembled to advance the clinical benefits of marihuana based medicine. The central focus of our organization is to perfect the most clinically effective means of integrating marihuana based medicine into comprehensive treatment plans for patients with serious illnesses.

Vision: Our vision is to become the leading model of excellence for the provision of medical marihuana. **Values:** We commit to these values to guide our decisions and our behaviors:

- **Innovative Solutions –** We drive creative, customized and innovative solutions that have unlimited possibilities leading to growth, quality and new ideas.

- **Accountable Leadership –** We are a dynamic company that thrives on elevating our members and employees to heights they might never get to on their own. We are an entity where the whole is greater than the sum of the parts and where every employee is held accountable to the organization.

- **Excellence –** We are committed to clinical excellence and to programs and processes that enhance our ability to deliver quality while exceeding expectations.

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- **Integrity** – We maintain a workplace that promotes ethical judgment, honesty, trust and respect at every level.

1.4 You're Part of Our Team...

As a member of the AMA team, you will be expected to contribute your talents and energies to improve the environment and quality of AMA as well as support our mission and vision. In return you will be given opportunities to grow and advance in your career.

AMA is dedicated to three (3) standards:

1. To provide superior medical marihuana products and exceptional service to our patients
2. To provide you with competitive wages and benefits as compared to others doing similar work within the industry and region.
3. To provide an atmosphere offering growth and advancement opportunity that supports our objective to be an employer of choice in the medical marihuana and healthcare management industry.

1.5 Changes in Policy

This manual supersedes all previous employee manuals and memos.

While every effort is made to keep the contents of this document current, from time to time, the information included may change. AMA reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in the manual with or without prior notice to employees.

If changes occur, every effort will be made to keep you informed through suitable lines of communication, such as e-mails, memos, bulletin board postings, notices sent directly to you in-house, and/or other possible methods, where applicable.

Keep in mind, if there is a conflict with the contents of this manual and your offer letter or contract, your offer letter or contract supersedes this employee manual.

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2 RECEIPT & ACKNOWLEDGEMENT

AMA Employee Manual

The Employee Manual is an important document intended to help you become acquainted with AMA. It will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. Because the general business atmosphere of AMA and economic conditions are always changing, the contents of these manuals may be changed at any time at the discretion of AMA. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as an employee and on AMA.

Please read the following statements and sign below to indicate your receipt and acknowledgement of AMA Employee Manual.

- I have received and read a copy of AMA Employee Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of AMA at any time. I understand that this manual supersedes all other previous manuals for AMA as of January 1, 2015.
- I further understand that my employment is terminable "at will," either by myself or AMA, regardless of the length of my employment or the granting of benefits.
- I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the CEO of AMA.
- I am aware that during the course of my employment confidential information will be made available to me, including, without limitation, marketing strategies, customer lists, pricing policies and other related information. I understand that this information is critical to the success of AMA and must not be given out or used outside of AMA's premises or with non-company employees. During my employment relationship and in the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.
- I understand that, should the content of this employee manual be changed in any way, AMA may require an additional signature from me to indicate that I am aware of and understand any new policies.
- I understand that my signature below indicates that I have read and understand the above statements and have received a copy of AMA Employee Manual.

Employee's Printed Name _____ Position _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please retain this copy for your records. The final page of this manual is a duplicate of this page and it should be signed and given to your supervisor.

3 EMPLOYEE DEFINITION AND STATUS

An "employee" is defined as a person who regularly works on a wage or salary basis. All employees of AMA must be at least 21 years of age.

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At the time you are hired, you are classified as full time or part time and are also told whether you qualify for overtime pay. Unless otherwise specified, the benefits described in this Manual apply only to full time employees. All other policies described in this Manual and communicated by AMA apply to all employees, with the exception of certain wage, salary and time off limitations applying only to "non-exempt" (see the definition that follows) employees. If you are unsure of which job classification your position fits into, please ask your supervisor or human resources.

3.1 Employment Classification

Full Time Employees

A full time employee is an employee who works the Company's standard workweek (on average a minimum of 40 hours per week) on a regularly scheduled basis. A full time employee is eligible for Company benefits.

Part Time Employees

A part time employee is an employee who works less than the Company's standard workweek.

"Non-Exempt" and "Exempt" Employees

At the time you are hired, all employees are classified as either "exempt" or "non-exempt." These classifications are necessary because, by law, employees in certain types of jobs are entitled to overtime pay for hours worked in excess of forty (40) hours per work week. These employees are referred to as "non-exempt" in this manual; that means that they are not exempt from (and, therefore, should receive) overtime pay.

Exempt employees are supervisors, executives, administrative staff, professional staff, technical staff, outside sales representatives, officers, directors, owners and others whose duties and responsibilities allow them to be "exempt" from overtime pay provisions as provided by the Federal Fair Labor Standards Act (FLSA) and any applicable state laws. If you are an exempt employee, you will be advised that you are in this classification at the time you are hired, transferred or promoted.

Temporary Employees

Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project, for instance for harvest. Employment assignments in this category are of limited duration and the temporary employee can be let go before the end of the defined period. Short term assignments generally are periods of three (3) months or less, however, such assignments may be extended. All Temporary employees are at-will regardless of the anticipated duration of the assignment (see Employment-at-Will Policy). Temporary employees retain that status unless and until notified in writing of a change.

3.2 Proof of U.S. Citizenship and/or Right to Work

Federal regulations require that 1) before becoming employed, all applicants must complete and sign Federal Form I-9, Employment Eligibility Verification Form; and 2) all applicants who are hired need to present documents of identity and eligibility to work in the U. S.

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3.3 Introductory Period for New Employees

Unless otherwise defined in a contract, your first ninety (90) days of employment at AMA are considered an introductory period. This introductory period will be a time for getting to know your fellow employees, your supervisor and the tasks involved in your job position, as well as becoming familiar with AMA's products and services. Your supervisor will work closely with you to help you understand the needs and processes of your job.

The introductory period is a probationary time for both you as an employee and AMA as an employer. During this introductory period, AMA will evaluate your suitability for employment and you can evaluate AMA as well. If, during this period your work habits, attitude, attendance or performance do not measure up to our standards, we may release you. If you take approved time off in excess of five (5) workdays during the introductory period, the introductory period may be extended by that length of time.

At the end of the introductory period, your supervisor will discuss your job performance with you. This review will be much the same as the normal job performance review that is held for regular full time or part time employees on an annual basis. During the course of the discussion, you are encouraged to give your comments and ideas as well.

Please understand that completion of the introductory period does not guarantee continued employment for any specified period of time nor does it require that an employee be discharged only for cause.

4 EMPLOYMENT POLICIES

4.1 Anniversary Date

The first day you report to work is your official anniversary date. Your anniversary date is used to compute various conditions and benefits described in this manual.

4.2 At Will Employment

All employment and compensation with AMA is "at will," which means that your employment can be terminated with or without cause, and with or without notice, at any time, at the option of either AMA or yourself, except as otherwise provided by law. Your employment requirements are outlined in your employment contract or offer letter. Please refer back to your employment contract or offer letter for clarification.

4.3 Contracts

To the extent that an employee has a contract with AMA, the contract will dictate your employment relationship with the company. This manual shall be a supplement to your contract. If there is a conflict between the manual and your contract, the terms of your contract will govern.

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4.4 Equal Employment Opportunity

AMA is an equal employment opportunity employer. Employment decisions are based on merit and business needs, and not on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, pregnancy, physical or mental disability, marital status, veteran status, political affiliation, genetic information, or any other factors protected by applicable federal, state or local law.

The policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation benefits, social and recreational programs and all other conditions and privileges of employment in accordance with applicable federal, state and local laws.

It is the policy of AMA to comply with all the relevant and applicable provisions of the Americans with Disabilities Act (ADA). AMA will not discriminate against any qualified employee or job applicant with respect to any terms, privileges or conditions of employment because of a person's physical or mental disability. AMA will also make reasonable accommodation wherever necessary for all employees or applicants with disabilities provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require significant difficulty or expense.

Equal employment opportunity notices are posted on appropriate employee bulletin boards as required by law. The notice summarizes the rights of employees to equal opportunity in employment and lists the names and addresses of the various government agencies that may be contacted in the event that any person believes she/he has been discriminated against.

Management and human resources are primarily responsible for seeing that AMA’s equal employment opportunity policies are implemented, but all members of the staff share in the responsibility for assuring that by their personal actions the policies are effective and apply uniformly to everyone.

Willful violation of this policy on equal employment opportunity by an employee of AMA will be cause for disciplinary action, up to and including termination. Employees, including supervisors, involved in discriminatory practices will be subject to discharge.

4.5 Employee Background Check

To ensure that individuals who join AMA are well qualified and to ensure that AMA maintains a safe and productive work environment, it is our policy to conduct pre-employment background checks on all applicants who accept an offer of employment. Background checks may include verification of any information on the applicant’s resume or application form.

All offers of employment are conditioned on receipt of a background check report that is acceptable to AMA. All background checks are conducted in conformity with the Federal Fair Credit Reporting Act, the Americans with Disabilities Act, and state and federal privacy and antidiscrimination laws. Reports are kept confidential and are only viewed by individuals involved in the hiring process.

If information obtained in a background check would lead AMA to deny employment, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report’s accuracy. Background checks may include a criminal record check, and pursuant to state law, any criminal conviction of any felony of sale or possession of drugs, narcotics, or controlled substances shall prohibit that person from being employed by AMA

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Additional checks such as a driving record or credit report may be made on applicants for particular job categories if appropriate and job related.

AMA also reserves the right to conduct a background check for current employees to determine eligibility for promotion or reassignment in the same manner as described above.

Regardless of when it is discovered, employees who provide false information on their employment application may be disciplined up to and including termination.

4.6 Recruitment

A variety of routine recruitment strategies for external applicants are used by AMA including newspapers, advertisements and referrals. Administration will recommend a strategy appropriate to the position being recruited.

Administration selects candidates and schedules interviews in collaboration with Human Resources.

4.7 References

Employees of AMA are not authorized to respond to requests for references for current or former employees. In response to reference requests, we will only verify dates of your employment and position held with AMA with written authorization.

As an employee, do not under any circumstances respond to any requests for information regarding another employee unless it is part of your assigned job responsibilities. If it is not, and you receive a request for a reference, you should forward the request to your supervisor and/or Human Resources for a response.

Managers are not permitted to serve as a personal reference for former employees.

4.8 Re-Employment of Former Employees

Depending on the circumstances, AMA may consider a former employee for re-employment. Such applicants are subject to AMA's usual pre-employment procedures. To be considered, an applicant must have been in good standing at the time of their previous separation of employment with AMA and must have provided the required contracted time that is stated in the notice period of their intention to terminate their employment with AMA.

4.9 Personnel Records and Administration

Keeping your personnel file up-to-date can be important to you with regard to pay, deductions, benefits and other matters. If you have a change in any of the following items, please be sure to notify your Human Resources representative as soon as possible:

1. Legal name
2. Home address
3. Home telephone number
4. Person to call in case of emergency
5. Number of dependents

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6. Marital status
7. Change of beneficiary
8. Driving record or status of driver's license, if you operate any company vehicles
9. Military or draft status
10. Exemptions on your W-4 tax form

In order to ensure that you and your family may receive the correct coverage and benefits, please keep the information in your personnel file updated. Any change in an employee's name, address, telephone number, marital status, dependents, or insurance beneficiaries, or a change in the number of tax withholding exemptions, needs to be reported in writing without delay to the Human Resources Department. Please fill out a personal information change form if any of this data changes.

Since AMA refers to your personnel file when we need to make decisions in connection with promotions, transfers, layoffs and recalls, it is to your benefit to be sure your personnel file includes information about completion of educational or training courses, outside civic activities and areas of interest and skills that may not be part of your current position here.

If you wish to review your personnel file, you may do so by making a written request to your Human Resources representative.

All medical records, if any, will be kept in a separate confidential file.

4.10 Work Schedule

Your particular hours of work and the scheduling of your meal period will be determined and assigned by your supervisor. Management, with appropriate notification, may modify an employee's work schedule when it is necessary to meet work requirements.

AMA hours of operation at the corporate office are Monday – Friday, 8:30 am – 5:30 pm

4.11 Record of Absence/Lateness

If you are absent because of illness for three (3) or more successive days, your supervisor may request that you submit written documentation from your doctor and it may be required to include information regarding your ability to resume normal work duties before you will be allowed to return to work. You will be responsible for any charges made by your doctor for this documentation.

Your supervisor will make a note of any absence or lateness in your personnel file. Your attendance record will be considered when evaluating requests for promotions, transfers, leaves of absence and approved time off, as well as scheduling layoffs, etc.

4.12 Meal Periods

Non-exempt employees are entitled to paid rest periods and unpaid meal periods as provided by applicable state laws. If you work six (6) hours or more, you are required to take a thirty (30) minute unpaid meal period. Please understand that you may not "work through this meal period" in order to arrive late, leave early or to work extra time.

Your particular hours of work and the scheduling of your meal period will be determined and assigned by your supervisor. The time when meal periods are scheduled varies among departments, depending on the needs of each department.

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You may leave the premises during your meal period. It is important to return to work on time at the end of your meal period.

4.13 Managers

Your immediate supervisor is the person on the management team who is closest to you and your work. Your day-to-day contact with your supervisor gives you a chance to receive guidance and counsel regarding your assignments and the progress you make on your job. Your supervisor can show you how your work fits into the overall picture, teach you how to do things, explain the "how's" and "why's," and encourage you to reach your goals.

Your supervisor is in complete charge of the department. He/she is responsible for the efficient operation of the department. Your supervisor has authority to hire and dismiss, to assign work, recommend pay increases, transfers or promotions and to maintain order and discipline. This may be accomplished by the supervisor personally or through other corporate management staff as delegated.

Remember, your supervisor knows most of the answers, and, if not, knows where to get them. Your supervisor wants you to succeed. Please get to know your supervisor and when you need help or have questions, complaints, problems or suggestions, contact your supervisor first. He/she is interested in your success, the success of every member of your department and the overall success of AMA.

4.14 Patient Relations

The success of AMA depends upon the quality of the relationships between our management, our employees, our patients, our suppliers and the general public. Our patients' and our clients' impression of AMA and their interest and willingness to utilize our services is greatly formed by the people who serve them. In a sense, regardless of your position, you are AMA's ambassador. The more goodwill you promote, the more our patients will respect and appreciate you, AMA and AMA's products and services.

Here are several things you can do to help give the public a good impression of AMA:

1. Act competently and deal with patients and providers in a courteous and respectful manner.
2. Communicate pleasantly and respectfully with other employees at all times.
3. Follow up on orders and questions promptly, provide businesslike replies to inquiries and requests and perform all duties in an orderly manner.
4. Take great pride in your work and enjoy doing your very best.

These are the building blocks for your and AMA's continued success. Thank you for adding your support.

4.15 Ethical Standards

AMA insists on the highest ethical standards in conducting its business. Doing the right thing and acting with integrity are the two driving forces behind our success. When faced with ethical

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issues, employees are expected to make the appropriate professional decision consistent with AMA's principles, standards and/or compliance manual.

It is the responsibility of all employees to comply with that standard and to report violations or suspected violations to your supervisor, Human Resources and/or Compliance Officer in accordance with AMA policy.

4.16 Advancement and Promotion

AMA would like to provide employees with every opportunity for advancing to other positions or opportunities within the company. Approval of progression moves or promotions depends largely upon training, experience, work record, and business need. However, AMA reserves the right to look outside the company for potential employees as well.

4.17 Transfer Policy

AMA recognizes that a desire for career growth and other needs may lead an employee to request a transfer to another position. An employee with proper qualifications will be eligible for consideration for transfer to another department provided that the transfer does not occur within one year of the employee's date of hire or within one year of any previous transfer.

Transfer from one position to another may be required or requested from time to time. Such transfers (up, down or laterally) will be made with a possible adjustment in pay. Transfers for more than thirty (30) days will be considered permanent transfers.

In the unlikely event that you are permanently transferred for the company's benefit to a lower position, your wage may need to be adjusted to suit the new position. If you are permanently transferred to a lower position because there is no work in your department, your wage must be reduced to suit the job to which you are transferred. All wage adjustments are at the sole discretion of AMA.

4.18 Outside Employment

If you are employed by AMA in a full time position, AMA expects that your position here is your primary employment. Any outside activity must not interfere with your ability to properly perform your job duties at AMA.

Employees are permitted to engage in outside work or to hold other jobs, subject to certain restrictions as outlined below.

Activities and conduct away from the job must not directly or indirectly, compete with, conflict with or compromise the company interests or adversely affect job performance and the ability to fulfill all job responsibilities. Employees are prohibited from performing any services for customers on nonworking time that are normally performed by AMA. This prohibition also extends to the unauthorized use of any company tools or equipment and the unauthorized use or application of any confidential information. In addition, employees are not to solicit or conduct any outside business during paid working time.

Employees are cautioned to carefully consider the demands that additional work activity will create before accepting outside employment. Outside employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, refusal to travel or refusal to work overtime or different hours. If AMA determines that an employee's outside work interferes with performance, the employee may be asked to terminate the outside employment.

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If you have a second job or are thinking of taking a second job, it is requested that you notify your supervisor and Human Resources immediately and please put this in writing. He/she will thoroughly discuss the opportunity with you to make sure that it will not interfere with your job at AMA nor pose a conflict of interest. Outside employment must not be a direct competitor of AMA.

4.18.1 Conflicts of Interest

Employees must avoid any relationship or activity that might impair, or even appear to impair, their ability to make objective and fair decisions when performing their jobs. At times, an employee may be faced with situations in which business actions taken on behalf of AMA may conflict with the employee's own personal interests. Company property, information or business opportunities may not be used for personal gain.

Conflicts of interest could arise in the following circumstances:

- Being employed by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while employed with AMA.
- Hiring or supervising family members or closely related persons.
- Serving as a board member for an outside commercial company or organization.
- Owning or having a substantial interest in a competitor, supplier or contractor.
- Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to all company employees.

Employees with a conflict-of-interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their manager or the Human Resource department.

4.18.2 Non-Compete

Employees may not actively compete in any manner either directly or indirectly with the Company's business activities either current or planned. Employees may not directly or indirectly (i) induce or attempt to induce any employee, customer, consultant, supplier, or other business relation of the Company to cease doing business with AMA, or (ii) interfere with the relationship between any customer or business relation and AMA.

4.19 Performance Reviews

AMA wants to help employees to succeed in their jobs and to grow. In an effort to support this growth and success, the company has an annual review process for providing formal performance feedback. Performance reviews are done in April of each year, and as needed based on performance.

The process is as follows:

1. **Review:** Employee performance is reviewed no less than annually, but may be reviewed any time a supervisor deems necessary.

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2. **Notice:** The supervisor will contact the employee no less than one week prior to their evaluation date and schedule a meeting time for the review.

3. **Employee Self-Appraisal:** The employee is then provided with the self-appraisal sheet, including annual goals sheet, and must submit this form to their supervisor prior to their evaluation date.

4. **Performance Review Sheet:** Employee is also provided with the performance review sheet to fill out and submit with the self-appraisal in order to provide a point of reference in discussing supervisor scores as compared to employee self-perception. (Both supervisor and employee complete a form)

5. **Interview:** An interview is conducted at the scheduled time to discuss the review, with special attention given to areas in need of development. Objective, measurable goals are to be identified collaboratively to achieve desired outcomes and are documented on the Review Summary. These goals will provide a point of reference for the next performance review.

6. **Employee Performance Review Summary:** Employee Performance Review Summary is completed by both the employee and the supervisor, signed, and submitted to human resources for review and signature.

7. **Copy:** These review documents in their entirety are copied and provided to the employee for their records.

8. **File:** The original review becomes a part of the employee personnel file.

4.20 Reduction in Workforce

In the unlikely event of a reduction in workforce, employees will be laid off based on skills and abilities as well as seniority. Please understand that if the skills and abilities of two (2) employees are equal, seniority will be the determining factor in the layoff decision.

4.21 Exit Interview

In a voluntary separation situation, an AMA Human Resources representative will conduct an exit interview to discuss the employee's reasons for leaving and any other impressions that the employee may have about the company. This is also a time to return all company property and review options for continuation of benefits coverage. Please contact Human Resources prior to your last day of employment to schedule a time for an exit interview.

4.22 Return of Company Property

Any property issued to employees, such as computer equipment, company documents, keys AMA employee identification badges parking passes, cell phones or company credit card, must be returned at the time of employment separation. Employees will be responsible for any lost or damaged items.

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5 STANDARDS OF CONDUCT

5.1 General Guidelines

All employees are urged to become familiar with AMA rules and standards of conduct and are expected to follow these rules and standards faithfully in doing their own jobs and conducting the company's business.

5.2 Code of Conduct Policy

Employees of AMA are expected to accept certain responsibilities, adhere to accepted business and professional practices in all manners of personal conduct, and exhibit a high degree of personal integrity at all times. This responsibility not only involves sincere respect for the rights and feelings of others, but also demands that both in professional and in personal life, employees refrain from any behavior that might be harmful to the employee, co-workers, and/or AMA, or that might be viewed unfavorably by current patients or by the public at large.

AMA uses the following Patient-Centered Excellence Standards of conduct:

Customer Relations

- Treats patients and their caregivers with courtesy, respect and caring.
- Responds quickly and appropriately to customer requests.
- Anticipates customer needs and acts to meet those needs.
- Enforces the rules strictly and without compromise.
- Helps create and maintain a safe and comfortable environment for our patients and caregivers.

Self-Management

- Presents a positive image of AMA through professional appearance and behavior.
- Identifies own areas of development and seeks opportunities for personal and professional growth.
- Executes responsibilities in a safe and timely fashion; requests assistance as needed.
- Knows, understands and abides by the policies and procedures of AMA, and understands the laws under which we operate. Asks any questions necessary to ensure full compliance with all laws and policies.

Teamwork

- Willingly exchanges appropriate and professional information with co-workers.
- Recognizes and appreciates the values each employee brings to AMA.
- Pitches in when necessary to help other employees to ensure our patients get the best possible services.

Communication

- Continually strives to suggest and implement ways to improve personal, departmental and institutional performance.
- Interacts positively with AMA employees and patients, and everybody else with whom we come into contact as a representative of AMA

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- Listens to patients' needs and communicates in a courteous, tactful manner.
- Provides timely feedback when appropriate.
- Diligently ensures that information known about the patient is kept private and confidential.

Ownership/Accountability

- AMA offers a natural medicine, and we believe in the power of the environment. We must, as a company, demonstrate a commitment to conservation and responsible use of resources.
- Contributes to the safety and security of our workers and patients through personal actions.
- Continuous Performance Improvement

Professional conduct and our expectations include:

- Providing excellent customer service
- Dependability – reporting to work when scheduled and on time
- Following all federal, state and local laws and regulations
- Performing your job with enthusiasm and meeting the objectives for your position
- Valuing diversity and treating everyone with respect
- Presenting a professional, well-groomed image including appropriate attire and hygiene
- Integrity

The following activities/behaviors are prohibited, will not be tolerated and could result in discipline up to and including termination:

1. Falsification of any employment or other work related documents
2. Insubordination; refusal to follow directions; disrespect towards management or fellow employees
3. Dishonesty, theft, breach of trust
4. Abuse or destruction of company property, equipment or supplies
5. Absenteeism, tardiness or failure to follow proper call-in procedure
6. Violation of Non-Harassment Policy
7. Fighting, roughhousing, profanity or any other inappropriate conduct on company property
8. Possession, use or sale of alcohol/drugs on company property or coming to work under their influence
9. Working unapproved overtime or working off the clock
10. Violation of health, safety or fire codes
11. Leaving the premises during a scheduled shift without permission
12. Failure to report any injury or accident to management immediately
13. Smoking on AMA property or in AMA vehicles
14. Failure to submit medical information concerning physical ability to perform essential job functions
15. All forms of solicitation
16. Possession of weapons on company property unless required as part of your job duties
17. All forms of gambling on company property

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18. Sleeping on the job
19. Failure to follow signing in and out procedures (including break times and times when out of the office)
20. Failure to follow procedures
21. Violation of Non-Disclosure agreement or any other agreement
22. Parking outside of designated employee parking
23. Conducting personal business while on company time and/or using company property/equipment for personal business
24. Violation of dress code
25. Violation of the company expectations regarding professional conduct as stated above
26. Violation of a policy or work rule as established in the employee manual
27. Violation of the terms agreed to in your original contract
28. Other violations deemed prohibited

5.3 Attendance, Tardiness, and Absenteeism

AMA expects employees to be ready to work at the beginning of assigned daily work hours, and to reasonably complete their projects by the end of assigned work hours.

From time to time, it may be necessary for an employee to be late or absent from work. AMA is aware that emergencies, illnesses, or pressing personal business that cannot be scheduled outside work hours may arise. It is the responsibility of all employees to contact a member of management if they will be absent or late.

- Planned Absences – If you will be absent from work, you must request the day off with as much advance notice as possible.
- Unplanned Absences and Tardiness
  - You must report the situation directly to your supervisor as early as possible before your normal starting time each day. In situations where you have a doctor's note designating an extended length of absence, it is only necessary to call in once per week.
  - A pattern of absence and/or tardiness will lead to further disciplinary action.
- Excessive Absenteeism or Lateness

In general, five (5) absences in a 90-day period, or a consistent pattern of absence, will be considered excessive, and the reasons for the absences may come under question. Unexcused tardiness or leaving early is as detrimental to AMA as an absence. Three (3) such incidents in a 90-day period will be considered a "tardiness pattern" and will carry the same weight as an absence. Other factors, like the degree of lateness, may be considered.

In the event an employee fails to call their supervisor or report for work for 3 consecutive workdays, the employee will be deemed to have voluntarily resigned from his or her employment with AMA and will be removed from the payroll.

Be aware that excessive absenteeism, lateness or leaving early may lead to disciplinary action, including possible dismissal.

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5.4 Harassment in the Workplace

AMA is committed to providing a work environment that is pleasant, healthful, comfortable and free from intimidation, hostility or other offenses, which might interfere with work performance. Harassment of any sort—verbal, physical, visual—will not be tolerated.

What Is Harassment?

Harassment can take many forms. It may be, but is not limited to, unwelcome words, signs, offensive jokes, cartoons, pictures, posters, e-mail jokes or statements, political or religious statements, pranks, intimidation, physical assaults or contact, or violence. Please review our Non-Harassment Policy below and address any questions to your supervisor, Human Resources or any other member of management.

5.5 Non-Harassment Employment Policy

We believe that all employees are entitled to a work environment free from harassment. We strictly prohibit any conduct which constitutes harassment based on race, color, religion, age, sex, pregnancy, national origin, sexual orientation, disability or marital status. Disciplinary actions will be taken against any employee guilty of committing such conduct. This policy is based on Title VII of the Civil Rights Act, as amended, and other applicable laws and court decisions.

Harassment is defined as any unwelcome verbal or physical conduct, which is based on an employee's personal characteristics when:

- Submission to the harassment is made either explicitly or implicitly a term or condition of employment
- Submission to or rejection of the harassment is used as a basis for employment decisions affecting an individual
- The harassment has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment

Harassment includes but is not limited to:

- Sexually-oriented language, verbal abuse or "kidding"
- Unwanted sexual advances
- Unwanted physical contact
- Demands for sexual favors accompanied by promises or threats
- Interference with another individual's work performance through any type of sexually-oriented activity
- Creating a work environment that is hostile or offensive because of sexually-oriented or other conduct that interferes with another person's ability to do the job.
- Verbal abuse or kidding that speaks about another person's personal characteristics

Workplace Bullying

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AMA defines bullying as “repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment.” Such behavior violates the company Code of Ethics, which clearly states that all employees will be treated with dignity and respect.

The purpose of this policy is to communicate to all employees, including supervisors, managers and executives, that the company will not tolerate bullying behavior. Employees found in violation of this policy will be disciplined up to and including termination.

Bullying may be intentional or unintentional. However, it must be noted that where an allegation of bullying is made, the intention of the alleged bully is irrelevant and will not be given consideration when meting out discipline. As in sexual harassment, it is the effect of the behavior upon the individual that is important. AMA considers the following types of behavior examples of bullying:

- **Verbal bullying:** Slandering, ridiculing or maligning a person or his/her family; persistent name calling that is hurtful, insulting or humiliating; using a person as the butt of jokes; abusive and offensive remarks.

- **Physical bullying:** Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault; damage to a person’s work area or property.

- **Gesture bullying:** Nonverbal threatening gestures or glances that convey threatening messages.

- **Exclusion:** Socially or physically excluding or disregarding a person in work-related activities.

Retaliation:

Retaliation against an employee for exercising his/her rights under this policy is prohibited and will not be tolerated. This includes retaliation against an employee for inquiring about his/her rights, making an honest report or complaint of a violation, or for truthfully assisting in a complaint investigation.

Complaint Procedures:

AMA does not and will not tolerate harassment or bullying. In fulfilling their obligation to maintain a positive and productive work environment, supervisors are expected to halt any harassment or bullying of which they become aware. They are responsible for reporting all complaints to senior management.

Any employee who believes he/she has been harassed or bullied by a co-worker, supervisor, patient or vendor should bring the matter to the attention of Human Resources, his/her supervisor or any member of management immediately.

All complaints of harassment or bullying will be investigated and documented fully and fairly, and remedied, where necessary, by appropriate disciplinary action up to and including termination. Confidentiality will be maintained to the maximum extent possible. We will also ensure a no retaliation policy against an employee who, in good faith, reports harassment. If an employee believes retaliation takes place, he/she needs to notify Human Resources, his/her

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supervisor, any member of management, and/or Compliance Officer so appropriate action may be taken.

5.6 Violence in the Workplace

Nothing is more important than the safety and security of our employees, patients, vendors, and anyone else on our property.

AMA has adopted a policy prohibiting workplace violence. Consistent with this policy, acts or threats of physical violence, including intimidation, harassment, and/or coercion, which involve or affect AMA or which occur on AMA property, will not be tolerated.

Indirect or direct threats of violence, incidents of actual violence and suspicious individuals or activities should be reported as soon as possible to a supervisor, security personnel, Human Resources, member of AMA Security Team or any member of senior management. When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

Employees should promptly inform the Human Resource department of any protective or restraining order that they have obtained that lists the workplace as a protected area. Employees are encouraged to report safety concerns with regard to intimate partner violence. AMA will not retaliate against employees making good-faith reports. AMA is committed to supporting victims of intimate partner violence by providing referrals to AMA's employee assistance program (EAP) and community resources and providing time off for reasons related to intimate partner violence.

AMA will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. AMA will not retaliate against employees making good-faith reports of violence, threats or suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, AMA may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.

Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

AMA encourages employees to bring their disputes to the attention of their supervisors or Human Resources before the situation escalates. AMA will not discipline employees for raising such concerns.

5.7 Confidential Information and Nondisclosure

Our employees, customers, patients, contractors and vendors entrust AMA with important information relating to their personal lives and businesses. The nature of this relationship requires maintenance of confidentiality. In safeguarding the information received, AMA earns the respect and further trust of our patients and the community. Further, AMA also possesses its own confidential information.

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Your employment with AMA assumes an obligation to maintain confidentiality even after you leave our employ.

Any violation of confidentiality seriously injures AMA's reputation and effectiveness. Therefore, please do not discuss company business with anyone who does not work for us and never discuss business transactions with anyone who does not have a direct association with the transaction. Even casual remarks can be misinterpreted and repeated, so develop the personal discipline necessary to maintain confidentiality. If you hear, see or become aware of anyone else breaking this trust, consider what he/she might do with information they get from you. Immediately, report this behavioral to the Chief Compliance Officer.

If you are questioned by someone outside AMA or your department and you are concerned about the appropriateness of giving them certain information, remember that you are not required to answer and that we do not wish you to do so. Instead, as politely as possible, refer the request to the Chief Compliance Officer.

No one is permitted to remove or make copies of any AMA records, reports or documents without prior management approval.

Because of its seriousness, disclosure of confidential information may lead to dismissal.

5.8 Progressive Corrective Counseling

It is our goal to provide the best possible work environment. To ensure this standard, it is necessary for all of us to follow our Code of Conduct. Where, in the sole judgment of company management, a violation or problem does not warrant immediate dismissal, and where management has determined that the employee should be given the opportunity to correct the violation or improve his/her performance to an acceptable level, a progressive corrective counseling may be implemented. There will be situations in which the circumstances of the conduct warrant immediate action, including but not limited to termination.

Causes for corrective counseling generally fall into the following three categories: Performance, conduct, and attendance. Any violation of company policy and procedures discussed in this manual will be subject to corrective counseling.

The following are customary steps that may be taken and will be treated on a case by case basis:

- **Coaching/Verbal Warning** – This will be an open discussion advising the employee of the concerns in an effort to correct a performance, conduct, or attendance issue and explain what improvement is expected. The supervisor and employee will devise a written action plan to improve performance, signed by the employee, the manager and Human Resources, and placed in the employee's personnel file.
- **Written Warning** – This will advise the employee in writing of the violation or concern following a coaching discussion when the employee's performance, conduct, or attendance, have not improved. An action plan with timeframes for improving performance will be included. The counseling given must be documented, discussed and signed by the employee, the manager and Human Resources and placed in the employee's personnel file.
- **Final Written Warning** – This will be given to an employee following a written counseling when the Associate's performance, conduct, or attendance, have not

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improved. The final counseling is the final step in the process preceding termination. The final counseling must be documented, discussed and signed by the employee, the manager and Human Resources, and placed in the employee's personnel file.

- **Suspension** – Suspension is the removal of an employee from the workplace for a specified period of time without pay. A suspension should be issued if the situation involved serious misconduct but termination is not warranted. A suspension may also occur to provide time to conduct an investigation to determine if a violation of a company policy has in fact occurred. The time the employee will be out of work during the suspension period will be determined by AMA Management discretion. Depending on the outcome of the investigation, the employee may be reinstated with or without back pay for the suspension period or may be terminated. A suspension must be documented, discussed and signed by the employee, the manager and Human Resources, and placed in the employee's personnel file.
- **Termination** – Termination is the dismissal of employment from AMA. This action may be taken for a first time gross or intolerable infraction of the company policy unless the circumstances warrant otherwise, or it is a culmination of continuing serious performance, conduct, or attendance issues that have not been resolved by progressive counseling.

5.9 Solicitations and Distributions

Solicitation for any cause during working time and in working areas is not permitted. You are not permitted to distribute non-company literature in work areas at any time during working time. Working time is defined as the time assigned for the performance of your job and does not apply to break periods and meal times. Working areas do not include the meal room or the parking areas. Solicitation during authorized meal and break periods is permitted so long as it is not conducted in working areas. However, employees are not permitted to sell merchandise or otherwise solicit money or contributions without management approval.

Persons not employed by AMA are prohibited from soliciting or distributing literature on company property.

5.10 Substance and Alcohol Abuse

To help ensure a safe, healthy, and productive drug-free work environment for the employees and customers, AMA has adopted a zero tolerance policy for the use of drugs and alcohol in the workplace.

Substance Abuse Policy Procedures:

AMA requires "for cause" drug and alcohol testing for any employee who displays mannerisms, actions, behaviors, or any other evidence that he/she may have used drugs, alcohol, or controlled substance in the workplace.

1. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. Employees are expected to maintain this condition during all working hours and anytime they are on company premises, or

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in company vehicles. It is our intent and obligation to provide a drug-free, healthy and safe work environment.

2. The unlawful manufacturing, distribution, possession or use of a controlled substance, illegal drug or alcohol on AMA's premises or while conducting AMA's business off its premises is prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.

3. AMA reserves the right to drug test under several different conditions including post incident and under reasonable suspicion (which must be based on specific reliable observations about the employee's appearance, behavior, and speech or body odors. Some examples would be unsteady gait, odor of alcohol on the breath, slurring speech, aggressive or abusive language or behavior, disorientation or lethargy).

Post-accident: Employees are subject to testing when they cause or contribute to accidents that seriously damage a company vehicle, machinery, equipment or property and/or result in an injury to themselves or another employee requiring off-site medical attention. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner.

Follow-up: Employees who have tested positive, or otherwise violated this policy, are subject to discipline up to and including termination. Depending on the circumstances and the employee's work history/record, AMA may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies for a minimum of one (1) year but not more than two (2) years. If the employee either does not complete his/her rehabilitation program or tests positive after completing the rehabilitation program, he/she will be subject to immediate discharge from employment.

4. As a condition of employment, employees must comply with this policy and notify the Compliance Officer of any criminal drug statute conviction which results from a violation occurring in the workplace no later than five (5) working days after the date of such conviction. Failure to do so may result in immediate dismissal.

5.10.1 Substance Abuse Policy Definitions:

For purposes of this policy the following definitions apply:

1. The term "working hours" means the employee's entire shift or workday, from the time an employee first reports for work until his/her work is done for the day, including meal and break times.

2. The term "company premises" means all Company property including vehicles, offices, and work locations, eating areas, parking lots, lockers and desks.

3. The term "illegal drugs" means all controlled substances, narcotics and other drug-related materials whose use without specific medical authorization is a criminal offense under State or Federal Law, that includes, but is not limited to, marihuana, cocaine, barbiturates, benzodiazepines, opiates, amphetamines and PCP.

5.10.2 Substance Abuse Testing Procedures:

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As a means of enforcing this Policy, AMA may test employees to scientifically determine the presence and/or any level of alcohol or illegal drugs in an individual's system. Depending on the circumstances and/or the violation suspected, the employee will be directed to permit collection of a sample of urine, breath or blood for analysis by a laboratory. Controlled substance testing will be conducted by a certified testing facility. Collections will be carried out as privately as possible and will use methods to ensure the integrity of the sample provided.

The Medical Review Officer (MRO) will be responsible for receiving the laboratory results generated from any drug testing performed for an AMA employee. The Medical Review Officer will notify the employee of the test results in a confidential manner and afford him/her the opportunity to discuss the test result.

Analysis results and all other documentation pertaining to the testing process will be maintained as confidentially as possible.

Employees will be asked to sign a written consent prior to the testing process to take place. If an employee refuses to sign a consent form, testing will not be done; however, a refusal to submit to testing when directed will be deemed a refusal to comply with AMA requirements and shall be grounds for immediate termination of employment.

An employee reasonably suspected of engaging in the use, possession, purchase, sale, or transfer of any illegal drug while working for AMA will be removed from the workplace, required to undergo testing, referred to a source for assistance, and may be subject to immediate dismissal. The matter will be turned over to law enforcement officials for investigation and/or prosecution.

5.10.3 Workplace Searches

To protect AMA property and to ensure the safety of all employees, the Company reserves the right to inspect and search any employee's office, desk, drawers, cabinets, files, locker, equipment, including computers, e-mail and voice mail, Company vehicles, and any area on Company premises. In this regard, it should be noted that all offices, desks, file drawers, cabinets, lockers, and other Company equipment and facilities are the property of AMA, and are intended for business use. Employees should have no expectation of privacy with respect to items brought onto Company property and/or stored in Company facilities. Inspection may be conducted at any time, without notice, at the discretion of the Company.

In addition, when the Company deems appropriate, employees may be required to submit to searches of their personal vehicles, parcels, purses, handbags, backpacks, brief cases, lunch boxes or any other possessions or articles brought on to the Company's property.

Persons entering the premises who refuse to cooperate in an inspection conducted pursuant to this policy may not be permitted to enter the premises. All employees must cooperate in an inspection; failure to do so is insubordination and will result in disciplinary action, up to and including termination.

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6 COMPENSATION POLICIES

6.1 Base Compensation

It is AMA's desire to pay all employees' wages or salaries that are competitive with other employers in the marketplace and in a way that will be motivational, fair, and equitable. Compensation may vary based on roles and responsibilities, individual, and company performance, and in compliance with all applicable laws. Your compensation is a function of a confidential agreement between yourself and AMA and is not to be discussed with any other employees.

6.2 Basis for Determining Pay

Your pay is influenced by six (6) factors:

1. The nature and scope of the job
2. What other employers pay their employees for comparable jobs
3. Individual performance
4. Experience
5. Educational background
6. Customer service

6.3 Discretionary Performance Bonuses

Performance bonuses may be given to AMA employees at the sole discretion of the CEO. There are two factors that typically determine bonus availability and amounts: (a) Company Performance and Profits, (b) Personal Performance. Bonuses are not guaranteed. Timing of the bonus is at the sole discretion of AMA.

Additionally, you must be actively employed on the date bonuses are distributed to be eligible to receive one.

6.4 Deductions from Paycheck (Mandatory)

AMA is required by law to make certain deductions from your paycheck each time one is prepared. Among these are your federal, state and local income taxes and your contribution to Social Security as required by law. These deductions will be itemized on your check stub. The amount of the deductions may depend on your earnings and on the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim. Any change in name, address, telephone number, marital status or number of exemptions must be reported to your supervisor immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates precisely how much of your earnings were deducted for these purposes.

Any other mandatory deductions to be made from your paycheck, such as court-ordered attachments, will be explained whenever AMA is ordered to make such deductions. Some states may require other payroll deductions.

6.5 Deductions (Other)/Direct Deposit

It may be possible for you to authorize AMA to make additional deductions from your paycheck, Credit Union loan payments, payroll savings plans, etc., or to deposit your paycheck directly into

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your savings or checking account at a participating bank. Contact Human Resources for details and the necessary authorization forms.

6.6 Social Security

The United States Government operates a system of contributory insurance known as Social Security. As a wage earner, you are required by law to contribute a percentage of your weekly wages to the trust fund from which benefits are paid. As your employer, AMA is required to deduct this amount from each paycheck you receive. In addition, AMA matches your contribution dollar for dollar, thereby paying one-half (1/2) of the cost of your Social Security benefits.

6.7 Time Sheets & Timekeeping Procedure

By law, AMA is obligated to keep accurate records of the time worked by all non-exempt employees. Each employee must complete the appropriate time record sign in sheet each week, receive appropriate approval for deviations from a regularly scheduled work week and time records must be completed in accordance with the AMA time-reporting guidelines. Your time sheet is the only way the Payroll Department knows how many hours you worked and how much to pay you. Your time sheet indicates when you arrived and when you departed.

Exempt Corporate Employees

For exempt employees it is assumed that you worked your regularly scheduled hours unless you submit a signed PTO form to the accounting department. All employees are required to notify the office staff of their time away from the office during the workday through the mandatory use of the shared Outlook calendar as well as signing in and out at the front reception desk.

Non-Exempt Employees

You are responsible to submit a time sheet every two weeks. Remember to record your time. These time sheets should be submitted through your supervisor for approval and then to the accounting department the last Friday in each pay period. Payroll checks will be based on receipt of this time sheet.

Time sheets are official business records and may not be altered or falsified in any way. No one may record hours worked on another's time sheet. Tampering with another's time sheet is cause for disciplinary action including possible dismissal of both employees. Do not alter another person's record or influence anyone else to alter your record for you. In the event of an error in recording your time, please report the matter to your supervisor immediately.

6.8 Error in Pay

Every effort is made to avoid errors in your paycheck. If you believe an error has been made, contact Human Resources immediately. He/she will take the necessary steps to research the problem and to assure that any necessary correction is made properly and promptly. In instances of being overpaid, AMA has the right to recover this money. The overpayment will be deducted from the next paycheck.

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6.9 Overtime Pay

From time to time, it may be necessary for you to perform overtime work whenever responsibly possible. All overtime must be approved in advance by your supervisor. When it is necessary to work overtime, you are expected to cooperate as a condition of your employment. Immediately following an unscheduled overtime shift, notify your supervisor and have them sign-off approving the shift. There are two (2) types of overtime work:

1. Scheduled Overtime: Scheduled overtime work is announced in advance and generally will involve an entire department or operation. This type of overtime becomes part of the required workweek of the people who are members of the department or operation. If you need to be excused from performing scheduled overtime, please speak with your supervisor. He/she will consider your situation and the requirements of the department or operation in deciding whether you may be excused from performing the scheduled overtime.
2. Incidental Overtime: Incidental overtime is not scheduled; it becomes necessary in response to extenuating circumstances. It is extra time needed to complete work normally completed during regular hours. Incidental overtime may become necessary when an illness or emergency keeps co-workers from being at work as anticipated, or when there are projects requiring more hours than a normal work week. These circumstances may require you to return to the workplace, or stay late/come in early, for emergency work.

If you are a "non-exempt" employee and you perform overtime work, you will be paid one and one-half (1-1/2) times your regular hourly wage for any time over forty (40) hours per week that you work. If, during that week, you were away from the job because of a job-related injury, paid holiday, jury duty, vacation taken in single-day increments or paid sick time, those hours not worked will not be counted as hours worked for the purpose of computing eligibility for overtime pay.

6.10 Wage Garnishments

At times AMA may be required to deduct or garnish wages based on a court order. AMA will comply with any formal notice to garnish wages and will only cease the garnishment upon official notification from the entity that ordered the garnishment.

6.11 Pay Period and Paydays

Pay periods are bi-weekly; please see your supervisor or Human Resources regarding your payday. Changes will be made and announced in advance whenever AMA holidays or closings interfere with the normal payday. AMA reserves the right to make changes to pay cycles from time to time as deemed appropriate.

6.12 Paycheck Distribution Procedure

Paychecks are either

1. Directly deposited into the accounts you specify or
2. Available from your supervisor or accounting department or
3. Mailed to the address listed in your employee file.

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6.13 Reporting Time Pay – Inclement Weather

At times, emergencies such as severe weather, fires, or power failures may disrupt company operations. In such instances, Executive Staff will decide on the closure and will provide the official notification to the employees.

Unfortunately, you will not be paid when work is not available due to circumstances outside of AMA's control; the following are examples of such circumstances.

- Operations cannot commence or continue due to threats to employees or property or when recommended by civil authorities.
- Public utilities fail to supply electricity, water or gas, or there is a failure in the public utilities or sewer system.
- The interruption of work is caused by inclement weather, fire, flood, earthquake, avalanche, etc. or some other cause not within AMA's control.

It is anticipated that AMA facilities will only be closed in extreme circumstances. Every effort will be made to keep the facilities open. Although we do not expect employee's to risk their lives to come to work, if alternative transportation is provided, employees will still be expected to work.

- In the event that the office is opened late or closed early because of hazardous weather, the following will be applied for paying wages to hourly employees: If the office is closed early during the day to permit employees to leave early, employees will be paid for actual hours worked.
- If the opening of the office is delayed, employees will be paid for actual hours worked.
- Employees who do not report to work when the office is open will not be paid for the day. With supervisor approval, the individual will be required to take the day as a PTO day.

As you are provided an option to remain home during inclement weather, the company will not be responsible for any personal injuries or property damage if you attempt to arrive at work. You should use your best judgment in deciding whether it is reasonable for you to attempt to get to work.

6.14 Expense Reimbursement

Under ordinary circumstances, it is the policy of AMA to reimburse pre-approved business expenses on the basis of actual expenses involved. Please see a member of management or human resources for details. All reimbursement requests must be accompanied by a receipt and expense request form signed by your supervisor. Reimbursements are paid through a check issued within two weeks of expense request form submission.

6.15 Corporate Credit Card

Corporate Credit Cards may be issued to those employees who qualify. The Corporate Credit Card is to be used for the sole purpose of purchases of goods and services as well as business travel expenses for the company.

Under no circumstances should the Corporate Credit Card be used for personal transactions or to obtain cash advances.

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Limits:
Each Corporate Credit Card will be limited to a maximum set by the Chief Financial Officer (CFO). Any adjustments to this limit need to be requested to the CFO for approval.

Conditions of Use:
The Corporate Credit Card is to be used for business purposes only and not personal expenses. Infractions of the conditions of this Corporate Credit Card Policy could result in cancellation of the card and withdrawal of Corporate Credit Card privileges. Breaching of the Corporate Credit Card policy can lead to disciplinary action against the employee concerned, termination of Card-use and/or termination from the Company.

Cardholder Responsibilities:
All Cardholders must retain evidence to support all charges. An original receipt is required for reimbursement of business expenses on the Corporate Credit Card. A failure to provide receipts or creditable explanation for the unsupported expenditure could result in legal/disciplinary action being brought against the Cardholder, termination of Card-use and/or termination from the Company.

Reimbursement for return of goods and/or services must be credited directly to the Corporate Credit Card. No cash should be received by the Cardholder.

Lost, stolen or unauthorized use of Corporate Credit Cards must be reported immediately by the Cardholder To the card issuer. The Accounting Department must also be notified immediately.

Termination of Employment:
Prior to departure or termination of duties with the Company, the Cardholder must surrender the Corporate Credit Card to the CFO.

Payment Approval Process:
Monthly credit card statements must be reconciled by the Cardholder to all original source documents within 3 days of receipt. The Company expense reimbursement form must be completed and attached to the credit card statement with receipts and submitted to the Accounting Department. If expenses are related to multiple facilities, an expense reimbursement form must be completed for each facility.

The expense reimbursement forms will be reviewed by the Accounting Department. Any expenses determined not to be business related will be treated as a personal loan to the employee and deducted from the employees' next pay check. Non-approved expenses will be reviewed by the CEO.

6.16 Employment Termination/Resignation

Unless a contract or offer letter states otherwise, AMA expects that you will give your notice period as specified in your contract or offer letter in the event you intend to leave our employ.

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7 COMPLIANCE

7.1 AIDS/HIV

AMA will not discriminate against individuals with AIDS/HIV with regard to consideration for employment in keeping with the letter and spirit of the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act of 1990, the Civil Rights Act of 1991, Public Law 101-336 and Executive Order 1246.

Individuals with AIDS/HIV are entitled to protection under state and federal laws against discrimination. AMA will treat individuals with this disability as it would any other individual with a life-threatening disease.

AMA does not test for AIDS/HIV. All employees should follow universal precautions during all treatment and examination procedures in which contact with bodily fluids may occur.

7.2 Federal Anti-Kickback Law

Employees are prohibited from the following actions under the Federal Anti-kickback Law, 42 USCA 1320a-7b and shall be automatically discharged and not be considered for re-employment:

1. Knowingly and willfully solicits or receives any remuneration (including kickback, bribe, rebate) directly or indirectly, overtly or covertly, in cash or in kind:
   a. in return for referring an individual to a person for the furnishing or arranging the furnishing of any item or service for which payment may be made whole or in part under a federal health care program, or
   b. in return for purchasing, leasing, ordering or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program.

2. Knowingly and willfully offers or pays any remuneration (including kickback, bribe, and rebate) directly or indirectly, overtly or covertly, in cash or in kind, to any person to induce such person to:
   a. to refer to an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program, or
   b. To purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service or item for which payment may be made in whole or in part under a federal health care program.

7.3 Gifts

No employee may accept or solicit a gift of any kind from a patient, supplier or vendor representative. Gifts include any gratuitous service, loan, discount, money or article of value. Employees are not permitted to give unauthorized gifts to patients or suppliers, except for certain promotional "premiums" (such as t-shirts, coffee mugs, pens or key chains) imprinted with the AMA logo, or sales information. Any offers of or questions on this practice should be referred to one's supervisor or directly to the Compliance Officer. Failure to report such an offer

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is a violation of policy and may result in disciplinary action. AMA shall comply with State and Federal Anti-Kickback law.

7.4 HIPAA Compliance

AMA is committed to be in total compliance with the Privacy Guidelines of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and protect Private Health Information (PHI) for all of our Employees. Any Complaints or requests should be directed in writing to the Compliance Committee. The HIPAA legislation is complex and has many components, but the three most relevant sections for your employment with AMA are:

- Privacy – provides rules in regard to how an individual's health information may be used and disclosed.
- Transaction and Code Sets – requires the use of standard transaction formats and code sets when an individual's financial health information is transmitted electronically.
- Security – requires specific security measures to be in place to protect an individual's health information that is sent or stored electronically.

AMA will provide every new employee with HIPAA training during new employee orientation. Some employees, depending on their job duties, will require further, more in-depth training. Please check with your supervisor to determine if you require additional training.

7.5 HIPAA Violations

Any individual, acting on behalf of the "Covered Entity" (AMA) or business associate, who discloses PHI for a reason other than payment or healthcare operations, will be breaching confidentiality of Private Health Information. That individual understands and agrees that AMA will be irreparably harmed and therefore AMA is entitled, in addition to other remedies it may have at law, to seek an injunction against the individual or otherwise seek enforcement by a court. There are also Civil and Criminal penalties set forth in the HIPAA Privacy Regulations for violations which may be enforced.

7.6 HIPAA—Employee Confidentiality

It is the responsibility of all AMA employees to preserve and protect confidential patient information. The Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law governs the release of patient identifiable information by hospitals and other health care providers. This law establishes protections to preserve the confidentiality of various medical and personal information and specifies that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to: Physical medical records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples; Patient insurance and billing

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records; Mainframe and department based computerized patient data and alphanumeric radio pager messages; Visual observation of patients receiving medical care or accessing services; and Verbal information provided by or about a patient. Employees shall also follow any HIPPA related policies and procedures.

AMA employees are expected to respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care. Employees should only access or disseminate patient care information in the performance of their assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of AMA or where no officially adopted policy exists, only with the express approval of their supervisor. Employees should only discuss confidential information in the work place and only for job related purposes and should not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.

7.7 Immigration Law Compliance

All offers of employment are contingent on verification of your right to work in the United States. On your first day of work you will be asked to provide original documents verifying your right to work and, as required by federal law or in accordance to your Visa status, to sign Federal Form I-9, Employment Eligibility Verification Form. If you, at any time, cannot verify your right to work in the United States, AMA may be obliged to terminate your employment and make any required reports to the appropriate governmental or other authorities.

7.8 Licensure and Certification Requirements

It is the policy of AMA to verify the current licensure, registration and certification of all licensed, registered and certified employees who require such authorization according to state licensing and other applicable laws, rules and regulations, in order to carry out the responsibilities of their job with AMA. Verification will take place upon employment and at renewal.

Employees who do not have a current and valid license, registration and certification where required by state licensing and other applicable laws, rules, regulations, will not be permitted to work in the capacity (position) that requires such licensing, registration or certification.

Under NYS law, specifically NYCRR 10 Part 1004.5, AMA will ensure all employees are at least 21 years of age; AMA shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.

8 COMMUNICATION

8.1 Communications

Successful working conditions and relationships depend upon successful communication. Not only do you need to stay aware of changes in procedures, policies and general information, you also need to communicate your ideas, suggestions, personal goals or problems as they affect your work.

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In addition to the exchanges of information and expressions of ideas and attitudes which occur daily, make certain you are aware of and utilize all AMA methods of communication, including this Employee Manual, bulletin boards, discussions with your supervisor, memoranda, staff meetings, newsletters, training sessions, etc.

8.2 Concerns/Complaint Procedure

Our goal is to maintain a comfortable working environment for everybody. We do this in several ways:

- By treating each of you as an individual and encouraging your maximum development;
- By recognizing that each of you is essential to the success and growth of AMA; and
- By maintaining direct communications with all of our employees and ensuring that each and every one of you can speak directly and openly with our management team.

We believe that this type of communication is best for all concerned. Therefore, when you wish to express your concerns, opinions or suggestions, you will always find an open door and an attentive ear.

As time goes by and AMA grows, we will continue to listen and respond to your questions and comments.

Resolving Concerns:

Employees who have a job-related issue, question, or complaint should first discuss it with their immediate supervisor. Your supervisor is most familiar with you and your job and is, therefore, in the best position to assist you. Your supervisor works closely with you and is interested in seeing that you are treated fairly and properly.

If the issue cannot be resolved at this level, AMA encourages employees to contact Human Resources who will give your problem or complaint prompt consideration.

8.3 Open Door Policy & Counseling

Normally, you will be expected to use the Concern/Complaint Procedure outlined earlier in this manual to resolve a problem. However, if the problem or complaint is of a personal nature, or a very delicate matter, you may meet first with any member of management to discuss it. He/she will decide if you should first discuss the problem with your immediate supervisor. If so, you will be directed to use the Concern/Complaint Procedure. If the complaint, suggestion or question is of such a nature that resolution would be hampered by the Concern Procedure, the management person you contact will take the appropriate action in conjunction with Human Resources.

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8.4 Notices

E-mail and mail are our "official" way of keeping everyone informed about new policies, changes in procedures and special events. Information of general interest is sent when necessary. Please form the habit of checking and reading your e-mail and mail regularly so that you will be familiar with the information as it becomes available.

8.5 Electronic Communication Policy

AMA property, including (but not limited to) computers, phones, internet, intranet, electronic mail, and voice mail, should be used only for conducting company business. The systems may not be used for personal business.

The electronic communication systems' hardware and software are company property. Additionally, all electronic communication messages composed, sent or received on the electronic communication systems are and remain the property of AMA. Email is property of AMA and employees do not have any privacy rights with use of company email. Keep this in mind when sending and receiving e-mails.

Employees may not, through use of electronic communication systems, solicit for unauthorized commercial, religious or political organizations or other non-job related solicitations.

8.6 E-Mail Etiquette

E-mail from a company computer should be considered a business document. Good e-mail etiquette is respectful of other employees and conveys a professional image to people inside and outside of AMA. It also helps to minimize the use of resources. Please follow these simple rules of e-mail etiquette when sending e-mail.

DO:

- Use the subject line to identify your topic
- Keep e-mail to the point, be succinct
- Send e-mail only to employees who have direct interest in the subject.
- Use the out-of-office feature in Microsoft Outlook when you will be on vacation or away on business. When enabled, this feature will send a reply message that includes your to/from dates to those messages received while you were away. The out-of-office feature is under ACTIONS/MAIL TOOLS. Just remember to turn the feature off when you return.
- Spell-check everything and use proper punctuation- Business e-mail is a professional document.
- Start with a greeting instead of jumping right into a request or announcement. Use "Please" and "Thank You" if requesting something.
- Delete your old messages periodically.
- Be careful about attachments. Large attachments can be difficult to open and can clog the receiver's system.

DON'T:

- Put subject matter in e-mail that you would not put on a bulletin board, send jokes, offensive language, racial slurs, etc. Email is a public document that is backed up and stored.

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- Send Social Security numbers of employees, referring physicians, or patients through email unless the connection is secure or the social security number is encrypted.
- Use very large or small font sizes. Large type looks unprofessional and small type is hard to read. Stick with a size 10 or 12-point font.
- Flag your message as important or urgent unless it really is.
- Let e-mail sit unanswered for days. People expect a faster response from e-mail.
- Write your e-mail message using all capital letters-it is the equivalent of SHOUTING!
- Have conversations with someone by sending e-mail back and forth. Call or go see the employee(s) in question and resolve the matter. Business e-mail is for information, not conversation.
- Only copy to those employees who need the information. (cc: Your supervisor or their supervisor on every e-mail, unless requested)

8.7 Computer Software (Unauthorized Copying)

AMA does not condone the illegal duplication of software. The copyright law is clear. The copyright holder is given certain exclusive rights, including the right to make and distribute copies. Title 17 of the U.S. Code states that "it is illegal to make or distribute copies of copyrighted material without authorization" (Section 106). The only exception is the users' right to make a backup copy for archival purposes (Section 117).

The law protects the exclusive rights of the copyright holder and does not give users the right to copy software unless a backup copy is not provided by the manufacturer. Unauthorized duplication of software is a Federal crime. Penalties include fines of as much as $250,000 and jail terms of up to five (5) years.

Even the users of unlawful copies suffer from their own illegal actions. They receive no documentation, no customer support and no information about product updates. Please note the following:

1. AMA licenses the use of computer software from a variety of outside companies. AMA does not own this software or its related documentation and, unless authorized by the software manufacturer, does not have the right to reproduce it.
2. With regard to use on local area networks or on multiple machines, AMA employees shall use the software only in accordance with the license agreement.
3. AMA employees learning of any misuse of software or related documentation within AMA shall notify the department supervisor or AMA legal counsel.
4. According to the U.S. Copyright Law, illegal reproduction of software can be subject to civil damages and criminal penalties, including fines and imprisonment. AMA employees who make, acquire or use unauthorized copies of computer software shall be disciplined as appropriate under the circumstances. Such discipline may include dismissal.

8.8 Security and Proprietary Information

The protection of confidential business information and trade secrets is vital to the interests and the success of AMA. Confidential information is any and all information disclosed to or known by you as a consequence of your employment with the company that is not generally known to people outside the company about its business, its marketing and sales strategies and plans, its finances, operations, employees, methods, processes, compositions, machines, computer

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software of programs, research projects, customers, customer accounts, customer information, customer reports and customer finances, product information and reports, suppliers, accounts, billing methods, pricing data, sources of supply, business methods, production or merchandising systems or plans, and any and all information entrusted to the company in confidence by third parties, and any and all information defined as "trade secrets" under the Uniform Trade Secrets Act.

Confidential information may be contained in written manuals, verbal communications, in any unwritten knowledge, and in the unwritten knowledge of other employees, and/or any other tangible method of expression, including hard disk and soft disk drive mechanisms.

Follow these rules:

1. Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. System level passwords should be changed quarterly, user level passwords should be changed every six months.
2. All PCs, laptops and workstations should be secured with a password-protected screensaver with the automatic activation feature set at 10 minutes or less, or by logging-off when the host will be unattended.
3. When sending proprietary information through email, you are required to save the document as a locked PDF file and send as an attachment in the PDF format, unless otherwise specified for other reasons.
4. If you no longer have a need for confidential documents, they must be placed in the paper recycling bin to be shredded.

8.9 Internet Usage

Employees are responsible for using the Internet in a manner that is ethical and lawful. Use of the Internet must solely be for business purposes and must not interfere with employee productivity.

Access to internet sites must be limited to business use only. AMA reserves the right to block access to certain internet web sites and monitor its employees' use of internet locations.

The Company uses various forms of electronic communication including, but not limited to: computers, email, telephones, voicemail, instant message, text message, Internet, cell phones and smart phones (hereafter referred to as "electronic communications"). The electronic communications, including all software, databases, hardware, and digital files, remain the sole property of the Company and is to be used only for Company business and not for personal use.

The following rules apply to all forms of electronic communications and media that are: (1) accessed on or from AMA premises; (2) accessed using the Company computer or telecommunications equipment, or via Company-paid access methods; and/or (3) used in a manner which identifies the Company. The following list is not exhaustive and the Company may implement additional rules from time to time.

a. Electronic communication and media may not be used in any manner that would be discriminatory, harassing, or obscene, or for any other purpose that is illegal, against Company policy, or not in the best interest of the Company. Employees who misuse electronic

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communications and engage in defamation, copyright or trademark infringement, misappropriation of trade secrets, discrimination, harassment, or related actions will be subject to discipline and/or immediate termination. Employees may not install personal software on Company computer systems.

b. Employee's own electronic media may only be used during breaks. All other company policies, including the Company's no tolerance for discrimination, harassment, or retaliation in the workplace apply. The Company reserves the right to adjust this policy on a case by case basis as it deems appropriate.

c. All electronic information created by any employee on Company premises or transmitted to Company property using any means of electronic communication is the property of the Company and remains the property of the Company. You should not assume that any electronic communications are private or confidential and should transmit personal sensitive information in other ways. Personal passwords may be used for purposes of security, but the use of a personal password does not affect the Company's ownership of the electronic information. The Company will override all personal passwords if necessary for any reason.

d. The Company reserves the right to access and review electronic files, messages, internet use, blogs, "tweets", instant messages, text messages, email, voice mail, and other digital archives, and to monitor the use of electronic communications as necessary to ensure that no misuse or violation of Company policy or any law occurs. All such information may be used and/or disclosed to others, in accordance with business needs and the law. The Company reserves the right to keep a record of all passwords and codes used and/or may be able to override any such password system

e. Employees are not permitted to access the electronic communications of other employees or third parties unless directed to do so by Company management. No employee may install or use anonymous e-mail transmission programs or encryption of e-mail communications.

f. Employees who use devices on which information may be received and/or stored, including but not limited to cell phones, cordless phones, portable computers, fax machines, and voice mail communications are required to use these methods in strict compliance with the Confidentiality section of this Handbook. These communications tools should not be used for communicating confidential or sensitive information or any trade secrets.

g. Access to the Internet, websites, and other types of Company-paid computer access are to be used for Company-related business only. Any information about AMA, its products or services, or other types of information that will appear in the electronic media about the Company must be approved before the information is placed on any electronic information resource that is accessible to others.

8.10 Social Media Policy.

AMA is committed to utilizing social media to enhance its profile and reputation, to listen and respond to customer opinions and feedback, and to drive revenue, loyalty and advocacy. We encourage employees to support our activities through their personal social networking channels while adhering to the guidelines outlined in this section.

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For the purpose of this section, social media and networking refers to the use of web-based and mobile applications for social interaction and the exchange of user-generated content. Social media channels can include, but are not limited to: Facebook, Twitter, LinkedIn, YouTube, blogs, review sites, forums, online communities and any similar online platforms.

Employees are expected to conduct themselves in a professional manner, to respect the views and opinions of others, and to demonstrate respect for the company, its ownership, clients, guests, vendors, employees and competitors. The Company and its employees are committed to conducting ourselves in accordance with best industry practices in social networking, to being responsible citizens and community members, to listening and responding to feedback, and to communicating in a courteous and professional manner. Behavior and content that may be deemed disrespectful, dishonest, offensive, harassing or damaging to the company's interests or reputation are not permitted. The use of social media channels on company time for personal purposes is not allowed.

Any social media contacts, including "followers" or "friends," that are acquired through accounts (including but not limited to email addresses, blogs, Twitter, Facebook, YouTube, LinkedIn, or other social media networks) created on behalf of the Company will be the property of the Company.

Employees must not disclose private or confidential information about the Company, its employees, clients, suppliers or customers on social networks. Employees must respect trademarks, copyrights, intellectual property and proprietary information. No third-party content should be published without prior permission from the owner.

The Company maintains the right to monitor company-related employee activity in social networks. Violation of policy guidelines is grounds for discipline, up to and including termination.

8.11 Cell Phone Policy.

The use of personal cell phones at work is discouraged because it can interfere with work and be disruptive to others. Therefore, employees who bring personal cell phones to work are required to keep the ringer shut off or placed on vibrate mode when they are in the office, and to keep cell phone use confined to breaks and meal periods. Conversations should be had away from areas where other employees are working. When cell phone use interferes with the satisfactory performance of an employee's duties or disturbs others, the privilege of using a personal cell phone at work may be taken away and other disciplinary action, up to and including termination, may be imposed.

The Company may provide cell phone allowances to employees in certain positions in an effort to improve efficiency and effectiveness. When cell phones are used for Company business, employees must comply with all Company policies governing conduct, including our policies prohibiting discrimination, harassment, and violence in the workplace. When using the cell phone in a public place, please remember to maintain the confidentiality of any private or confidential business information. As a courtesy to others, please shut cell phones off or place on vibrate mode during meetings.

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9 OTHER POLICIES

9.1 Close Personal Relationships

A close personal relationship includes a romantic or intimate relationship between two employees, regardless of whether they are the same or opposite sexes. A close personal relationship also includes a family relationship.

If a close personal relationship exists or develops between two employees who report one to the other directly or through the structure, the employees are required to disclose the relationship to the Human Resources Department. The company may work with both individuals to try to separate their employment responsibilities from their personal relationship in order to protect the interests of both employees and others. If a potential conflict arises, management will decide which employee may be transferred.

Failure to disclose a close personal relationship may result in disciplinary action or termination of employment of both employees involved.

9.2 Dress Code/ Appearance/ Hygiene

General guidelines: All employees working in the Dispensary must dress in business-casual attire. Cultivation and Production Work: You must wear close toed shoes at all times, no heels are allowed when working in the manufacturing facility. Cultivation: You must wear a visible piece of AMA gear at all times, including a shirt/vest/hat, etc., that plainly identifies you as an AMA employee. No shorts or lose jewelry may ever been worn while working in a production area. Hair: All employees with long hair (shoulder length or longer) must wear it tied back or in a ponytail when working in the cultivation or manufacturing facilities. Pants, Skirt or dresses: For safety reasons, neither shorts nor skirts are allowed while working in cultivation. Skirts and dresses of appropriate business length are allowed while working in offices only.

Jewelry: Minimal, small pieces only are permitted in cultivation and production areas. Nothing that dangles or isn't taught against the skin is allowed in cultivation or production areas.
Shaving: Professional clean-cut, groomed, trimmed or clean-shaven appearance is required.

Employees are expected to present a neat, clean and professional appearance while conducting business, whether inside or outside of the office. Attire should always be appropriate for your work circumstances. Dressing in a fashion that is clearly unprofessional, deemed unsafe, or that negatively affects AMA’s reputation or image is not acceptable.

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If your supervisor feels your attire is out of place, you may be asked to leave your workplace until you are properly attired. You will not be paid for the time you are off the job for this purpose. Your supervisor has the sole authorization to determine an appropriate dress code and anyone who violates this standard will be subject to appropriate disciplinary action.

9.3 Entering & Leaving the Premises

At the time you are hired, you will be advised about the proper entrances and exits for our employees. You are expected to abide by these rules at all times. Failure to do so may lead to disciplinary action.

9.4 Security

Maintaining the security of AMA buildings and vehicles is every employee's responsibility. Develop habits that insure security. For example:

- Always keep cash properly secured. If you are aware that cash is insecurely stored, immediately inform the person responsible.
- Know the location of all alarms and fire extinguishers and familiarize yourself with the proper procedure for using them should the need arise.
- When leaving AMA's premises make sure that all entrances are properly locked and secured.
- It is the responsibility of the last person leaving the building at the end of the day to ensure the security alarm is set and all entrances are locked. Failure to follow this policy may result in corrective counseling up to termination.

9.5 Visitors in the Workplace

For safety, insurance, and other business considerations, only authorized visitors are allowed in the workplace and other facilities.

Visitors are not permitted on company property without prior permission as indicated in NYCRR 10 Part 1004. No visitors are permitted in working areas unless expressly permitted by law. All visitors will be accompanied by a designated AMA employee at all times they are on AMA premises or vehicles. When making arrangements for visitors, employees should request that visitors enter through the main reception area and sign in and sign out at the front desk according to policies and NYCRR 10 Part 1004.

9.6 Company Supplies, Other Expenditures

Only authorized persons may purchase supplies in the name of AMA. No employee whose regular duties do not include purchasing may incur any expense on behalf of the company without permission from an executive staff member. Without approval, AMA is not obligated for any purchase.

9.7 Equipment Use and Maintenance

AMA will provide employees with the equipment needed to do their job. None of this equipment should be used for personal use, nor removed from the premises—unless it is approved for a job that specifically requires use of company equipment outside the physical facility.

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It is your responsibility to understand the machines and equipment you need to use to perform your duties. Good care of any equipment that you use during the course of your employment, as well as the conservative use of supplies, will benefit you and AMA. If you find that something is not working properly or in any way appears unsafe, please notify your supervisor immediately so that repairs or adjustments may be made. Under no circumstances should you start or operate a machine you deem unsafe, nor should you adjust or modify the safeguards provided.

9.8 Housekeeping

Neatness and good housekeeping are signs of efficiency. You are expected to keep your work area neat and orderly at all times – it is a required safety precaution.

Easily accessible trash receptacles and recycling containers are located throughout the facilities. Please put all litter and recyclable materials in the appropriate receptacles and containers. Always be aware of good health and safety standards, including fire and loss prevention.

Please report anything that needs repairing or replacing to your supervisor immediately.

9.9 Inspection of Packages

AMA reserves the right to inspect all packages or closed containers brought into or taken out of the work area.

9.10 Recycling

Here at AMA we are interested in reducing unnecessary consumption of paper and other products. We encourage you to use the following guidelines:

Copying
To reduce the use of paper, employees are encouraged to use voice mail, e-mail, ZIP files and the like for communications and preservation of records. Generally, documents should be printed on both sides of the page.

Shredding
Confidential documents must be shredded before they are placed in the paper recycling bin. All staples and paper clips are to be removed before any item is shredded or recycled.

Recyclable Items:
White paper, white index cards, envelopes, ad cards (not glossy), manila folders, computer paper, catalogs (not glossy paper), corrugated cardboard, newspapers, soda cans, glass jars, glass bottles, tin, aluminum cans, metal lids, waxed beverage containers, aluminum foil, and plastic milk bottles .

Not Recyclable:
Copy paper wrapping, glossy and coated paper, labels, carbon paper, blueprints, wrapping paper, paper towels, or tissues.

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9.11 First Aid/ Accident Reporting

Federal law, the Occupational Safety and Health Act (OSHA) requires that we keep records of all illnesses and accidents which occur during the workday. The New York State Workers' Compensation Act also requires that you report any illness or injury on the job, no matter how slight. If you hurt yourself or become ill, please contact your supervisor for assistance. If you fail to report an injury, you may jeopardize your right to collect Workers' Compensation payments as well as health benefits. OSHA also provides for your right to know about any health hazards which might be present on the job. Should you have any questions or concerns, contact your supervisor for more information.

9.12 Life-Threatening Illnesses

AMA recognizes that employees with a life-threatening illness, including, but not limited to, cancer, heart disease and AIDS, may wish to continue to engage in as many of their normal pursuits as their condition allows, including work. These employees must be able to meet acceptable performance standards. Performing normal job functions must not exacerbate their condition. Medical evidence must indicate that their condition is not a threat to other workers or patients.

Managers need to be sensitive to the employee's condition and ensure that the employee is treated consistently with other employees. AMA seeks to provide a safe work environment for all employees and patients. Therefore, precautions should be taken to ensure that any employee's condition does not present a health and/or safety threat to other employees or patients.

When dealing with situations involving employees with life-threatening illnesses, supervisors should:

- Remember that an employee's health condition is personal and confidential, and, reasonable precautions should be taken to protect information regarding an employee's health condition.

- Contact your supervisor if you believe that you or other employees need information about a terminal illness, a specific life-threatening illness, possible contagion or if you need further guidance in managing a situation that involves an employee with a life-threatening illness.

- Contact your supervisor to determine if a statement should be obtained from the employee's attending physician that continued presence at work will pose no threat to the employee, co-workers or patients. AMA reserves the right to require an examination by a medical doctor appointed by AMA.

- Make reasonable accommodation for employees with a life-threatening illness provided that any accommodations made do not require significant difficulty or expenses.

- Make a reasonable attempt to transfer employees with a life-threatening illness who request a transfer and are experiencing undue emotional stress.

- Be sensitive and responsive to co-workers' concerns.

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- Do not give special consideration beyond normal transfer requests for employees who feel threatened by a co-worker's life-threatening illness.

9.13 Personal Phone Calls & Mail

AMA property, including computers, phones, postage meters, electronic mail, and voice mail, should be used only for conducting company business. Incidental and occasional personal use of company computers, phones, or electronic mail and voice mail systems is permitted, but information and messages stored in these systems will be treated no differently from other business-related information and messages.

. Please keep personal phone calls to a minimum—they must not interfere with your work. You are permitted to make limited local area calls on company telephones for essential personal business during meal or "break" periods only. Please do not abuse this privilege. Emergency calls regarding illness or injury to family members, changed family plans or calls for similar reasons may be made at any time. Incoming urgent calls will be directed to you.

Please don't use AMA as a personal mailing address and do not put personal mail in the stacks that are to be run through the postage meter. Although the amount may seem small, it is still considered theft.

9.14 Personal Property

Due to the strict liability guidelines of our insurance carrier, under no circumstances are you allowed to keep personal equipment or vehicles on AMA property where damage or fire could result.

Please take care to ensure the safety and security of personal items as AMA cannot be responsible for lost or stolen goods.

9.15 Theft Policy

We take internal theft very seriously. Although taking small items of Company property may seem inconsequential, the cumulative effect can be very large. Loss from theft immediately affects our ability to increase salaries and can jeopardize the profitability of AMA.

Property theft of any type will not be tolerated. We consider property theft to be the unauthorized use of company services or facilities or the taking of any company property for personal use. The following list of examples is not all-inclusive, but provides illustrations of several activities, which are unacceptable.

1. Use of company copy machines for personal use. The office copiers are not provided as a free service to employees. Using them for personal business is a form of property theft.

2. Use of computers. AMA’s personal computers (the personal computers in the office or laptops made available for work away from the office) are to be used exclusively for business purposes unless you receive permission from your supervisor.

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3. Taking of company property. Items purchased or supplied by AMA should never be removed from company premises without express authorization of your immediate supervisor and the proper paper work associated with the situation. This rule applies to all company property including corporate credit card, cell phone, computers, office supplies and even pens and paper. All employees may be subject to random searches as they leave company facilities. Any employee violating this policy may be subject to disciplinary action for theft.

9.15.1 Theft/Disciplinary Action

Unauthorized possession or removal of company property is a very serious offense. Employees violating this policy will be subjected to discipline up to and including possible dismissal and prosecution. AMA will consider the dollar value of the item(s) taken, the employee's seniority and the employee's past work record in setting penalties. Referrals to criminal authorities will be made on a case-by-case basis.

9.16 Safety Rules

Safety is everybody's business. Safety is to be given primary importance in every aspect of planning and performing all AMA activities. We want to protect you against industrial injury and illness as well as minimize the potential loss of production.

Please report all injuries (no matter how slight) to your supervisor immediately as well as anything that needs repair or is a safety hazard. Below are some general safety rules. Your supervisor or department head may post other safety procedures in your department or work area:

- Avoid overloading electrical outlets with too many appliances or machines.
- Use flammable items, such as cleaning fluids with caution.
- Walk -- don't run.
- Report to your supervisor if you or a co-worker becomes ill or is injured.
- Ask for assistance when lifting heavy objects or moving heavy furniture.
- Do not smoke.
- Keep cabinet doors and file and desk drawers closed when not in use.
- Sit firmly and squarely in chairs that roll or tilt.
- Wear or use appropriate safety equipment as required in your work.
- Avoid "horseplay" or practical jokes.
- Start work on any machine only after safety procedures and requirements have been explained (and you understand them).
- Keep your work area clean and orderly and the aisles clear.
- Stack materials only to safe heights.
- Watch out for the safety of fellow employees.
- Operate motorized equipment only if authorized by your immediate supervisor.

Remember, failure to adhere to these rules will be considered serious infractions of safety rules and will result in disciplinary actions.

Although most safety regulations are consistent throughout each department and program, each employee has the responsibility to identify and familiarize her/himself with the emergency plan for his/her working area. Each facility shall have posted an emergency plan detailing procedures for handling emergencies such as fire, weather-related events and medical crises.

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It is the responsibility of the employee to complete an Accident and Incident Report for each safety and health infraction that occurs by an employee or that the employee witnesses. Failure to report such an infraction may result in employee disciplinary action, including termination.

Furthermore, management requires that every person in the organization assumes the responsibility of individual and organizational safety. Failure to follow company safety and health guidelines or engaging in conduct that places the employee, client or company property at risk can lead to employee disciplinary action and/or termination.

If you or another employee is injured, contact your supervisor immediately and seek help from outside emergency response agencies if needed. You must complete an Employee's Claim for Workers' Compensation Benefits Form if you have an injury that requires medical attention. If your injury does not require medical attention, you must still notify your supervisor and complete an Employee Report of Accident Form in case medical treatment is later needed and to ensure that any existing safety hazards are corrected. You can obtain the required forms from Human Resources.

A federal law, the Occupational Safety and Health Act, requires that we keep records of all illnesses and accidents that occur on the job. OSHA also provides for your right to know about any health hazards which might be present on the job.

Fire Safety

Every employee is responsible for recognizing potential fire dangers and taking an active role in preventing fires. Employees are required to observe all OSHA safety requirements and regulations. Flammable materials are to be stored in covered metal containers. Employees should not block any fire doors, fire exits, fire extinguishers, windows, or doorways. Review the fire escape routes posted in each work area.

9.17 Smoking Policy

In compliance with the New York State Clean Indoor Air Act, we feel it is our responsibility to protect and promote the health and comfort of our employees and patients and provide a workplace free of exposure to hazardous substances. We have established our facilities and business as a smoke-free workplace. All employees are expected to abide by this policy while at work. No smoking of any kind is permitted on any of our properties, this means that all buildings and grounds will be smoke free and all employees must maintain a smoke-free and tobacco-free status while at work.

If there are problems regarding smoking in work areas, this shall be resolved at the management level, if possible. Otherwise, such problems shall be resolved by Human Resources in accordance with this policy.

Employees who desire to quit smoking may obtain information regarding smoking cessation programs from your insurance carrier or Human Resources.

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9.18 Suggestions – We Need Your Ideas!

As a growing company, there are many changes and improvements that come about on a daily basis. We believe the person doing a job is in the best position to think of ways of doing it more easily, more efficiently and more effectively.

We encourage all employees to bring forward their suggestions and good ideas about making our company a better place to work and enhancing service to our patients. Any employee who sees an opportunity for improvement is encouraged to talk it over with management and/or Human Resources. All suggestions are valued.

Please give us the benefit of your unique experience and thoughts. Also, make sure to fill out a suggestion form to document your innovations and money-saving efforts and have them placed in your personnel file (include dates, detailed descriptions of your contributions, estimates from the accounting department regarding cost savings or profits generated, etc.) – these may favorably affect your wage, salary or promotion reviews.

All suggestions are valued and listened to. When a suggestion from an employee has particular merit, we provide for special recognition of the individual(s) who had the idea.

10 LEAVES OF ABSENCE

10.1 Unpaid Leaves of Absence

Under certain circumstances, it is the sole discretion of AMA to grant employees unpaid leave for medical, personal or other reasons, you may need to be temporarily released from the duties of your job with AMA, but may not wish to submit your resignation. Under certain circumstances, you may be eligible for an unpaid leave of absence.

10.2 Family/Medical Leave of Absence (FMLA)

The Family Medical Leave Act (FMLA) of 1993 provides an entitlement of up to 12 weeks of job-protected, unpaid leave during any 12-month period to eligible, covered employees of covered employers. FMLA only applies to employers that meet certain criteria. A **covered employer** is a: Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer; Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or Public or private elementary or secondary school, regardless of the number of employees it employs.

In general, a leave of absence is an official authorization to be absent from work without pay for a specified period of time. Eligible employees may be entitled to job-protected family or medical leaves of absence if they are unable to come to work due to pressing family or medical concerns as described under the following Family/Medical Leave Policy, which shall be administered in accordance with applicable State and Federal laws.

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Eligibility for Leave:

- An employee is eligible to request available FMLA leave if they have been actively employed by the company for at least twelve (12) months (which need not be consecutive months, but generally does not include periods of employment prior to a break in service of seven (7) years or more)
- He or she has worked at least 1250 hours (an average of twenty-five (25) hours per week) during those twelve (12) months.
- Salary continuation during any leave period shall depend upon the employee's qualifying for disability pay under the State's Disability Law.
- Time off under the disability policy shall be counted towards the twelve (12) week total. If you are not eligible for disability, the leave will be unpaid.
- Under the circumstances set forth below, each eligible employee shall have up to a total of twelve (12) weeks of leave during any one (1) year period.

Types of FMLA Leave:

An eligible employee is entitled to a total of 12 workweeks of unpaid leave during any 12 month period for one or more of the following reasons:

- A family leave shall be granted upon the birth and care of a newborn child of the employee or for placement with the employee of a son or daughter for adoption or foster care
- **"Serious Health Condition" of Family Member**: To care for a spouse, son, daughter, or parent with a "Serious Health Condition". An employee must provide certification of the family member's serious health condition.
- **"Serious Health Condition" of Employee**: A medical leave shall be granted upon the employee's own "Serious Health Condition" that makes the employee unable to perform the functions of his or her position. An employee must provide certification of a serious health condition.
- **A "Serious Health Condition"** is defined as a disabling physical or mental illness, injury, impairment or condition involving (1) inpatient care in a hospital, nursing home or hospice; or (2) outpatient care requiring "continuing treatment" or supervision from a health care professional.
- **"Continuing treatment"** requirement may be met by a period of incapacity lasting more than three consecutive, full calendar days combined with at least two visits to a health care provider or one visit and a continuing regimen of treatment, or any incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.
- **"Qualifying Exigency" for Family of Active Military Service Member**: an eligible employee is entitled up to take up to 12 weeks of FMLA leave in the 12 month period because of any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on covered active duty (or call to active duty) deployment to a foreign country, the armed forces, members of the National Guard and Reserves.
- **"Qualifying exigencies"** include: (1) short notice deployment, (2) military events and related activities, (3) childcare and school activities, (4) financial and legal arrangements, (5)

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counseling, (6) rest and recuperation, (7) post deployment activities and (8) additional activities as agreed upon by the Company and the employee.

- **"Serious Injury or Illness of Military Service Member ("Military Caregiver Leave"):** permits eligible employees to take up to 26 weeks of FMLA leave during a single 12-month period if the employee is the spouse, son, daughter, parent, or next of kin of a member or veteran of the Armed Force or National Guard to take up to 26 weeks of leave to care for (Active, Reserve, National Guard or Veteran Injury or Illness incurred or aggravated while on Active Duty) such military service member who is undergoing medical treatment, recuperation, therapy, in outpatient status, or otherwise on the temporary disability retired list, for a "serious injury or illness."

- A **"serious injury or illness"** is defined as an injury or illness that was incurred by the member on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Amount of Leave Available:

- For FMLA leave other than Military Caregiver Leave: Eligible employees are limited to a total of twelve (12) workweeks of FMLA leave during any twelve (12) month period. Each 12-month period is a "rolling" twelve (12) month period measured backward from the date the employee commences his/her leave.
- For Military Caregiver Leave: Eligible employees are limited to twenty-six (26) workweeks of FMLA leave during a single 12-month period, measured forward from the first day of the Military Caregiver Leave. If an eligible employee does not take a full 26 workweeks of leave within 12 months of the first day of leave, then the employee is not entitled to additional Military Caregiver leave with respect to the same "serious injury or illness" by the same service member. No more than 26 workweeks of FMLA leave may be taken within any 12 month period even if an employee would otherwise be eligible for Military Caregiver Leave based on two different qualifying "serious injuries or illnesses".
- Family care leave for the birth, adoption or foster care placement of a child cannot be taken later than twelve (12) months after the birth or placement of the child but may be taken before the actual date of birth under some circumstances.
- Company employees who are spouses are eligible for FMLA leave for a combined total of twelve (12) weeks of leave for the birth, adoption or placement of a foster child, or to care for a parent with a serious health condition. The combined amount of leave that can be taken by the spouses is 26 weeks in a single 12 month period for service member caregiver leave or a combination of active duty leave and service member caregiver leave. The combined number of workweeks of leave to which both these two employees can take for active duty leave is 12 weeks.
- During any applicable 12-month period in which Military Caregiver Leave is taken, an employee is limited to a combined total of, at most 26 workweeks of FMLA leave regardless of the qualifying circumstance. During any applicable 12-month period in which Military Caregiver Leave is not taken, an employee is limited to a combined total of at most, 12 workweeks of FMLA leave for all qualifying circumstances.

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Intermittent or Reduced Work Schedule Leave:

- Medical leave for the employee's own serious health condition, or leave for the serious health condition of the employee's family member, may be taken intermittently or on a reduced schedule where medically necessary in separate blocks of time for a single qualifying reason or on a reduced schedule reducing the employee's usual weekly or daily schedule.
- When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operation.
- Whenever possible, and subject to your healthcare provider's approval, absences for planned medical treatment should be scheduled so as not to unduly disrupt company operations.
- In appropriate circumstances, we may require you to be examined by a company designated physician at company expense.
- In the event of a serious illness to the employee or his/her child, spouse or parent, creating a need for unforeseeable family or medical leave, the employee should provide us with notice, as soon as practicable, of any needed time off, and a written doctor's certificate indicating the expected duration and nature of the illness, particularly as it relates to the employee's ability to come to work or the need for that employee's presence at home to care for a seriously ill family member.

Benefits While on FMLA Leave:

- While on a leave of absence provided for under this policy, we will continue your group health insurance benefits under the same terms as provided to other employees, for up to a maximum of twelve (12) weeks leave time during any one (1) year period. If your leave extends beyond twelve (12) weeks, you shall be offered the opportunity to purchase continuing coverage under state and federal COBRA continuation rules. It is your responsibility to pay your portion of the healthcare premium.

- Other accumulated fringe benefits such as seniority, retirement, service credits, sick pay, vacation pay, etc., shall be preserved at the level earned as of commencement of the leave, but shall not accrue further during any such leave period.

Return to Work:

We understand there are times when your illness may be longer than twelve (12) weeks. If you are unable to return after twelve (12) weeks, we may separate your employment. That will not affect any compensation or disability payments you may be receiving.

- Upon completion of a leave granted under this section, you shall be reinstated to your original position or an equivalent one as long as you report within three (3) days of the end of your leave. If you do not report within three (3) days, we will consider your leaving a voluntary quit.

- If, due to your own medical circumstances, you are no longer able to perform your original job, we will attempt to transfer you to alternate suitable work, if available.

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Employee Notice Requirements:
Employees shall be required to give thirty (30) days advance notice in the event of a foreseeable medical treatment. To assist us in arranging work assignments during your absence, we ask that you give us prior notice, to the extent possible, of an expected birth or adoption, as well as an indication, to the extent known, of your expected return date. To facilitate your return to work, we also ask that you provide us with two (2) weeks advance notification of your intended return date. Failure to do so may delay your return date.

PLEASE NOTE: You are responsible for regularly updating AMA of your status. We ask that you provide us with a note from your doctor following each visit. You may fax, mail, or drop notes off in person.

Medical Certifications:
Employees who request leave because of a "serious health condition" of the employee or a covered family member will typically be required to submit a supporting certification by the relevant health care provider. The certification must establish that the employee or employee's family member does in fact have a "serious health condition" and that the condition requires the employee's absence from work.
The certification must be submitted no later than fifteen (15) calendar days after receiving the form unless strictly necessary under the circumstances. If the Company finds the certification to be deficient it may require that the employee cure the deficiency within seven (7) calendar days after notification by the company of the deficiency.

General Notice:
General notice of the employees' rights and responsibilities under FMLA (if AMA qualifies as a covered employer) is posted on Company bulletin boards and has been otherwise distributed to employees and applicants.

10.3 Military Leave of Absence

If you are a full time employee and are inducted into the U.S. Armed Forces, you will be eligible for re-employment after completing military service, provided:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five (5) years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service;
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions; and
- You apply for and are available for re-employment within ninety (90) days after discharge from active duty. If you are returning from up to six (6) months active duty for training, you must apply within a reasonable time (usually thirty (30) days) after discharge.

10.4 Military Reserves or National Guard Leave of Absence

Employees who serve in U. S. military organizations or state militia groups may take the necessary time off without pay to fulfill this obligation and will retain all of their legal rights for

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continued employment under existing laws. These employees may apply earned paid time off or unused earned vacation time to the leave if they wish; however, they are not obliged to do so.

You are expected to notify your supervisor as soon as you are aware of the dates you will be on duty so that arrangements can be made for replacement during this absence.

11 GOVERNMENT REQUIRED BENEFITS

11.1 Jury Duty

It is your civic duty as a citizen to report for jury duty whenever called. If you are called for jury duty, we will permit you to take the necessary time off. We will pay you per State and Federal law that is in place at the time of your jury duty.

You must notify your supervisor within forty-eight (48) hours of receipt of the jury summons.
On any day or half-day you are not required to serve, you will be expected to return to work. In order to receive jury duty pay, you must present a statement of jury service and pay to your supervisor. This document is issued by the court.

11.2 New York State Disability Insurance

Employees are eligible for short-term disability benefits under New York State law after thirty (30) days of service. There is a one (1) week waiting period, the pay is one-half (1/2) of your average weekly wages up to a maximum of $170 per week and payments continue for up to twenty-six (26) weeks. An employee claiming disability benefits must furnish the employer with written notice and proof of disability within 30 days of its onset.
Disability leave is counted toward the twelve (12) weeks allowed under the Family and Medical Leave Act if eligible.

11.3 Workers' Compensation

Our State's Workers' Compensation Law is a no-fault insurance plan which is supervised by the state and one hundred percent (100%) paid for by AMA. This law was designed to provide you with benefits for any injury which you may suffer in connection with your employment. Under the provisions of the law, if you are injured while at work, you are eligible to apply for Workers' Compensation.

Workers' Compensation leave is counted toward the twelve (12) weeks allowed under the Family and Medical Leave Act if eligible.

We understand there are times when your recovery may be longer than twelve (12) weeks. If you are unable to return after twelve (12) weeks, we may separate your employment. This will not affect any compensation payments you may be receiving.

11.3.1 What Is Covered?

Any injury is covered if it's caused by your job—not just serious accidents, but even first-aid type injuries. Illnesses may also be covered, if they're related to your job. The main question is if the injury or illness is the result of the performance of your job.

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11.3.2 When Am I Covered?

Coverage begins the first minute you're on the job and continues anytime you're working for AMA. You don't have to work a certain length of time and there's no need to earn any minimum amount of wages before you're protected.

All injuries, no matter how slight, must be reported immediately to your supervisor to assure consideration under Workers' Compensation Insurance should complications develop later. Your supervisor will see that you receive medical attention and complete an accident report.

Prompt reporting is the key. Benefits are automatic but nothing can happen until we know about the injury. Insure your right to benefits by reporting every injury no matter how slight.

12 BENEFITS PACKAGE

In addition to receiving a competitive compensation package and having an equal opportunity for professional development and advancement, you may be eligible to enjoy other benefits which will enhance your job satisfaction. AMA strives to offer a comprehensive compensation package that supports our objective to be an “Employer of Choice” in the medical marihuana and healthcare management industry.

A good benefits program is a solid investment by AMA in our employees. We strive to ensure the loyalty of our long term employees, as well as attracting talented newcomers who can aid AMA’s growth. AMA will periodically review the benefits program and will make modifications as appropriate.

AMA plans to offer the following benefits: health insurance, dental insurance, group term life insurance, additional voluntary life insurance, group long-term disability insurance short-term disability insurance, Section 125 & 132 flexible spending plans, COBRA, 401(k) or retirement plans. These planned benefits will be offered as required by law and may be modified by AMA at its discretion, except where prohibited by law.

12.1 Eligibility Requirements

Full time employees enjoy all of the benefits described in this manual as soon as they meet the eligibility requirements for each particular benefit.

Part time employees enjoy only those benefits which are specifically indicated in this manual, provided that they meet the minimum requirements set forth by law and in the benefit plan(s).

No benefits are available to you during your “Benefits Waiting Period” (the period up to the 1st of the month after 30 days from your start date), except as otherwise provided by law.

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12.1.1 Status Changes

If your status changes (i.e. from part time to full time) you will accrue benefits after completing the eligibility requirements. For example, if you change from a part time employee to a full time employee effective January 15th, your start date for benefits purposes is January 15th. Therefore, you would be eligible for benefits on March 1st.

12.1.2 Qualified Life Event

A change in the circumstances of an employee that allows for changes to be made to medical, dental and vision (where applicable) coverage other than at open enrollment:

- Marriage, divorce, or legal separation
- Birth or adoption of a child, legal guardianship
- A gain or loss of your spouse's or dependent's coverage under another plan
- Death of spouse or dependent

If you experience a qualifying event, you will need request a change to your benefits within 30 calendar days of the event and provide required documentation. If you do not request the change within 30 calendar days, the next opportunity you will have to make changes to your benefits will be during the next open enrollment period.

12.1.3 Open Enrollment

Open enrollment is an annual process to allow eligible employees to choose from the benefit plans available to them. Open Enrollment is your opportunity to review your insurance and spending accounts benefits coverage and make choices for the upcoming calendar year. You should actively enroll during Open Enrollment to ensure your benefits meet your needs.

Employees can choose:

- To start coverage if they don't have any;
- Change from one plan to another, if that option is available; or
- Drop coverage completely, if that's an option

12.2 Changes in Policy

This manual supersedes all previous employee benefit manuals and memos.

While every effort is made to keep the contents of this document current, AMA reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in the manual with or without prior notice to employees.

The company at its option, may change, delete, suspend or discontinue any part of the manual at any time without prior notice. Any such action shall apply to existing as well as to future employees.

13 TIME-OFF BENEFITS/ HOLIDAY COMPENSATION

13.1 Paid Corporate Holidays

When a holiday falls on a Saturday, it is observed on the prior Friday. When a holiday falls on a Sunday, it is observed the following Monday. In the event of a religious holiday, an alternative day off may be substituted for any of the holidays listed below, provided (a) the employee requests the change and (b) their supervisor determines that the substitution will serve the best interests of AMA as well as meeting the needs of the employee. Any such arrangement must be approved in writing prior to the designated holiday.

13.1.1 Recognized Holidays

The following holidays are currently recognized by AMA:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

13.2 Paid Time off (PTO)

Eligibility: Full time Employees

This is a time for you to rest, relax and pursue special interests. AMA has provided PTO as one of the many ways that we show our appreciation for your loyalty and continued service.

Full time

Unless otherwise stated in your contract and/or offer letter, full time Employees are eligible to accrue, in each full year of employment, PTO on a prorated basis as measured from the anniversary date of hire as described in 13.2.2 below. Employees are eligible to use this time as it is earned with prior written permission from their supervisor in the form of a PTO request form. You may use your paid time off in units of no less than one (1) hour increments at any one time.

Employees going on unpaid required military leave of absence may apply their accrued paid time off at the time the leave commences if they wish.
Part-time employees are not eligible for PTO.

13.2.1 PTO Requests

You are required to request PTO from your manager in advance and obtain his/her approval. You must request at least one week in advance for planned appointments in one day increments. For requests of 2 or more consecutive days, you must request with as much notice as possible, preferably one month. Approval of all requests is at the discretion of your supervisor.

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- PTO requests should be submitted directly to your supervisor and sent to the accounting department with corresponding pay period information.
- If there is a conflict, the first person to request will have first priority.
- Any block of time more than three (3) days need to be asked for as soon as possible and will be approved at the discretion of the manager.
- All efforts will be made to honor these requests but the final approval will rest with the supervisor.

13.2.2 Accumulation Rights

PTO is earned and accrued on a biweekly basis and increases with length of employment as shown in the schedule below. The length of eligible service is calculated on the basis of a "benefit year". This is the 12-month period that begins with the employee's date of hire. Unless otherwise noted in contract and/or offer letter, vacation is earned at the following rate based on years of employment:

0 through 24 months	80 hours	3.0769 hours per pay period
25 months through 60 months	96 hours	3.6923 hours per pay period
61 months through 108 months	120 hours	4.6154 hours per pay period
109 months or greater	160 hours	6.1538 hours per pay period

Accrual calculation: The accrual rate calculation for full time employees are the hours per year allotted divided by 26 equals the total amount of vacation time they will accrue per pay period.

To schedule vacation time, employees should submit a completed leave form to the supervisor at least three weeks before the requested leave. Employees must ensure that they have enough accrued leave available to cover the dates requested. Requests will be approved based on a number of factors, including department operating and staffing requirements. The supervisor should return the leave request to the employee within three business days of the date it is submitted indicating that the request has been approved or denied. If the request for vacation leave is denied, the supervisor should provide an appropriate reason on the form returned to the employee.

Vacation will be paid at the employee's base rate at the time the leave is taken. Vacation pay is not included in overtime calculation and does not include any special forms of compensation such as incentives, commissions, bonuses or shift differentials. If a holiday falls during the employee's vacation, the day will be charged to holiday pay rather than to vacation pay.

Leave taken beyond an employee's available vacation balance may be unpaid unless otherwise required under state or federal law.

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If employment is terminated, accrued unused vacation leave earned through the last day of active employment will be paid at the employee's base rate of pay at termination. In the event of the employee's death, earned unused vacation time will be paid to the employee's estate or designated beneficiary.

13.2.3 Carryover Rights

Full time employees may carryover up to forty (40) hours of PTO into the next calendar year. Any PTO in excess of forty (40) hours that is not used during a calendar year will be forfeited. Changes or exceptions to this policy will be at management's discretion. Employees may not carry over if they have more than 120 hours in their PTO bank. Time will not be carried over until that portion of the 120 hours is used.

13.2.4 Separation PTO Payout

Any accrued, unused PTO time will be paid at the time of employment separation. In circumstances when an employee is discharged for a violation of the code of conduct or if they fail to give and work their period of time stated in their employment contract, employees will forfeit this benefit and therefore will not receive their PTO payout.

During the notice period, employees will not be allowed to use their remaining PTO time.

13.2.5 Paid Time off (PTO) Exceptions

- An employee who misses more than three consecutive unscheduled days, may be required to present a doctor's release to the Human Resources department that permits them to return to work.
- PTO taken in excess of the PTO accrued must be submitted in writing. The only possible exception to this policy must be granted by the CEO and will be reviewed on a case by case basis.
- PTO accrued prior to the start of a requested and approved unpaid leave of absence must be used to cover hours missed before the start of the unpaid leave.
- Unscheduled absences, due to illnesses of four hours or more that result in consecutive days absent from work, are considered one absence incident in relationship to potential disciplinary action.
- Any employee who misses three consecutive days of work without notice to their supervisor will be considered to have voluntarily quit their job.

13.3 Bereavement (Funeral) Leave

Eligibility: Full time employees only, after completion of your Benefits Waiting Period.

You are entitled to take up to three (3) consecutive workdays (eight hour days) with pay to attend the funeral and take care of personal matters related to the death of a member of your immediate family. Immediate family includes: parent, spouse, spouse's parent, child, spouse's child by a former marriage, brother or sister (*Spouse is defined to include a domestic partner as a person who is unrelated to employee and is over the age of 18 years, residing with and sharing basic living expenses with the employee).

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One (1) day of paid funeral leave will be granted in the case of the death of a grandparent, your spouse's grandparent or sibling, or any member of your extended family living in your home.

With your manager's approval, you may take up to one (1) full day without pay to attend funerals of other relatives and friends. If you prefer, paid time off may be used for this purpose.

Pay for a funeral leave will be made for actual time lost from work. If the funeral occurs at a time when work is not scheduled, payment will not be made. If a holiday or PTO days occurs on any of the days of absence, you may not receive PTO pay in addition to paid funeral leave.

13.3.1 PTO Donation

In instances of bereavement, PTO may be donated to another employee by completing a PTO Donation Form which may be obtained through your manager or the Human Resource department.

It is important for any employee donating time to understand that once the hours are given to the receiving employee they cannot be returned to the donor. Additionally the PTO hours constitute earned income that the donating employee is forfeiting from their yearly compensation.

There is no limit as to how many donated PTO days an employee may receive on an annual basis. Keep in mind each situation will be reviewed on a case by case basis. PTO days can be donated in full day (eight hour days) increments only.

The receiving employee should understand that their yearly compensation will reflect a higher amount with the donated hours they received. Further, the PTO hours donated cannot not be returned to the donor.

PTO can only be donated in circumstances of death of an immediate family member as defined under Bereavement, section 13.3. All other circumstances will be reviewed by management on a case by case basis. Management reserves the right to deny PTO donation at their discretion.

Note: Please keep in mind employees are provided PTO to care for illness or personal matters, but excessive unscheduled absenteeism may still result in disciplinary action up to and including termination of employment.

14 GROUP HEALTH AND RELATED BENEFITS

14.1 Benefits Summaries and Eligibility

AMA sponsors a comprehensive benefits program for eligible employees and their families, and each benefit plan has specific eligibility conditions. The benefits are summarized in separate booklets called “summary plan descriptions,” which are provided to all eligible employees. The details of each benefit are contained in separate legal documents known as the “plan documents,” which take precedence over anything contradictory in the summaries.

All full time employees will enjoy all of the benefits described in this policy and the individual plan summaries as soon as they meet all of the eligibility requirements for each particular benefit. Half time employees may be eligible for certain benefits if they meet the eligibility

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conditions. Please make an appointment to meet with human resources to discuss the plans available to you.

15 OTHER BENEFITS

16.1 Tuition Assistance

AMA believes in an educational assistance program to provide employees with the opportunity to enhance their development, to increase their knowledge and skills, and to earn undergraduate and advanced degrees that are related to their work.

16.1.1 Eligibility

Full-time employees who have completed one year of continuous employment are eligible to apply for this program.

Courses must be directly related to the employee's current job, an advanced position within the company, or an identifiable career path within the company in order to qualify for reimbursement. Classes must not interfere with an employee's normal work schedule.

In order to be eligible for tuition reimbursement, employees must obtain the written approval of their supervisor. Employees must be on the payroll when the course is completed.

Employees will become ineligible for tuition reimbursement under this policy, if the employee has received a formal warning within six months prior to his or her request for pre-approval; or the employee receives a formal warning following pre-approval and before the course is completed.

Company will not reimburse your tuition payment if you receive a formal warning at any time prior to you completing the course.

16.1.2 Covered Expenses

Tuition costs, examination fees, books and required laboratory fees at an accredited institution or training program are covered expenses that will be reimbursed by the company. Any travel, parking, lodging, and extraneous fees will not be reimbursable expenses.

16.1.3 Application Process

Employees should complete an Educational Assistance Reimbursement Agreement Form and receive required approval *before* enrolling in a course. Forms are available in the Human Resources department.

16.1.4 Grade Requirements

The eligible expenses that AMA will reimburse are based on the employee's final grade received for the course, as follows:

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Grade	% Reimbursed
A	100%
B	75%
C	50%
D	0%
Pass/Fail Courses	100% for receipt of passing grade

16.1.5 Annual Reimbursement Limit

The annual dollar limit on reimbursable tuition expenses is $3,000.

16.1.6 Time of Reimbursement

No advance payments are available. Reimbursements are made after a course is completed. Employees who quit a course, quit employment, or are discharged for violating company policy are not eligible.

16.1.7 Taxability

Tuition reimbursement payments may be subject to tax and tax withholding. Employees should consult with their tax advisor.

16.1.8 Employee Reimbursement to the Company

Employees who voluntarily leave the employ of the company within 1 year of receiving tuition reimbursement must reimburse the company for any payments received under this program within the year prior to their departure.

16.1.9 Training

In addition to courses that employees may choose to pursue under the tuition reimbursement program, employees may also be requested to attend training classes, seminars, and meetings during the course of their employment. This training is intended to enhance employee effectiveness on the job and to widen the employee's career path. The company will pay 100% of the cost of training courses, seminars, or meetings that employees attend at the company's request. Employees will also be paid for time spent in such activities.

16.2 Matching Charitable Gifts Program

AMA is pleased to join in supporting nonprofit organizations and to help make our communities better. Our matching gifts program is open to all active employees and is intended to recognize and support the important work of nonprofit organizations. Our program is designed to

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encourage community involvement and charitable giving by our employees. AMA will match our employees' charitable contributions to qualified organizations.

AMA will match a dollar for dollar employee contributions made to qualifying 501c3 charitable organizations up to a maximum of $200 annually.

To request a matching gift, eligible employees will need to complete the Matching Gifts form and provide the necessary documentation and submit the form to Human Resources.

16.2.1 Eligible Organization

Eligibility of 501c3 organizations to receive this match must meet these requirements:

- The recipient organization must be nonprofit, tax-exempt, and hold a current Section 501c3 determination letter from the Internal Revenue Service. The organization must be classified by the IRS as a public charity.
- The organization must serve the community
- No goods or service may be received by the employee, the employees' family or other designated individuals in exchange for the matching gift.

The following organization/donations are eligible to receive matching gifts from AMA:

- Accredited educational institutions, including primary, secondary, technical and specialized schools, universities, and graduate and professional schools
- Nonprofit community and civic organizations
- Arts and cultural organizations, such as museums or libraries
- Nonprofit hospital or health care agencies.
- Nonprofit social service organizations or charitable organizations that are not-for-profit, such as soup kitchens, American Red Cross, American Cancer Society, American Diabetes Association
- Nonprofit environmental organizations

16.2.2 Ineligible Organizations

The following organizations/donations are not eligible to receive matching gifts:

- Contributions to scholarship funds where the scholarship recipient is designated by the donor
- Nonmonetary donations, such as a donated vehicle
- Religious, political, or fraternal organizations
- Contributions in support of athletic programs - Athletic booster clubs or athletic scholarships
- Gifts solely for religious payments, tuition payments, membership fees to alumni associations
- Organizations that are membership based such as clubs with dues

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- Gifts to social, religious or political groups (contributions for an appointed or elected government board or organizations whose primary function is lobbying or litigation)
- Subscription fees for publications
- Payments to institutions in return for benefits or services
- Gifts for the private benefit of specified individuals

Ineligible Donors

- Contributions made by Spouses or other family members
- Inactive employees on leaves of absence or long-term disability

16.2.3 Guidelines

To qualify for a matching gift, an employee's gift must meet the following conditions:

- The gift must be an actual donation—not a pledge.
- Donated gifts must be a tax-deductible contribution of $50 or more
- The gift must be made directly to the eligible organization.
- AMA's Matching Gift Form must be completed.
- All matching gifts will be mailed directly to the non-profit group from AMA.

AMA may suspend, change or discontinue this program at any time. The interpretation, application and administration of the program shall be determined by AMA.

Please note, AMA will put a cap on the total annual amount we match as a company. This cap will be determined annually by executive management. You may contact Human Resources prior to making your gift in order to determine if the company has reached the maximum annual matching contribution.

16.3 Health Club Membership Reimbursement

AMA is concerned with the health and wellbeing of our employees and recognizes that exercising is an important aspect for work life balance. We would like to offer our full time corporate staff, health club membership reimbursement. AMA will reimburse full time employees up to $150 a year towards a gym membership.

16.3.1 Eligibility

Employees will be eligible for reimbursement following the waiting period up to the 1st of the month after 30 days from your start date.

16.3.2 Reimbursement

Eligible employees are required to fill out the gym reimbursement form and submit to Human Resources along with the receipt from the health club.

Proof of payment includes:

- Health Club contract
- Payment receipts

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17 Disclaimer

The content of a manual does not constitute nor should it be construed as a promise of employment or as a contract between AMA and any of its employees.

Employees may not accrue eligibility for monetary benefits that they have not earned through actual time spent at work. Employees shall not accrue eligibility for any benefits, rights or privileges beyond the last day worked.

No one other than the CEO of AMA may alter or modify any of the policies in this Manual. No statement or promise by a manager, supervisor or department head may be interpreted as a change in policy nor will it constitute an agreement with an employee.

Should any provision in this Employee Manual be found to be unenforceable and invalid, such finding does not invalidate the entire Employee Manual but only the subject provision.

This manual supersedes all other previous manuals for AMA as of January 1, 2015.

This manual is intended for AMA employees. In the event certain classes of employees become unionized in accordance with NYCRR 10 Part 1004.5, policies in this manual and any additional policies required by Local 338, RWDSU/UFCW will apply for those classes of employees.

18 RECEIPT & ACKNOWLEDGMENT

AMA Employee Manual

The Employee Manual is an important document intended to help you become acquainted with AMA. It will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. Because the general business atmosphere of AMA and economic conditions are always changing, the contents of these manuals may be changed at any time at the discretion of AMA. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as an employee and on AMA.

Please read the following statements and sign below to indicate your receipt and acknowledgement of AMA Employee Manual.

- I have received and read a copy of AMA Employee Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of AMA at any time. I understand that this manual supersedes all other previous manuals for AMA as of December 1, 2009.
- I further understand that my employment is terminable “at will”, either by myself or AMA, regardless of the length of my employment or the granting of benefits.
- I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the CEO of AMA.
- I am aware that during the course of my employment confidential information will be made available to me, including, without limitation, marketing strategies, customer lists,

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pricing policies and other related information. I understand that this information is critical to the success of AMA and must not be given out or used outside of AMA's premises or with non-Company employees. During my employment relationship and in the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.

- I understand that, should the content be changed in any way, AMA may require an additional signature from me to indicate that I am aware of and understand any new policies.
- I understand that my signature below indicates that I have read and understand the above statements and have received a copy of AMA Employee Manual.

Employee's Printed Name _____ Position _____

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____

Please sign and give to your supervisor for filing in your Employee File.

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

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Prepared by:	Effective Date:
AMA Management Group, LLC ("AMA")	May 2015
Approved By:	**Amendment Date(s):**
Board of Managers	

Policy: **Incident Management**

Procedure: AMA shall use acceptable incident practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13. The following is an overview of AMA's incident management procedures.

A. A workplace emergency is an unforeseen situation that threatens your employees, customers, or the public; disrupts or shuts down your operations; or causes physical or environmental damage. Emergencies may be natural or man-made. The best way is to prepare to respond to an emergency before it happens. Few people can think clearly and logically in a crisis, so it is important to do so in advance, when you have time to be thorough. AMA has developed plans to mitigate the effects of the specific incidents that jeopardize the good working order of the organization. It is imperative that AMA has the ability to prevent the diversion of marihuana products, and rapidly recover from one of these events in order to service the community it has promised to serve. Safety and security always remain the top priorities.

B. AMA has instituted an Incident Response Protocol in accordance with applicable legal and regulatory requirements to address the following: consumer complaints, public disturbances, natural disaster, fire, explosion, evacuation, hazardous material leak, bomb threats, suspicious mail, employee misconduct which includes the unauthorized use of AMA equipment, unethical behavior, unauthorized access, substance abuse, fire or security alarms, injuries, missing property or data, unlawful disclosure of confidential information, suspicious persons, incidents involving law enforcement for theft, or other criminal activity. Added to this list are any other incidents that may adversely affect AMA, or threaten its participation in the New York State Medical Marihuana program.

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C. Reportable incidents will be recorded on the applicable organizational form and entered into the Incident Report (IR) database at the earliest possible convenience unless otherwise indicated. The IR database will be part of the secure cloud based NYS Seed to Sale database which may be accessed and monitored by the NYS Department of Health 24 hours a day, 7 days a week.

D. AMA has formed a Safety and Incident Review Team, which includes our COO, Internal Investigations Officer, Director of Security, Assistant Directors of Security (2), and other operational leadership which will meet on a quarterly basis to review all reportable incidents and the subsequent corrective measures taken. The purpose of these reviews is to identify, analyze, and understand these incidents in order to reveal the underlying causes to prevent reoccurrences. Procedures may be revised as a result these reviews. The Director of Security may direct that summary changes be made to procedure on a temporary basis prior to the next quarterly meeting to ensure good working order of the organization. Any temporary changes made in this manner will be reviewed during the next quarterly meeting of the Safety and Incident Review Team. The Director of Security shall direct that reportable incidents are followed up and monitored by operational leadership to assure that the corrective measures were successfully implemented.

E. Reportable incidents will be placed in one of the following four (4) categories: No Impact Incident, Minor Incident, Major Incident, and Serious Incident.

a. NO IMPACT INCIDENT: this type of incident in no way adversely impacts the operation of AMA or its employees. This type of incident may have resulted in harm had a different set of circumstances existed. An example of this type of incident is an employee slip but no fall or an audible alarm on a CCTV DVR. A supervisor shall be notified and an IR may be entered into the database.

b. MINOR INCIDENT: this type of incident can be typically dealt with by a person identifying a problem. An example of this type of incident is if a patient or caregiver is denied entrance to the grounds of a facility due to lack of an appointment or possession of an expired NYS Registration card. A supervisor shall be notified and an IR entered into the database.

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c. MAJOR INCIDENT: this type of incident requires immediate action by the person identifying it. A line supervisor shall be advised immediately to assess the situation. Thereafter the supervisor shall contact the emergency services and officials as per specific emergency plan. A supervisor shall direct that an IR be entered into the database.

d. SERIOUS INCIDENT: this type of incident requires immediate action by the person identifying it. A line supervisor should be advised immediately to assess the situation. Thereafter the supervisor shall contact the emergency services and officials, including the NYS Department of Health, and proceed according to NYS DOH regulations and following the specific critical incident emergency plan. A supervisor shall direct that an IR be entered into the database.

F. The aforementioned procedures are to be implemented in the event of a critical incident occurrence. The steps in these procedures may be tailored by a line supervisor in order to address circumstances specific to the critical incident for the purposes of bringing it to a successful conclusion. Any procedural changes must be warranted and subsequently documented on the Incident Report

See “Incident Reporting” Policy for more information.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Incident Reporting**

Procedure: AMA has in place the following mechanism to report accidents or illnesses which arise out of the employee's employment with AMA or a patient/visitor's visit to AMA. All onsite incidents shall be documented per this policy and all documentation shall be delivered to the Chief Compliance Officer so as to ensure proper follow-up, compliance, confidentiality, and risk management for the organization. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

A. Goals:

1. Consistency in documentation
2. Timeliness of Human Resource notification
3. Appropriate Clinical/Administrative follow-up and staff education
4. Improvement of safety standards and elimination of injuries

B. Employee Incident:

All employees who sustain a work-related injury or illness will be required to follow these established guidelines for incident reporting:

a) All work-related injuries/illnesses should be reported to the employee's supervisor immediately.
b) The employee's supervisor is responsible for obtaining prompt medical treatment for the injured employee and securing the accident scene as appropriate.
c) The employee's supervisor will complete an Employee Incident Report Form to document the incident.
d) If the employee refuses treatment, a refusal of treatment must be documented on the form.
e) The completed Employee Incident Report will be sent within 24-48 hours to the Chief Compliance Officer.
f) Incident analysis will be completed by the Chief Compliance Officer, who will investigate the incident along with the employee's supervisor.

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g) The QA team will review all incident reports and develop a plan that will be initiated to prevent reoccurrence of the same type of injury in future.

C. Patient/Visitor Incident:

a) An employee who becomes aware of a visitor experiencing an injury/illness while on AMA property shall immediately report this to their supervisor.
b) The employee's supervisor is responsible for obtaining prompt medical treatment for the injured visitor and securing the accident scene as appropriate.
c) The employee's supervisor will complete a Patient/ Visitor Incident Report Form to document the incident.
d) If the visitor refuses treatment, a refusal of treatment must be documented on the Incident Report Form.
e) The completed Patient/Visitor Incident Report will be sent within 24-48 hours to the Chief Compliance Officer.
f) Incident analysis will be completed by the Chief Compliance Officer, who will investigate the incident along with the employee's supervisor.
g) The Chief Compliance Officer shall contact any and all appropriate agencies, vendors and/or AMA administration necessary to conduct a full and appropriate review of the documented incident.
h) All incidents involving medical marihuana products shall be investigated by the Chief Compliance Officer and reported within twenty-four (24) hours to the DOH.
i) The QA team will review all incident reports monthly and develop a plan that will be initiated to prevent reoccurrence of the same type of injury in future.

See Employee Incident Report Form and Patient/Visitor Incident Report Form on following pages.

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EMPLOYEE INCIDENT REPORT

THIS REPORT IS BEING PREPARED IN ANTICIPATION OF LITIGATION AND IS ATTORNEY-CLIENT PRIVILEGED

Date of Incident: __/___/20__

Site of Incident: _____

Person Preparing Report: _____ Phone #: _(____)_____

Employee's Supervisor: _____ Phone #:_(____)_____

Witness 1:_____ Phone #:_(____)_____

Witness 2:_____ Phone #: _(____)_____

Employee Name:_____ DOB: ___/___/_____ Phone #:_____

Incident Information

Time employee began work on day of incident: ____:____ ☐AM ☐PM

Time of incident: ____:____ ☐AM ☐PM

Exact location of the Incident w/in the site(ex: front entrance):_____

Was this location where the employee normally worked? ☐Yes ☐No

If No, why was the employee there? _____

Did supervisor witness incident? ☐Yes ☐No ☐Unknown

Describe how incident took place including activity being performed at the time (ex: slipped in spilled coffee and hit head on floor while attending to patient; fell on needle while on lunch break):

Describe exact nature of injury/illness & body parts affected (ex: twisted left ankle and forehead cut)**:**

Was an object involved in the incident? (ex: needle) ☐Yes ☐No If yes, what?_____

Did employee give notice of injury/illness to anyone? ☐Yes ☐No

If yes, notice was given to: _____ ☐Orally ☐ In writing On:___/___/**20**___

Attach a copy of Employee's written notice

Was employee given a Claimant Information Packet? ☐Yes ☐No If Yes, on:___/___/**20**___

Medical Treatment

What was the date of employee's first treatment?:___/___/**20**___ ☐None received ☐ Unknown

EMPLOYEE INCIDENT REPORT

Where did the employee first seek medical treatment for this injury/illness?
☐ On site ☐ Doctor's office ☐ Emergency Room ☐ Clinic/Urgent Care ☐ Hospital stay over 24 hours ☐ Unknown

Who treated the employee and where? _____

Is the employee still being treated for this injury/illness? ☐ Yes ☐ No ☐ Unknown

If yes, name and address of treating doctor(s):

_____

_____

Has the employee had another work-related injury to the same body part or a similar illness while working at this job? ☐ Yes ☐ No ☐ Unknown If yes, who treated the previous injury/illness or where was the employee treated?:_____

Did the injury/illness result in death? ☐ Yes ☐ No If Yes, date of death:___/___/**20**___

(Name and address of nearest relative: _____)

Work Status

Did the employee stop work because of the injury/illness? ☐ Yes ☐ No If Yes, on:___/___/**20**___

Has the employee returned to work? ☐ Yes ☐ No

If yes, on what date? :___/___/**20**___ ☐ Regular duty ☐ Limited duty
(limitations:_____)

What was/is employee's job title?:_____

What types of activities did/does the employee perform at work:

1.
2.
3.

Employee's job was/is: ☐ Full time ☐ Part time ☐ Per diem

Days employee usually works/ed: ☐ Mon. ☐ Tues. ☐ Weds. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Was employee paid for a full day on the date of the injury/illness? ☐ Yes ☐ No

Additional Comments and Signed Verification

Comments:

_____ _____

Employee Signature/Date **Supervisor Signature/Date**

_____

Human Resources Signature/Date

_____ _____

(Optional) Witness 1 Signature/Date **(Optional) Witness 2 Signature/Date**

Scanned and emailed to:
☐ Chief Compliance Officer on ____/____/_____

PATIENT/VISITOR INCIDENT REPORT

THIS REPORT IS BEING PREPARED IN ANTICIPATION OF LITIGATION AND IS ATTORNEY-CLIENT PRIVILEGED

Date of Incident: __/___/20____ Time of Incident: ____:____ ☐AM ☐PM

Site Where Incident Occurred: _____

Person Preparing Report: _____ Phone #: _(____)_____

Witness 1:_____ Phone #:_(____)_____

Witness 2:_____ Phone #: _(____)_____

Patient/Visitor Name:_____ DOB: ___/___/_____

Phone # (visitor only):**_(____)_____**

Address (visitor only)**:_____**

Incident Information

Exact location of the Incident w/in the site:

☐Bathroom ☐ Office ☐Interior hall ☐ Parking lot ☐ Sidewalk ☐ Exterior grounds

☐ Other: _____

Reason for visit:_____

Primary care provider:_____

Describe how incident took place including activity being performed at the time (ex: slipped in spilled coffee and hit head on floor while waiting for patient; tripped at loading dock):

Patient/Visitor states:

Describe exact nature of injury/illness & body parts affected (ex: twisted left ankle and forehead cut)**:**

Patient/Visitor states:

Was an object involved in the Incident? (ex: needle) ☐Yes ☐No If yes, what?

_____

Nature of incident:

Falls	Drug Reaction	Miscellaneous
☐ Slipped/tripped	☐ Allergy	☐ Assault
☐ Fall from equipment	☐ Drug interaction/reaction	☐ Theft
☐ Stairs	☐ Improper use	☐ Property damage
☐ Parking lot		☐ Property lost
☐ Other:_____		☐ Equipment failure
		☐ Caught in/on/between something:_____

Medication:

☐ Contaminated/outdated ☐ Contraindication ☐ Recalled ☐ Other:_____

If wrong dosage, did patient take medication? ☐ Yes ☐ No

If wrong medication, did patient take medication? ☐ Yes ☐ No

Other factors: ☐ Wrong patient ☐ Wrong time ☐ Other:_____

Was individual observed? ☐ Yes ☐ No If yes, by:_____

Contributing Factors:

Patient/Visitor

☐ Agitated, confused	☐ Patient interface	☐ Sedation/intoxication
☐ Altered level of consciousness	☐ Pre-existing medical condition	☐ Disregarded instructions
☐ Disoriented	☐ Unexpected movement	☐ None
☐ Unable to understand	☐ Allergic/adverse reaction	

Environment

☐ Weather	☐ Icy weather conditions	☐ Equipment
☐ Maintenance	☐ Procedure not followed	☐ Housekeeping
☐ Procedure not clear	☐ Supplies not adequate	☐ Other:_____
☐ Supplies not available		

Medical Treatment

What was the date of patient/visitor's first treatment? (if patient, first treatment for incident injury, not date seen for other reasons):___/___/**20**___ ☐ None received ☐ Unknown

Where did the patient/visitor first seek medical treatment for this injury/illness?

☐ On site ☐ Doctor's office ☐ Emergency Room ☐ Clinic/Urgent Care
☐ Hospital stay over 24 hours ☐ Unknown

Who treated the person and where? _____

Was person sent to ER and/or hospital? ☐ Yes ☐ No

If yes, name of hospital: _____

PATIENT/VISITOR INCIDENT REPORT

Was person seen by a provider? ☐Yes ☐No **If yes, by whom?** _____

Date seen on __/___/20__ Time seen: __:___ ☐AM ☐PM

Provider's findings:_____

Was follow-up treatment recommended? ☐Yes ☐No **If yes, what?**_____

X-rays done? ☐Yes ☐No **If yes, x-ray results:**_____

Was medical care documented in chart? ☐Yes ☐No **If no, explain:** _____

Was treatment refused? ☐Yes ☐No

Is the patient/visitor still being treated for this injury/illness? ☐Yes ☐No ☐Unknown

If yes, name and address of treating doctor(s):

_____

_____

Did the injury/illness result in death? ☐Yes ☐No If Yes, date of death:___/___/**20**___

(Name and address of nearest relative: _____)

Was notice of injury given by the patient/visitor (ex: contact by an attorney)**?** ☐Yes ☐No

If yes, notice was given to: _____ ☐Orally ☐ In writing On:___/___/**20**___

Attach a copy of written notice

Additional Comments and Signed Verification

Comments:

_____ _ _____

REQUIRED: Patient/Visitor Signature/Date **REQUIRED: Manager Signature/Date**

_____ _____

(Optional) Witness 1 Signature/Date **(Optional) Witness 2 Signature/Date**

_____

Human Resources Signature/Date

Scanned and emailed to:
☐ Chief Compliance Officer on ____/____/_____

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Marketing and Advertising Plan**

Procedure: AMA will follow the guidelines set forth by the New York State Department of Health (DOH), specifically 10 NYCRR Section 1004.14 in any and all of its advertising, including advertising on physical structures and print or media advertising.

Advertising on Physical Structures: AMA will restrict external signage on any physical structure leased, owned or otherwise utilized in accordance with the following guidelines. These guidelines shall also apply to any item located on real property on which AMA's physical structure is located, including all vehicles owned, leased or utilized by AMA.

1. External signage will be restricted to a single, black and white sign;
2. AMA will not illuminate, at any time, a sign advertising a medical marihuana product;
3. AMA will not advertise medical marihuana brand names or use graphics related to marihuana or marihuana paraphernalia; and
4. Marihuana, or associated approved products, will not be displayed or clearly visible from the exterior of any physical structure.

Print, Media and other Advertisements: All advertisements, regardless of form, for approved medical marihuana products will adhere to the following guidelines:

1. Any statements relating to the effectiveness, side effects, consequences and contraindications will be truthful and accurate, in accordance with the regulations set forth by the DOH;
2. All advertisements for an approved medical marihuana product will be submitted to the DOH at least thirty (30) business days prior to the public dissemination of such material, in accordance with the guidelines set forth by the DOH;
3. No advertisement may be disseminated if AMA has received information that has not been widely publicized in medical literature that the use of an approved medical marihuana product may cause fatalities or serious damage; and

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4. AMA shall not make advertisements for the purpose of influencing a patient or caregiver to select a certain practitioner or approved medical marihuana product.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Medical Marihuana Product Recalls: Dispensary Protocols**

Procedure: AMA has established procedures to manage the recall of medical marihuana products, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

a) The Lead Pharmacist will create a Medical Marihuana Product Recall Log in which to document the notice of any recalled product. Staff will verify the presence of any medical marihuana by lot number and ID number within the [redacted] tracking system.
b) The recalled product will be packaged into a sealed container and returned to AMA's Manufacturing Facility following the procedures outlined in AMA's Transportation policies and procedures.
c) Any recalled product will be reported to the DOH by the Chief Compliance Officer within twenty-four (24) hours.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Naming of Approved Medical Marihuana Products**

Procedure: AMA names all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11.

Naming of Products:

1. AMA will only use distinct names consisting of letters and/or numbers in labeling each brand of approved medical marihuana offered; and
2. No names shall be coined, street, slang or contain a reference to a particular strain's alias and no reference shall be made to any specific medical condition.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Natural Disasters**

Procedure: AMA shall use acceptable practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10. The following is an overview of AMA's procedure in the event of an act of God.

A. **Hurricanes:** Hurricanes are destructive storms with sustained winds of more than 74 miles per hour can flatten homes, topple trees and turn loose objects into deadly projectiles. The storm's driving winds and torrential rains can cause massive and dangerous flooding in low-lying and poor-drainage areas. Hurricane season lasts from June to November.

a. Employees shall monitor local media (television and radio) for the most up to date information regarding the storm. During a Hurricane Watch, employees should think carefully about whether it is safe to respond to work for their shift. Employees shall monitor their personal electronic devices for an announcement regarding closure.

b. If weather conditions deteriorate during a day that normal business operations are being conducted, the Director of Security shall communicate with the AMA CEO for any decisions regarding facility closure.

c. In the event of a mid-day closure, the Assistant Director of Security in charge of the facility shall immediately direct that the Evacuation procedure regarding the safeguard of marihuana products is initiated by Security Teams assigned there.

d. In the event of a mid-day closure, employees will be notified via the public address system and leave the facility in an orderly manner.

e. AMA shall cease business operations in the affected facilities and immediately notify the AMA Call Center to begin cancelling previously scheduled appointments if possible.

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f. The Director of Security shall ensure that outside emergency response agencies are contacted if necessary.

g. The Director of Security shall make a determination regarding security staffing at each of the affected facilities.

B. **Tornadoes:** In the event of a tornado threat to the localized area when normal business operations are being conducted, the Assistant Director of Security in charge of the facility shall direct security personnel to accompany employees to safety in the following manner:
   a. Accompany employees to the basement or the lowest point in a building. If an underground shelter is not available, move to a small interior room or hallway on the lowest floor and get under a sturdy piece of furniture.
   b. Instruct employees to stay away from windows.
   c. Security personnel shall avoid places with wide-span roofs, such as auditoriums, cafeterias, large hallways.
   d. Security personnel shall watch out for fallen power lines and stay away from damaged areas.
   e. Listen to the radio for information and instructions.
   f. The Director of Security shall assure that the incident is properly categorized and documented on an Incident Report and entered into the IR database if indicated.

Note: the plan to provide safety for employees may be required to change as dictated by the circumstances of a specific incident. If exigency exists, the focus needs to shift towards the preservation of life and well-being of employees present.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Policy: **Patient Care Quality Assurance**

Procedure: AMA will follow the guidelines set forth by the New York State Department of Health (DOH), specifically 10 NYCRR Section 1004.14 in its quality assurance protocols (QA) across all phases of the company's business including cultivation, manufacturing, processing, packaging, and distribution.

A. Patient Care:

AMA has established a method to determine the appropriate level of care to be delivered to patients. This policy allows for subsequent determination of adherence to protocols, standards of practice, and policies. QA shall be documented and maintained for future use in evaluation, coaching, mentoring, education, and disciplinary purposes.

AMA strives to provide patients with superior safety and quality of care throughout all the treatment and service lines. The best way to maintain the high level of care and to achieve improvements is through performance measurement, data collection, continued education and counseling. By monitoring performance and by ensuring the continued professional growth of our provider staff, AMA seeks to deliver the highest quality in providing access to approved medical marihuana products to patients.

To ensure that our staff regularly monitors, tracks and implements QA and improved treatment directives, the following guidelines have been implemented.

The leadership of AMA have established the following metrics for continual review and monitoring. Site based directors will perform a review of the following circumstances and document their finds for discussion during monthly directors' meetings and monthly QA sessions.

1. Complaints

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2. Adverse Events
3. Drug Reaction or Incident

B. Frequency of QA Meetings

Each AMA dispensary shall host a QA meeting at least monthly. Minutes shall be maintained for all QA meetings so that staff may review the committee recommendations and so that the collected data may be used as a tool for learning.

C. Goal Setting:

AMA leadership uses QA as a tool for establishing and monitoring clinical and treatment goals throughout the organization and in each specific facility. Based upon the findings of QA, leadership and staff shall take action to implement necessary safety standards and changes to treatment protocols. Additionally, leadership and staff will use the forum of monthly directors' meetings and monthly QA meetings to report on improvements and goal attainment. Further, AMA will take appropriate action if it is shown that the modifications to goals and protocols have been unsuccessful or resulted in less than desired improvements.

D. Monitoring and Evaluations:

AMA shall employ varied mechanisms, tools and procedures in the evaluation of its approved medical marihuana products and dispensing services. In addition to the various DOH requirements, AMA shall maintain certain standards appropriate for the business of manufacturing and dispensing approved medical marihuana products to certified patients and registered caregivers.

AMA shall evaluate all employees in satisfaction of any laws or regulations, or any other internal AMA policy that might affect an employee's ability to perform the functions of the role or task to which they are assigned.

AMA shall conduct annual evaluations of staff using any combination of the following tools:

1. 360 Degree evaluations
2. Supervisor Based Evaluations
3. Leadership Based Evaluations
4. Peer Review

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Patient Flow**

Procedure: The design of AMA's dispensing facilities shall comply with all applicable state and federal laws and rules, including the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.12. The following is an overview of patient flow within AMA's dispensaries.

Patient Flow

To create a steady and uncongested flow of patients visiting the dispensary, AMA has created a unique facility design concept wherein:

1. Patients will enter the facility from the exterior through the entry vestibule and into the waiting area;
2. From the waiting area, Patient will transition to the retail area through a secure vestibule; and
3. From the retail area, Patient will exit the dispensary through the exit vestibule to the same general area they entered from but not cross traffic with incoming patients.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Personnel Records**

Procedure: AMA's dispensing facilities shall comply with all applicable state and federal laws and rules, including the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. AMA will maintain certain employee records as required by federal and state law. This policy outlines some of AMA's personnel file contents.

Personnel Records

The personnel records maintained by AMA include but are not limited to:

1. Job description for each employee and volunteer position and an organizational chart consistent with the job descriptions.
2. Personnel record for each AMA employee. AMA shall maintain such records for at least 12 months after termination of the individual's affiliation with the Company. Each employee's personnel records include the following:
   (a) Full name, address and telephone of each employee;
   (b) All materials submitted to the Department in connection with the AMA's application for registration;
   (c) Documentation of verification of references;
   (d) The job description or employment (or independent contractor) contract that includes duties, authority, responsibilities, qualifications, and supervision;
   (e) Documentation of all required training, including training regarding privacy and confidentiality requirements, and the signed statement of the individual indicating the date, time, and place he or she received said training and the topics discussed, including the name and title of presenters;
   (f) Documentation of periodic performance evaluations; and
   (g) Record of any disciplinary actions taken.
3. All FBI and criminal background reports obtained in connection with employment

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Brands**

Procedure: Through our medical marihuana research partners we have determined which particular cannabinoid combinations most effectively treat the various medical diagnoses listed in the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11.

A. Medical Foundation:

Our medical foundation presents a considerable advantage in selecting the strains which offer the most therapeutic effect to the widest scope of medical ailments, symptoms and side effects. We are confident that our unique variety will offer the greatest range of medical relief to our patients.

B. Medical Marihuana Formulary

AMA has developed its formulary to address the permitted treatable health conditions as defined by NYS DOH. These are novel creations based on the relationship of utilizing cannabinoids found in medical marihuana to address malfunctions of the CB1 & CB2 gene coupled protein receptors, responsible for many types of disease in the human body.

C. Understanding Endocannabinoids

Why do cannabinoids from the medical marihuana plant have an effect on the human body? The surprising answer is that our body produces a group of 'cannabis-like' chemicals called endogenous cannabinoids, or endocannabinoids. Together, the endocannabinoids regulate many bodily functions, as widely diverse as sleep, blood pressure, immune responses, and bone growth, among others. When the different endocannabinoids work together in a proper way, they help to keep us balanced and therefore, healthy. Conversely, it is becoming increasingly clear that an unbalance in endocannabinoid activity is involved in many medical conditions.

a) Receptors

Endocannabinoids exert their biological effects by binding to the cannabinoid receptors, which act like switches to changes bodily functions such as blood pressure, pain responses or appetite. It is now

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known that cannabinoid receptors can be found in most parts of the brain, as well as in the immune system and a variety of other organs. Endocannabinoids and their receptors together are called the endocannabinoid system. This system can be found even in very primitive organisms, indicating it has a very fundamental and important role in basic physiology.

b) Plant Cannabinoids Meet Endocannabinoids

Some of the plant-derived cannabinoids bind to the endocannabinoid receptors, and can therefore induce responses that are normally regulated by the endocannabinoids. The specific distribution of cannabinoid receptors in the human body seems to explain many of the observed effects of marihuana consumption. But cannabinoids can also have effects that are independent from binding to the receptors. For example, some cannabinoids are known to be potent anti-oxidants. Other cannabinoids do not bind directly to receptors, but can influence the way other cannabinoids (such as THC) bind.

Because cannabinoid receptors are mainly found in the nervous system and immune system, it may be easy to understand why the use of marihuana materials may have an effect on medical conditions where the nervous system (MS, pain of neurologic origin) or the immune system (auto-immune disease like rheumatism, inflammation) is involved. However, this does not necessarily mean it is easy for scientists to translate these effects into the development of a viable medicine.

D. Brand Requirements:

AMA will comply with the requirements set forth by the DOH in formulating its unique brand offering.

1. The final medical marihuana products shall not contain less than ninety-five percent (95%) or more than one hundred-five percent (105%) of the concentration of total THC or total CBD indicated on the label for the particular brand;
2. Each brand shall have a maximum of 10mg total THC per dose;
3. AMA shall offer and make available to patients at least one brand that has a low THC and a high CBD content;
4. AMA shall offer and make available at least one brand that has approximately equal amounts of THC and CBD;
5. AMA shall not add any additional active ingredients or materials to any approved medical marihuana product that alters the color, appearance, smell, taste, effect or weight of the product unless it has first obtained prior written approval of the DOH. Excipients must be pharmaceutical grade and approved by the department; and
6. Each approved medical marihuana product brand, in its final form, shall be defined as having a specific concentration of total Tetrahydrocannabinol (THC) and total Cannabidiol (CBD) and shall have a consistent cannabinoid profile. The concentration of the following cannabinoids, at a minimum, must be reported:

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a. Tetrahydrocannabinol (THC)
b. Tetrahydrocannabinol acid (THCA)
c. Tetrahydrocannabivarin (THCV)
d. Cannabidiol (CBD)
e. Cannabinadiolic acid (CBDA)
f. Cannabidivarine (CBDV)
g. Cannabinol (CBN)
h. Cannabigerol (CBG)
i. Cannabichromene (CBC)
j. Any other cannabinoid component at > 0.1%

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Labeling Quality Assurance Recordkeeping**

Procedure: AMA packages and labels all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11 and Part 1004.12. AMA's dispensing facilities will follow DOH guidelines for packaging and labeling approved medical marihuana products.

The AMA dispensing facilities shall affix to the approved medical marihuana product package a patient specific dispensing label that is easily readable, and firmly affixed and includes:

a. Name and registry identification number of the certified patient and designated caregiver, if any;
b. Certifying practitioner's name;
c. Dispensing facility name, address and phone number
d. Dosing and administration instructions;
e. Quantity and date dispensed; and
f. Any recommendation or limitation by the practitioner as to the use of medical marihuana.

The [redacted] label creation tool generates transaction specific information including all aforementioned criteria.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Returns, Complaints and Recalls**

Procedure: AMA has established procedures to manage medical marihuana product returns, complaints and recalls in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

A. Quality Control:

Products must pass rigorous testing and quality control measures before they are issued to the dispensary for distribution. If in the event the test results do not meet the parameters established for quality, potency, and safety, the material will either be reprocessed or destroyed according to DOH guidelines. At this time all internal documents will be reviewed and verified that the material was handled properly throughout all processes. The process of recall and determining where the system was compromised relies on accurate notes, pertinent data, everyone doing their job all the time, and the ability to take actions based on the information.

B. Recall Action Plan:

It is the mission of AMA to maintain such a proficient Quality Assurance and Quality Control plan there will never be a an adverse event once the material is released to the public. However, in the case of a product return, complaint or the unlikely occurrence of an adverse event, where material is in question after the release to the public, the following Recall Action Plan will be initiated:

1) The Chief Compliance Officer will be notified immediately and will launch an investigation.
2) The batch of the product release will be identified.
3) Production and distribution of that product and all of the same type of product will halt in production and in distribution.
4) All dispensaries that were issued that batch of material will be notified to hold any remaining portion of that batch.
5) A thorough investigation into the nature of the complaint, return or adverse event will determine the severity of the course of action.
6) Dispensaries may be asked to procure the sales records for all sales pertaining to that batch.

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7) Each patient will be contacted to the best of the ability of the company to return the unused portion for a full refund.
8) Additional tests will be ordered on any suspect material in the possession of AMA and AMA's dispensaries, but not the public at large.
9) Depending on the nature of the adverse event, a serious investigation will be induced to locate the source of the contamination or how quality was compromised, and how the material made it out of AMA's custody and made available to the public.
10) A corrective action plan will be induced and testing procedures adhered to, before the same type of product is manufactured or released to the dispensaries in the future.
11) Dispensary locations where the product was sold will be posted with a notification for the next thirty days indicating; the date range the questionable material was sold, what it looked like, the batch number of related product, and that it can be returned for a full refund.

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Buffalo, NY

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SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

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TITLE:

SECURITY PLAN

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SA JOB #: 15011-04
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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Voluntary Closure Procedures**

Procedure: In the event AMA elects to cease operation of all permitted activities and to surrender its registration, pursuant to NYCRR Part 1004.10, the following procedures will be followed to ensure compliance with the required regulations.

Voluntary Closure

In the event AMA elects to cease operation of all permitted activities and to surrender its registration, the following will apply:

1. AMA will notify the department in writing at least 120 days prior to the anticipated date of closure (§1004.10(c)(1);
2. The written notice will include a proposed plan for closure, subject to Department of Health (DOH) approval, and will include timetables and will describe the procedures and actions AMA will take to (§1004.10(c)(2):
    a. Notifying affected patients and their designated caregivers (§1004.10(c)(2)(i);
    b. Properly destroy, transfer or otherwise dispose of all of AMA's supply of marihuana products (§1004.10(c)(2)(ii);
    c. Maintain and make available to the DOH all records required to be maintained for five (5) years (§1004.10(c)(2)(iii); and
    d. Maintain compliance with DOH regulations and other conditions required until the approved closure date (§1004.10(c)(2)(iv).
3. AMA will take no action to close the dispensing facility prior to the DOH's approval of the plan for closure (§1004.10(c)(3);

Likewise, if AMA's application for renewal of registration is denied, AMA will submit a proposed plan for closure as outlined above (§1004.10(c)(4).

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Weighing In and Weighing Out**

Procedure: All medical marihuana products will be weighed when signed out of the Final Product Vault by type, and will be weighed again immediately before being placed in the transport vehicle, and again at the final delivery location. This policy ensures AMA's compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13.

A. All measurements, including the weight in and the weight out, will be recorded:
    a. on the Trip Plan (shipping manifest) and
    b. in the Inventory control System ([redacted]
B. The measurements recorded must exactly match those on the Trip Plan (shipping manifest) and in the Inventory Control System.
C. If any medical marihuana product must be removed or added from pre-packaged amounts, new tamper-proof and child-resistant packaging in vacuum sealed bags will be utilized and all activity relative to the repackaging will be added to the records in [redacted] and the records will be updated.
D. Any activity related to adjustments made to an already packaged medical marihuana product will require immediate notification of the Inventory Manager and Operational Leadership

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 4: Devices (10 NYCRR § 1004.5(b)(4)(i))

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Naming of Approved Medical Marihuana Products**

Procedure: AMA names all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11.

Naming of Products:

1. AMA will only use distinct names consisting of letters and/or numbers in labeling each brand of approved medical marihuana offered; and
2. No names shall be coined, street, slang or contain a reference to a particular strain's alias and no reference shall be made to any specific medical condition.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Brands**

Procedure: Through our medical marihuana research partners we have determined which particular cannabinoid combinations most effectively treat the various medical diagnoses listed in the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11.

A. Medical Foundation:

Our medical foundation presents a considerable advantage in selecting the strains which offer the most therapeutic effect to the widest scope of medical ailments, symptoms and side effects. We are confident that our unique variety will offer the greatest range of medical relief to our patients.

B. Medical Marihuana Formulary

AMA has developed its formulary to address the permitted treatable health conditions as defined by NYS DOH. These are novel creations based on the relationship of utilizing cannabinoids found in medical marihuana to address malfunctions of the CB1 & CB2 gene coupled protein receptors, responsible for many types of disease in the human body.

C. Understanding Endocannabinoids

Why do cannabinoids from the medical marihuana plant have an effect on the human body? The surprising answer is that our body produces a group of 'medical cannabis-like' chemicals called endogenous cannabinoids, or endocannabinoids. Together, the endocannabinoids regulate many bodily functions, as widely diverse as sleep, blood pressure, immune responses, and bone growth, among others. When the different endocannabinoids work together in a proper way, they help to keep us balanced and therefore, healthy. Conversely, it is becoming increasingly clear that an unbalance in endocannabinoid activity is involved in many medical conditions.

a) Receptors

Endocannabinoids exert their biological effects by binding to the cannabinoid receptors, which act like switches to changes bodily functions such as blood pressure, pain responses or appetite. It is now

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known that cannabinoid receptors can be found in most parts of the brain, as well as in the immune system and a variety of other organs. Endocannabinoids and their receptors together are called the endocannabinoid system. This system can be found even in very primitive organisms, indicating it has a very fundamental and important role in basic physiology.

b) Plant Cannabinoids Meet Endocannabinoids

Some of the plant-derived cannabinoids bind to the endocannabinoid receptors, and can therefore induce responses that are normally regulated by the endocannabinoids. The specific distribution of cannabinoid receptors in the human body seems to explain many of the observed effects of marihuana consumption. But cannabinoids can also have effects that are independent from binding to the receptors. For example, some cannabinoids are known to be potent anti-oxidants. Other cannabinoids do not bind directly to receptors, but can influence the way other cannabinoids (such as THC) bind.

Because cannabinoid receptors are mainly found in the nervous system and immune system, it may be easy to understand why the use of medical marihuana materials may have an effect on medical conditions where the nervous system (MS, pain of neurologic origin) or the immune system (auto-immune disease like rheumatism, inflammation) is involved. However, this does not necessarily mean it is easy for scientists to translate these effects into the development of a viable medicine.

D. Brand Requirements:

AMA will comply with the requirements set forth by the DOH in formulating its unique brand offering.

1. The final medical marihuana products shall not contain less than ninety-five percent (95%) or more than one hundred-five percent (105%) of the concentration of total THC or total CBD indicated on the label for the particular brand;
2. Each brand shall have a maximum of 10mg total THC per dose;
3. AMA shall offer and make available to patients at least one brand that has a low THC and a high CBD content;
4. AMA shall offer and make available at least one brand that has approximately equal amounts of THC and CBD;
5. AMA shall not add any additional active ingredients or materials to any approved medical marihuana product that alters the color, appearance, smell, taste, effect or weight of the product unless it has first obtained prior written approval of the DOH. Excipients must be pharmaceutical grade and approved by the department; and
6. Each approved medical marihuana product brand, in its final form, shall be defined as having a specific concentration of total Tetrahydrocannabinol (THC) and total Cannabidiol (CBD) and shall have a consistent cannabinoid profile. The concentration of the following cannabinoids, at a minimum, must be reported:

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a. Tetrahydrocannabinol (THC)
b. Tetrahydrocannabinol acid (THCA)
c. Tetrahydrocannabivarin (THCV)
d. Cannabidiol (CBD)
e. Cannabinadiolic acid (CBDA)
f. Cannabidivarine (CBDV)
g. Cannabinol (CBN)
h. Cannabigerol (CBG)
i. Cannabichromene (CBC)
j. Any other cannabinoid component at > 0.1%

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 5: Security and Control
(10 NYCRR § 1004.5(b)(4)(ii))

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **AMA's Security Plan Purpose**

Procedure: AMA shall use acceptable security and reporting practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13. The following is an overview of AMA's security plan policy.

A. The vision and policy of Alternative Medicine Associates, LLC (AMA) is to provide a safe and secure environment for its employees, staff, visitors (patients, caregivers, vendors etc.) and the surrounding community. The purpose of this Security plan is to protect AMA's facilities, physical assets, products, currency and electronic information.
    a. AMA's Security Plan contains the "Standard Operating Procedures" relating to physical, cyber, and procedural security for all company facilities and transportation vehicles.
    b. AMA's Security Division maintains a comprehensive plan in accordance with and as required by section Chapter XIII, Part 1004 is hereby added to Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.

B. Employee Training:
    a. AMA's employees and security personnel will be educated and trained with the information and procedures associated with this Security Plan.

C. Confidentiality:
    a. The details in this Security Plan are security sensitive and must be kept confidential and not disseminated or shared with any unauthorized person(s). Unauthorized release of any security sensitive procedures or protocols will be grounds for immediate dismissal from employment.

D. **Distribution**: A copy of this plan shall reside in each of the following locations:
    a. AMA's Cultivation Center Security Operations Center
    b. AMA's Dispensing Facility Security Offices
    c. AMA's Cultivation Center Operations Center
        i. With the following personnel:
            1. Security Director and Security Managers

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2. Chief Operating Officer
3. All Facility Managers
4. General Counsel (Legal)
5. Chief of Security

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: Confidentiality and Security of Information Plan

AMA shall use acceptable privacy practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. The following is an overview of AMA’s confidentiality and security of information procedures.

Purpose:

A. The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.
    a. [redacted] is a secured program that is password protected and is also set for Biometric Fingerprint scanning to ensure only authorized personnel will be able to access secure documentation within the system.
    b. At no time will an employee access or share health related information that they are not authorized to view. AMA is committed to its patient’s right to privacy and understands it is directly liable for compliance with the provisions of the HIPAA Rules.
B. Reference Unlawful Disclose of Confidential Information for full detail.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Criminal Activity Committed Against AMA**

AMA shall use acceptable security and reporting practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. The following is an overview of AMA's criminal activity policy.

Procedure:

A. It is of paramount importance that AMA properties remain a safe and crime free environment for employees and the public alike. For this reason, Security personnel shall remain vigilant for any persons that are engaging in criminal conduct.

B. The Assistant Director in charge of Cultivation is responsible for developing and maintaining a close working relationships with the local police precincts covering the AMA facilities. These relationships will prove invaluable while attempting to stem the tide of criminal activity committed against AMA.

C. There are mainly two different types of responses to address criminal activity perpetrated against the AMA facilities:

   a. <u>Criminal Activity Requiring Summary Action:</u>
      i. Security personnel assigned to the Command Center/Security Offices shall monitor the CCTV system during their shifts. The cameras will flip through a cycle that covers all interior/exterior cameras providing coverage for the facility.
      ii. Security personnel assigned to posts in and around a facility shall monitor all persons within their view for criminal activity.
      iii. In the event a person is engaging in criminal conduct outside of the property, a notification shall be made to the Command Center/Security Office for the local police to be contacted for a response. The individual will be visually monitored while the

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police are en route and prohibited from entering the property. The reporting security officer shall meet and brief the responding police officer upon arrival. If a police report is prepared, the Assistant Director of Security assigned to the facility will petition the precinct to obtain a copy.

iv. In the event a person engages in criminal conduct in the parking lot, or inside of a AMA facility, the observing security officer shall immediately contact the Command Center/Security Office with brief details and attempt to engage the individual in order to cease the criminal activity from occurring until police arrival.

v. The Command Center/Security Office shall immediately assign additional security personnel to respond to that location for assistance, and notify the local police through the 911 system.

vi. If possible, the subject shall be escorted to a private area within the facility and await the arrival of police. Security personnel are authorized to use the minimum amount of force necessary to protect themselves, and restrain the subject until police arrive at the scene.

vii. A member of the Security force shall assist the police during arrest processing.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

b. Criminal Activity Not Requiring Summary Action

i. There may be times that criminal activity is detected after the fact, or the circumstances of the crime are not immediately known. These types of occurrences need to be further investigated and reported to local police for immediate follow-up. The following protocols are to be implemented during these cases:

ii. Upon discovering criminal activity, security personnel shall respond and the appropriate Assistant Director of Security shall be notified immediately.

iii. The Assistant Director shall respond and attempt to ascertain the basic facts associated with the occurrence by conducting a brief investigation.

iv. The Assistant Director shall notify the Director of Security with the facts of the occurrence without delay.

v. The Director of Security or his designate, shall notify the appropriate Detective Division Squad covering the affected facility to report the criminal activity and initiate an official criminal investigation.

vi. The Director of Security or his designate, shall initiate immediate internal measures necessary to safeguard AMA from any further loss.

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vii. The Director of Security or his designate shall remain in close contact with the Investigating Detective regarding the progress of the case and assist him in any way possible.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

c. Criminal Conduct Involving Employee

i. It is of paramount importance that AMA properties remain a safe and crime free environment for employees and the public alike. For this reason, all AMA employees must remain above reproach. Security personnel shall remain vigilant for any employees that are engaging in criminal conduct while at the workplace.

ii. AMA has a Zero Tolerance policy regarding employees who choose to engage in criminal activity while on the job. If an employee is caught engaging in criminal conduct while working, they will be summarily arrested, and subsequently terminated.

iii. The appropriate Assistant Director shall be briefed by security personnel on the circumstances of the incident in which the employee was involved.

iv. Security personnel shall immediately escort the offending employee to the Assistant Director's Office for interview.

v. The Assistant Director will make a notification to the Director of Security who shall conference with the Internal Investigations Officer.

vi. Pending the outcome of the information exchange, the Director of Security and/or the Internal Investigations Officer may respond to the place of occurrence and process the employee for termination. This process includes the removal of the following: AMA ID/Access card, Access card profile, and all AMA issued property from the employee's locker. A letter of termination shall be presented to the employee.

vii. Local police will be notified for an arrest response.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

D. Employees who engage in criminal conduct while on their own time, may be subject to discipline ranging from a verbal reprimand to termination depending on the nature of the crime they are charged with.

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E. Any time an employee is arrested while off duty, it is mandatory that they notify the appropriate Assistant Director of Security of the event, and the circumstances of the arrest before returning to work.

F. After learning the basic facts associated with the arrest, the Assistant Director shall contact the Director of Security and brief him.

G. The Director of Security may contact the Internal Investigations Officer and conference the matter.

H. The employee will be directed to stay at home until a decision is made regarding their standing with AMA. In the event that the employee is suspended or terminated, immediate action to secure their AMA ID/Access card and all other AMA issued equipment is required.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Incident Management**

Procedure: AMA shall use acceptable incident practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13. The following is an overview of AMA’s incident management procedures.

A. A workplace emergency is an unforeseen situation that threatens your employees, customers, or the public; disrupts or shuts down your operations; or causes physical or environmental damage. Emergencies may be natural or man-made. The best way is to prepare to respond to an emergency before it happens. Few people can think clearly and logically in a crisis, so it is important to do so in advance, when you have time to be thorough. AMA has developed plans to mitigate the effects of the specific incidents that jeopardize the good working order of the organization. It is imperative that AMA has the ability to prevent the diversion of cannabis products, and rapidly recover from one of these events in order to service the community it has promised to serve. Safety and security always remain the top priorities.

B. AMA has instituted an Incident Response Protocol in accordance with applicable legal and regulatory requirements to address the following: consumer complaints, public disturbances, natural disaster, fire, explosion, evacuation, hazardous material leak, bomb threats, suspicious mail, employee misconduct which includes the unauthorized use of AMA equipment, unethical behavior, unauthorized access, substance abuse, fire or security alarms, injuries, missing property or data, unlawful disclosure of confidential information, suspicious persons, incidents involving law enforcement for theft, or other criminal activity. Added to this list are any other incidents that may adversely affect AMA, or threaten its participation in the New York State Medical Marihuana program.

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C. Reportable incidents will be recorded on the applicable organizational form and entered into the Incident Report (IR) database at the earliest possible convenience unless otherwise indicated. The IR database will be part of the secure cloud based NYS Seed to Sale database which may be accessed and monitored by the NYS Department of Health 24 hours a day, 7 days a week.

D. AMA has formed a Safety and Incident Review Team, which includes our COO, Internal Investigations Officer, Director of Security, Assistant Directors of Security (2), and other operational leadership which will meet on a quarterly basis to review all reportable incidents and the subsequent corrective measures taken. The purpose of these reviews is to identify, analyze, and understand these incidents in order to reveal the underlying causes to prevent reoccurrences. Procedures may be revised as a result these reviews. The Director of Security may direct that summary changes be made to procedure on a temporary basis prior to the next quarterly meeting to ensure good working order of the organization. Any temporary changes made in this manner will be reviewed during the next quarterly meeting of the Safety and Incident Review Team. The Director of Security shall direct that reportable incidents are followed up and monitored by operational leadership to assure that the corrective measures were successfully implemented.

E. Reportable incidents will be placed in one of the following four (4) categories: No Impact Incident, Minor Incident, Major Incident, and Serious Incident.

a. NO IMPACT INCIDENT: this type of incident in no way adversely impacts the operation of AMA or its employees. This type of incident may have resulted in harm had a different set of circumstances existed. An example of this type of incident is an employee slip but no fall or an audible alarm on a CCTV DVR. A supervisor shall be notified and an IR may be entered into the database.

b. MINOR INCIDENT: this type of incident can be typically dealt with by a person identifying a problem. An example of this type of incident is if a patient or caregiver is denied entrance to the grounds of a facility due to lack of an appointment or possession of an expired NYS Registration card. A supervisor shall be notified and an IR entered into the database.

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c. MAJOR INCIDENT: this type of incident requires immediate action by the person identifying it. A line supervisor shall be advised immediately to assess the situation. Thereafter the supervisor shall contact the emergency services and officials as per specific emergency plan. A supervisor shall direct that an IR be entered into the database.

d. SERIOUS INCIDENT: this type of incident requires immediate action by the person identifying it. A line supervisor should be advised immediately to assess the situation. Thereafter the supervisor shall contact the emergency services and officials, including the NYS Department of Health, and proceed according to NYS DOH regulations and following the specific critical incident emergency plan. A supervisor shall direct that an IR be entered into the database.

F. The aforementioned procedures are to be implemented in the event of a critical incident occurrence. The steps in these procedures may be tailored by a line supervisor in order to address circumstances specific to the critical incident for the purposes of bringing it to a successful conclusion. Any procedural changes must be warranted and subsequently documented on the Incident Report

See "Incident Reporting" Policy for more information.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Injuries to Patient/Caregiver/Authorized Guest**

Procedure: AMA shall use acceptable response to complaint practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10(a)(5). The following is an overview of AMA's complaint procedures.

A. In the event that a Patient or Caregiver becomes injured, a security supervisor will be assigned to respond to the incident. Upon arrival, the security supervisor shall:

a. Assess the injury claimed by the individual
b. Notify 911 in the event the injury requires treatment
c. Attempt to get the story in the aided persons own words
d. Attempt to make a phone notification to a family member of the aided person regarding hospital transport.
e. Locate witnesses and interview them.
f. Prepare a detailed Incident Report documenting the occurrence. Include photos and witness statements.

B. In the event that an employee becomes injured, a security supervisor will be assigned to respond to the incident. Upon arrival, the security supervisor shall:

a. Assess the injury claimed by the employee
b. Notify 911 in the event the injury requires treatment
c. Attempt to get the story in the employees own words
d. Attempt to make a phone notification to a family member of the employee regarding hospital transport.
e. Assign another employee to accompany the injured party to the hospital
f. Locate witnesses and interview them.
g. Prepare a detailed Incident Report documenting the occurrence. Include photos and witness statements.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Mobile Communication and Security**

Procedure: AMA shall use acceptable security practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13. The following is an overview of AMA’s mobile communication and security procedures.

A. Every AMA security personnel will be equipped with an advanced cellphone on a reliable cellular network.

B. We will secure the cellphone with mobile device management to allow our security department to have the following capabilities.

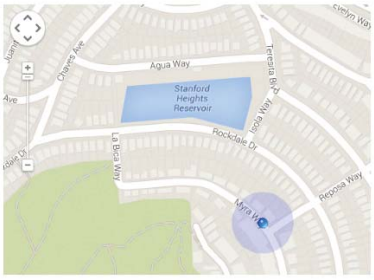
   a. PROVISION

      i. AMA will deploy wireless and VPN connectivity settings, push apps and content, or restrict usage—based on user groups.

1.

   b. MONITOR

      i. Locate and track laptops and mobile devices anywhere in the world. Get real time visibility on device health, security posture, and software and hardware inventory for your entire fleet of devices.

1. 

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c. SECURE

i. Ensure security for your organization from devices all the way through to network policies. Protect devices and their data with encryption enforcement, enterprise remote wipe, and integrated network access control.

1.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Natural Disasters**

Procedure: AMA shall use acceptable practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10. The following is an overview of AMA's procedure in the event of an act of God.

A. **Hurricanes:** Hurricanes are destructive storms with sustained winds of more than 74 miles per hour can flatten homes, topple trees and turn loose objects into deadly projectiles. The storm's driving winds and torrential rains can cause massive and dangerous flooding in low-lying and poor-drainage areas. Hurricane season lasts from June to November.

a. Employees shall monitor local media (television and radio) for the most up to date information regarding the storm. During a Hurricane Watch, employees should think carefully about whether it is safe to respond to work for their shift. Employees shall monitor their personal electronic devices for an announcement regarding closure.

b. If weather conditions deteriorate during a day that normal business operations are being conducted, the Director of Security shall communicate with the AMA CEO for any decisions regarding facility closure.

c. In the event of a mid-day closure, the Assistant Director of Security in charge of the facility shall immediately direct that the Evacuation procedure regarding the safeguard of cannabis products is initiated by Security Teams assigned there.

d. In the event of a mid-day closure, employees will be notified via the public address system and leave the facility in an orderly manner.

e. AMA shall cease business operations in the affected facilities and immediately notify the AMA Call Center to begin cancelling previously scheduled appointments if possible.

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f. The Director of Security shall ensure that outside emergency response agencies are contacted if necessary.

g. The Director of Security shall make a determination regarding security staffing at each of the affected facilities.

B. **Tornadoes:** In the event of a tornado threat to the localized area when normal business operations are being conducted, the Assistant Director of Security in charge of the facility shall direct security personnel to accompany employees to safety in the following manner:
   a. Accompany employees to the basement or the lowest point in a building. If an underground shelter is not available, move to a small interior room or hallway on the lowest floor and get under a sturdy piece of furniture.
   b. Instruct employees to stay away from windows.
   c. Security personnel shall avoid places with wide-span roofs, such as auditoriums, cafeterias, large hallways.
   d. Security personnel shall watch out for fallen power lines and stay away from damaged areas.
   e. Listen to the radio for information and instructions.
   f. The Director of Security shall assure that the incident is properly categorized and documented on an Incident Report and entered into the IR database if indicated.

Note: the plan to provide safety for employees may be required to change as dictated by the circumstances of a specific incident. If exigency exists, the focus needs to shift towards the preservation of life and well-being of employees present.

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JOB CAPT. _____ INTERIORS _____

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TITLE:

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 6: Standard Operating Procedure (10 NYCRR § 1004.5(b)(4)(iii))

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **AMA's Standard Operating Procedures Overview**

Procedure: All AMA facilities shall comply with all applicable state and federal laws and rules, including the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. The following is an overview of AMA's Standard Operating Procedures.

All of the sections contained in AMA's Operating Plan contain detailed explanations, by subject matter, of AMA's various Standard Operating Procedures. All employees are trained on AMA's Operating Manual prior to beginning work at AMA.

AMA's Operating Plan covers its Standard Operating Procedures for the following areas:

Section 1 - Manufacturing (§ 1004.5(b)(4))
Section 2 - Transport and Distribution (§ 1004.5(b)(4))
Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
Section 4 - Devices (§ 1004.5(b)(4)(i))
Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))

Please refer to these sections for detailed SOPs.

In addition to AMA's Standard Operating Procedures, AMA employs several other manuals and resources to ensure uniformity, safety and security:

1. Security Plan
2. Employee Manual
3. Confidentiality Manual
4. Environmental Plan
5. OSHA Manual

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Environmental Plan**

Procedure: AMA is committed to implementing good agricultural practices (GAP) to minimize its environmental impact and natural resource needs. AMA's environmental vision is to build and operate sustainable facilities that promote environmental efficiency and stewardship, promote social and economic sustainability and respect the surrounding social and ecological community. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

A. Implementation:

The implementation of the environmental strategy plan will be a core part of AMA's overall manufacturing and dispensary operations. AMA's operating team consists of experts in the field of medical marihuana dispensation, as well as green-sector business owners and affiliate partners with expertise in environmental impact reduction and organic green methods.

AMA's approach to sustainability is twofold. The first involves design and building practices that embody green principles with guidance from established environmental agencies such as the United States Green Building Council (USGBC) and US Department of Energy and Environmental Protection Agency. The second involves ongoing operational and business practices that promote a healthy environment and minimizes our ecological footprint.

B. Design Guidelines for Environmentally Responsible Buildings:

The United States Green Building Council (USGBC) has established guidelines for designing environmentally responsible buildings and a corresponding rating system called LEED for ID+C: (Leadership in Energy and Environmental Design for Interior Design + Construction) Commercial Interiors. It is possible for the AMA facilities to achieve LEED certification based on the proposed LEED credits. According to the LEED reference guide, "Green design not only makes a positive impact on public health and the environment, it also reduces operating costs, enhances building and organizational marketability, potentially increases occupant productivity, and helps create a sustainable community."

The major LEED strategies for sustainable design in interior renovation projects which AMA intends to implement whenever possible include:

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1. **Location and Transportation**: An environmental approach to planning the construction and/or renovation of AMA's facilities takes aim at minimizing urban sprawl and reducing the need for automobile use by encouraging public transit. Automobile parking facilities that are provided will encourage carpooling and alternative means of transportation to the site.

2. **Water Efficiency**: Water efficiency (including potable water usage and sewage conveyance) will be achieved by using water-conserving fixtures, thereby reducing the taxation on community resources and energy for sewage treatment.

3. **Energy and Atmosphere**: Designing an energy-efficient building reduces the consumption of fossil fuels, reduces disturbance of natural habitats for the harvesting of resources, and minimizes global warming. Energy performance will be optimized though the selection of highly insulated wall systems and windows and the use of Energy Star systems and appliances where possible. Lighting systems shall be selected to minimize electricity requirements.

4. **Materials and Resources**: Materials conservation reduces the impact on forests and habitats, and lightens the load placed on local landfills. To the extent possible, the facility will be built with products containing a high proportion of recycled content, rapidly renewable materials, or wood that has been responsibly harvested. Where possible, indigenous materials from the region will be used to reduce the environmental impact of transporting such materials.

5. **Indoor Environmental Quality**: Maintaining a healthy, pleasant, and comfortable environment is very important to occupants and guests in these spaces. First, the entry of pollutants and contaminants into the building will be minimized by protecting the Heating, Ventilating, and Air Conditioning) HVAC system during construction and installing entryway pollutant source controls to capture dirt and particulates. Materials such as paint, sealers, and adhesives will be chosen to ensure that the release of volatile organic compounds (VOCs) is minimized. The thermal comfort of the building will be maintained and adjusted by a comprehensive system that monitors temperature, humidity, and carbon monoxide levels.

C. Operational Standards for Energy Efficiency and Utilizing Renewable Energy

Operationally, AMA is committed to establishing sound green practices that promote a healthier environment and reduces its ecological footprint. This includes educating employees and clients in these areas and encouraging compliance with policies and incentives. Green operational and business practices shall include:

1. Utilizing eco-friendly packaging for marihuana products (renewable or made from recycled content)

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2. Reducing landfill waste generated by building occupants by establishing a waste management policy. This includes providing an easily accessible recycling collection area to collect paper, corrugated cardboard, glass, plastic, and metals for recycling.

3. Reducing paper consumption by discouraging the use of disposable drink- and dining-ware in employee areas

4. Utilizing a hand dryer system to reduce paper towel usage

5. Purchasing unbleached high percentage recycled content paper products including office paper, paper towels, toilet tissue and coffee filters.

6. Purchasing office supplies that are non-toxic, and contain a high percentage of recycled content, particularly post-consumer where possible

7. Requiring that suppliers propose environmentally sustainable alternative productsfor purchasing

8. Requiring responsible disposal of print cartridges, light bulbs, and other office waste

9. Requiring the use of rechargeable batteries for office devices

10. Utilizing natural ventilation and lighting as weather permits

11. Utilizing high efficiency light fixture lamps, task lighting, and natural daylighting

12. Reducing standby power usage by unplugging and/or powering down electronics after hours or when not in use

13. Include purifying plant life in the office spaces

14. Insulating water heaters and hot water pipes

15. Establishing a preventative maintenance schedule for utility systems

16. Utilizing high quality air filters with a regular replacement schedule

17. Establishing a green cleaning program both internally and with external office cleaning vendors

18. Prohibiting smoking within 40 feet of a building entry or fresh air intake.

D. Sustainable Design Principals

After researching and consultations with green builders and architects, AMA has determined the following green principals can be applied to initial construction and development of our facilities. In

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addition to the standards set forth by the USGBC LEED for ID+C: Commercial Interiors, it is AMA's goal to incorporate the following strategies into the design and construction of its facilities:

1. Utilization of existing buildings and infrastructure to avoid the need for the extraction, production, and shipping of raw materials and resources, and reduce the generation of landfill waste resulting from demolition.

2. Specification of systems that do not use any CFC-based refrigerants.

3. Installation of programmable thermostats.

4. Installation of motion sensors and time clocks to control lighting.

5. Use of window coverings that allow natural light filtration but reduce solar heat gain.

6. Selection of exterior lighting systems that reduce light pollution.

7. Selection of drought resistant exterior plant material and high-efficiency irrigation systems, flow meters, flow sensors, and rain shut-off switches that limit the use of potable water, or other natural surface or subsurface water resources.

8. Diversion of construction, demolition, and land-clearing debris from disposal in landfills and incinerators. Redirection of recyclable, recovered resources back to the manufacturing process. Redirection of reusable materials to appropriate sites.

9. Use of construction techniques to reduce airborne dust generation

10. Proper sequencing of construction installation activities to avoid contamination of absorptive materials. Before occupancy, a building flush-out or testing of the air contaminant levels in the building shall be performed.

E. Minimizing Carbon Emissions and Promoting Responsible Transportation Practices

1. For the maintenance of AMA transportation vehicles, AMA intends to purchase motor oil and other lubricants that contain recycled materials; substitute hazardous vehicle maintenance products with less hazardous ones, such as water- based degreasers; and, initiate a vehicle maintenance program to ensure vehicles run efficiently.
2. Purchase fleet-related products in bulk.
3. Encourage associates to ride share whenever practical, utilize public transportation, or bike to work (will offer incentives if available/applicable).

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F. Ensuring Healthy Indoor Air Quality

It is AMA's priority to create not only a successful manufacturing facility but to also provide a healthy and productive work environment. AMA's management team will take steps to create and maintain healthy indoor air quality that is good for our employees as well as the environment.

AMA is exploring the installation of an advanced ventilation system and proper air exchange following ANSI/ASHRAE (American National Standards Institute/American Society of Heating, Refrigerating and Air-Conditioning Engineers) standards for commercial ventilation rates. The ASHRAW requirements for the minimum ventilation rate in selected space, as referred to in figure 1, indicates MME A minimums for IMC (CFM/Person) at 20, and ASHRAE standards at 6. (See Figure 1)

Occupancy Category	IMC (cfm/ person)	ASHRAE (cfm/person)
Correctional facility cell	20	10
Educational classroom	15	15 (Students ages 5-8); 13 (ages 9+
Public assembly space or theater auditorium	15	5
General office or conference room	20	6
Office building office space	20	17
Hotel, motel, resort, and dormitory lobbies	15	10

Figure 1: Required minimum ventilation rate in cubic feet per minute (cfm) per person for 2006 IMC and 62.1-2004

Other methods to ensure healthy indoor air circulation include:

- Add purifying plants to office areas to improve working environments for employees (for example it is recommended to have (1) 6" plant per every 100 SqFt).
- Ensure installed window treatments, walls, and other finishes are Greenguard certified.
- Institute a green cleaning program both internally and with any contracted cleaning services.

G. Sustainable Purchasing Agenda

AMA believes in supporting a sustainable supply-chain and will make a commitment to purchasing eco-friendly products that also lower our carbon footprint wherever possible. We will aim to:

1. Use renewable and reusable containers for storage of approved medical marihuana products.

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2. Research packaging options that use sustainable packaging materials, whether renewable or made from recycled content.
3. Purchase general operating supplies with a high percentage of recycled materials, especially post-consumer content.
4. Purchase recycled, non-chlorine-bleached paper. Higher percentage recycled content should be used whenever it is cost effective. Consider buying 100% recycled content, process chlorine-free papers for special publications. Explore tree-free papers, such as hemp, bamboo, banana and other materials.
5. Ensure office supplies, such as high lighters, pens and paper are non- toxic and where applicable, made using recycled or renewable resources.
6. Purchase unbleached, recycled fiber napkins, toilet tissue, paper towels and coffee filters.
7. Include a clause in contracts with suppliers requiring manufactures to provide environmentally sustainable alternatives.
8. Look for ISO 14001 compliant suppliers.
9. Look for products that are certified green.
10. Favor rechargeable batteries over disposable ones for battery-operated products. Dispose of batteries properly to avoid hazardous waste.

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INTRODUCTION TO OSHA

Background

"A total of 5.2 million injuries and illnesses were reported in private industry workplaces during 2001, resulting in a rate of 5.7 cases per 100 equivalent full-time workers" (Bureau of Labor Statistics, U.S. Department of Labor). To help combat these types of statistics, OSHA was formed.

The Occupational Safety and Health Administration (OSHA) was created in 1971 with a mission to protect the health and safety of the American worker. For FY2003, with a staff of 2,303 and a budget of over $450M, OSHA's focus was on: 1) strong and effective enforcement; 2) education and compliance; and 3) partnerships and compliance programs.

From increased productivity and employee morale, to reduced workers compensation rates and employee absenteeism, the importance of an OSHA compliance program cannot be overemphasized. It plays a vital role in preventing on-the-job injuries and illnesses through outreach, education, and compliance assistance.

OSHA states that firms with more than ten (10) employees must have a written emergency action plan. Top management support and commitment and the involvement of all employees are essential to an effective emergency action plan. Plans should be reviewed periodically and revised as needed.

NOTE: Alternative Medicine Associates, LLC uses this manual in order to educate employees and enforce OSHA standards and compliance.

THIS MANUAL HAS BEEN UPDATED OR REVISED AS FOLLOWS:

- ◊ Original Version created May 2015

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
APPROVED BY: BOARD OF MANAGERS	**AMENDMENT DATE(S):**

Policy: **Compliance Officer Position and Responsibilities**

Purpose:

The OSHA Compliance Officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures regarding a safe and healthy workplace for this practice in compliance with federal and state laws set forth by the Federal Occupation Safety and Health Administration and its state counterparts.

Definition of Terms:
OSHA Compliance Officer: The facility's Supervisor acts as the Compliance Officer for each facility. The Chief Compliance Officer acts as OSHA Compliance Officer for the organization.

General Policy

Responsibilities

Policy Development and Implementation:

- Provides development guidance and assists in the identification, implementation, and maintenance of OSHA policies and procedures.
- Performs random safety inspections of the practice to ensure necessary compliance;
- Responsible for implementing, maintaining, reviewing and updating, at least annually, the Exposure Control Plan (ECP)
- Responsible for maintaining a supply of size appropriate personal protective equipment for staff use
- Establishes and administers a process for monitoring OSHA compliance receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures
- Conducts or ensures conduction of initial OSHA training and orientation to all covered employees and maintains records of the training sessions

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Safety Committee Responsibilities**

Purpose:

Fifteen states currently require employers in some or all sectors to sponsor safety committees. A majority of state workers' compensation systems are beginning to require workplaces to establish a safety and health program, at least in hazardous sectors (US Dept. of Labor, OSHA 1995). Most required programs contain similar minimum standards.

Procedure:

The Safety Committee shall be comprised of all of the OSHA Compliance Officers (Supervisors). The OSHA Compliance Officers shall hold meetings with their respective staff at least 4 times per year to review overall OSHA issues, hazard compliance, etc. Any notable events, findings, etc. will be shared with the other members of the Safety Committee during monthly operational meetings, or when appropriate.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Penalties**

Definition of Penalties

Failure to comply with federal OSHA standards can be steep, ranging from:

- "Willful violations" that carry penalties of $5,000 up to $70,000 (when employers intentionally and knowingly commit the violations);
- "Substantial probability that death or serious physical harm" could result from a violation and that the employer knew, or should have known, of the hazard - a penalty must be proposed and can range up to $7,000;
- "Violation of any standard, regulation, and rule" where, upon re-inspection, a substantially similar violation is found, can bring penalties of up to $70,000;
- "Failure to correct a prior violation" may result in civil penalties of $7,000 per day for each day the violation continues; and
- "A violation that has a direct relationship" to job safety and health, but would not cause serious physical harm. Penalties may range up to $7,000.

If a "Citation and Notification of Penalty" is received, it must be posted immediately in a prominent place at or near the location of the violation(s) cited therein, or where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited therein has (have) been abated, or for three (3) working days (excluding weekends and federal holidays), whichever is longer. ***The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.***

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **The Scope of Accidents**

Purpose:

To provide definitions to terms under the "Accidents" Requirement under OSHA

Definitions:
An accident is defined as "any unplanned event that results in personal injury or in property damage." The United States experiences thousands of workplace accidents every day. Unexpected employee behavior, unreliable equipment, faulty supplies, or inadequate surroundings cause most accidents. Accident investigations determine how and why these incidents occur. By using the information gained through an investigation, a similar or perhaps more disastrous accident may be prevented. Accident investigations are not intended to place blame – they are designed to determine the very nature of the incident in question and to recommend corrective actions to ensure that the matter does not reoccur.

If an injury is sustained requiring little (or no) medical treatment, the accident is defined as "minor." Serious accidents will include fatalities, permanent total or permanent partial or temporary time off work. Remember, all accidents need to be investigated (regardless of the extent of injury or damage).

See "Incident Reporting" Policy and "Employee Incident Report Form".

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Policy: **Investigation and Reporting of Accidents**

Purpose:
To provide guidelines for the investigation and reporting of accidents

General Policy:
The OSHA Compliance Officer will conduct accident investigations with a primary focus on understanding why the accident or near miss occurred and what actions can be taken to avoid a recurrence. The investigation shall examine what caused the situation to occur; who was involved; was/were the employee(s) qualified to perform the functions involved in the accident or near miss; were they properly trained; were proper operating procedures established for the task involved; were procedures followed and, if not, why not; where else does/will this or a similar situation exist and how it can be corrected.

The OSHA Compliance Officer will determine which aspects of the operation or processes require additional attention. It is important to note that the purpose here is not to establish blame but to determine what type of constructive action can eliminate the cause(s) of the accident or near miss. Action already taken to reduce or eliminate the exposures being investigated should be noted, along with those remaining to be addressed. Any interim or temporary precautions should also be noted. Any pending corrective action and reason for delaying its implementation should be identified.

The organization's C shall review investigations of all accidents and near-miss incidents to assist the OSHA Compliance Officer in implementing appropriate corrective actions, when appropriate, to prevent a similar recurrence.

Relevant Forms or Documents:
Incident Report form

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Acknowledgement of Receipt of OSHA Manual**

Purpose:
The intention of this policy is to ensure all employees receive the OSHA Compliance Manual and have an opportunity to ask questions regarding the implementation and enforcement of the policies contained in it.

General Policy:
Each employee will be given a copy of the OSHA Compliance Plan to review. Each employee will be asked to review the plan and address any questions or concerns with the OSHA Compliance Officer. Each employee will then be asked to sign an acknowledgement form indicating they have read, understand and have been given the opportunity to ask questions about this manual.

Sanctions:
Violations of the policies contained in this plan are grounds for disciplinary action up to and including termination.

Relevant Forms and Documents:
Acknowledgement of Receipt of OSHA Manual form

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Employee Rights Regarding Safety**

General Policy:

We shall provide to every new employee, either at the time of hire or no later than the end of the first pay period, information concerning the rights, benefits and obligations under workers' compensation law. The notice provided shall be in writing, in non-technical terms and shall include the following information:

1. An explanation of the extent and scope of coverage provided by the workers' compensation laws.
2. An explanation of an injured employee's rights to medical care and to select and change the treating physician.
3. An explanation of an injured employee's rights to indemnify payments for disability or death and the availability of vocational rehabilitation services.
4. The procedures for reporting accidents and injuries to the employer.
5. Where further information may be obtained, including an explanation of services available from an "Information and Assistance Officer" of the Safety Committee.

Furthermore, the employee will be given additional training in:

1. Evacuation plans in the case of emergencies,
2. The alarm system (where applicable),
3. Reporting procedures for comments and complaints (without retaliation),
4. Emergency shutdown procedures, and
5. Various types of potential emergencies.

These training programs will be provided as follows:

1. Initially when the plan is developed,
2. For all new employees,
3. When new equipment, materials, or processes are introduced,
4. When procedures have been updated or revised,
5. When exercises show that employee performance must be improved, and
6. At least annually.

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Policy: **Making First Aid Available to All Employees**

General Policy:

There shall be adequate first aid materials, approved by a physician, readily available for all employees. Such materials shall be kept in a sanitary and usable condition. A frequent inspection shall be made of all first aid materials, which shall be replenished as necessary. Provisions must be made in advance for prompt medical attention in case of serious injuries.

First aid kits shall be weatherproof and contain individual sealed packages for each item that must be kept sterile. Each kit shall be approved by a licensed physician and shall be maintained in a common area of each Alternative Medicine Associates facility.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Facility Fire Prevention and Preparedness**

Purpose:
It is the responsibility of our practice to provide our employees with the tools needed to adequately protect themselves during the course of a facility fire.

General Policy:

OSHA Fire Safety requirements include mandatory compliance with "Means of Egress 1910 Subpart E". This requirement indicates that there must be a minimum of two (2) clearly marked exits, clear of obstructions at all times (1910.36 (b) (4) (5) (8)).

The practice shall control accumulations of flammable and combustible waste materials and residues so that they do not contribute to a fire emergency. Furthermore, "they shall apprise employees of the fire hazards of the materials and processes to which they are exposed," (1910.38 (b) (4) (ii)).

Additional Information:

1. All employees will be apprised of the fire hazards of the materials and processes to which they are exposed;
2. A safe and unobstructed access to all available firefighting equipment shall be maintained at all times;
3. All firefighting equipment, provided by the employer, shall be conspicuously located or the location conspicuously marked;
4. All firefighting equipment shall be maintained in operating condition. Defective equipment shall be replaced immediately;
5. All emergency exit signs will be visible and lit, even during a power outage, to assist people in locating a safe way out of the building;
6. Maps will be posted throughout the facility outlining the location of each emergency exit, especially the closest exit to any given location;
7. Names or regular job titles of those responsible for maintenance of equipment and systems installed to prevent or control ignitions or fires must be on file; and
8. Names or regular job titles of those responsible for the control of accumulation of flammable or combustible waste materials must be on file.

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Policy: **Handling Flammable and/or Combustible Liquids**

General Policy:

Flammable Vapors

Ventilation shall be sufficient so that under normal concentrations of flammable vapors or gases in buildings, rooms or similarly enclosed places shall not exceed 25 percent of the lower explosive limit. No source of ignition shall be permitted in or near a location near which flammable liquids are regularly and frequently, or have recently been, used, handled or stored in other than closed containers unless tests have been conducted indicating the concentration of flammable vapor is less than 25 percent of the lower explosive limit. Furthermore, no source of ignition shall be permitted in any location, indoors or outdoors, where the concentration of the flammable gases or vapors exceeds or may reasonably be expected to exceed 25 percent of the lower explosive limit (as determined by the local EPA office).

Storage

All containers which have flammable, combustible or otherwise hazardous liquid or material (including ammonia, bleach, and miscellaneous cleaners), must be clearly marked as to which liquid or material is contained within. Any container, not clearly marked, must be disposed of immediately.

Relevant Forms or Documents:
Safety Data Sheets (SDS binder)

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Emergency Preparedness Plan**

General Policy:

Periodic inspections and procedures for the identification of existing or potential emergencies in the workplace, and eliminating or controlling them, is the heart of an effective Injury and Illness Prevention Program. If hazards occur or recur, this reflects a breakdown in the control system. The hazard control system is also the basis for developing safe work procedures and injury/illness prevention training.

An effective hazard control system will identify: hazards that exist or develop in our workplace, how to correct those hazards, and steps we can take to prevent their recurrence. If we have an effective system for monitoring workplace conditions:

1. We will be able to prevent many hazards from occurring through monthly and documented self-inspections. Our practice will make sure established safe work practices are being followed and those unsafe conditions or procedures are identified and corrected properly. Quarterly inspections are in addition to the everyday safety and health checks that are part of the routine duties of managers and supervisors. These inspections will be conducted by personnel who, through experience or training, are able to identify actual and potential hazards and understand safe work practices.

   Written inspection reports will be reviewed by management and/or the safety committee. The review should assist in prioritizing actions and verify completion of previous corrective actions. Overall inspection program results will be reviewed for trends.

2. Our employees are encouraged to tell their supervisors of possibly hazardous situations, knowing their reports will be given prompt and serious attention without fear of reprisal. The OSHA Compliance Officer will we let them know that the situation was corrected (or why it was not hazardous), thereby creating a system by which our employees continue to report hazards promptly and effectively.

3. Workplace equipment and personal protective equipment will be maintained in safe and good working condition. In addition to what is required by OSHA standards, our own program monitors the operation of workplace equipment, and can also verify routine preventive maintenance is conducted and personal protective equipment is reliable. This makes good safety sense, and proper maintenance can prevent costly breakdowns and undue exposures.

4. Hazards will be corrected as soon as they are identified. For any that cannot be immediately corrected, a target date will be set for correction based on such considerations as the probability and severity of an injury or illness resulting from the hazard; the availability of needed equipment, materials and/or personnel; time for delivery, installation, modification or construction; and training periods.

   We will provide interim protection to employees who need it while correction of hazards is proceeding. A written tracking system helps us monitor the progress of hazard correction.

5. We will review and prioritize our program based on the severity of the hazard.

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The Planning Phase:
The effectiveness of response during emergencies depends on the amount of planning and training performed. Management must show its support for the facility safety programs and the importance of emergency planning. If management is not interested in employee protection, little can be done to promote a safe workplace. It is therefore management's responsibility to see that a program is instituted and that it is frequently reviewed and updated.

The input and support of all employees will be obtained to ensure an effective program. The emergency response plan will be developed locally and should be comprehensive enough to deal with all types of emergencies specific to the facility. Since OSHA requires emergency action plans, this plan must be in writing (of note, for firms with ten (10) or fewer employees, the plan may be communicated orally to employees).

The Emergency Planning:

1. Emergency escape routes will be drawn (in map form) and posted throughout our facility. The facility manager will assign an emergency lead person. This person may assign a subordinate to act as the emergency leader for the time when the manager is not in the facility and an emergency takes place.
2. Procedures need to be followed by employees to shut down critical areas in the case of an emergency. The emergency leader at the facility will assign these duties to those employees they feel qualified.
3. Upon complete evacuation of the facility, the emergency leader will be responsible for accounting for all employees and patients.
4. The emergency leader will assign rescue and medical duties for those employees who are to perform them.
5. The preferred means for reporting fires and other emergencies will be to phone the proper authorities.
6. The emergency leader will have the list of names of persons or departments to be contacted.
7. All details outlined above will be presented to the OSHA Compliance Officer for logging.

Staff Emergency Training:

1. Staff shall be knowledgeable of the use of various types of fire extinguishers.
2. Knowledge of basic first aid, including cardiopulmonary resuscitation (CPR) is a must.
3. They must understand the shutdown procedures for the office, while not endangering their own safety.
4. Staff must understand the evacuation procedures.
5. They must know chemical spill control procedures and the use of spill kits.

OSHA's Hazard Communication Standard (29 CFR part 1910.1200) is designed to ensure that the hazards of all chemicals produced or imported are evaluated and that information concerning their hazards is transmitted to employers and employees. This is done by means of comprehensive hazard communication programs including container labeling and other forms of warnings, material safety data sheets, and employee training.

Our staff will be trained in the types of possible emergencies and the emergency actions to be performed. They will be informed about special hazards, such as storage and use of flammable materials, toxic chemicals, radioactive sources, and water-reactive substances, to which they may be exposed during fire and other emergencies. It is important to determine when not to intervene. Safety is of the utmost concern and no employee is expected to endanger his or her own welfare to fight an out of control fire with a small office ABC fire extinguisher. Whenever in doubt, the staff and the OSHA Compliance Officer/emergency leader are to wait for professional firefighters or emergency response groups.

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Policy: **Indoor Air Quality**

Definition:

It is policy of the Division of Occupational Safety and Health to investigate all complaints or referrals alleging that workplace indoor air quality (IAQ) is injurious to the health of building occupant employees, or a report of a fatality, serious injury or illness, or serious exposure involving workplace IAQ.

General Policy:
It is the policy of this company to ensure the welfare of employees and patients alike. To accomplish this, no fumes or other airborne contaminants will be allowed to permeate the air where either employees or patients are situated. This will include fumes from cleaning fluid or other chemicals.

Furthermore, it is understood that thermal stress can be an issue in any office setting. Therefore, every effort will be made to ensure that an appropriate temperature is maintained throughout the office (68 to 72 degrees).

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Policy: **Confined Spaces**

General Policy:
Confined spaces not only are indicative to a fire hazard, they also contribute to workplace stress. Since the removal of stressful situations and conditions are an element of OSHA compliance, every effort must be made to remove clutter from all confined spaces as much as reasonably possible. The welfare of the employee is the foremost concern of OSHA and therefore must be at the forefront of our organizational goals.

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Policy: **Handling Workplace Violence**

General Policy:

Workplace violence is defined as violence of the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assault and homicide.

Employees who have experienced violence or the threat of violence in the workplace should contact their Supervisor to report the violence or threat. In addition, employees may contact the Human Resources department.

In order to protect staff against violence, safety measures are taken at the facilities including:

1. Increased security at the front desk, including a "panic button"
2. Staff are encouraged to use a "buddy" system when walking to their automobiles at night. No employee should walk to a car by him/herself
3. Staff undergo training on how to handle violent situations

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Policy: **Workplace Stress Management**

General Policy:

Although stress is an essential element of most activities at the workplace, it becomes harmful when it reaches an intensity that begins to impair daily activities.

Work-related stress claims have increased in United States and the cost of workplace stress remains high. Stress is a contributor to low business productivity, occupational injuries and illnesses, poor employee morale and high healthcare expenditures.

By encouraging open conversations with employees regarding their stressful issues, employers can gain employees suggestions to solutions to the problems that may exist that may be causing the stress. Encouraging their participation in such things as staff meetings and other company activities shows the employee that their opinions are valued. This is one of the best ways to alleviate stress and increase employee productivity.

Employees may contact the Human Resources department for information about confidential employee assistance programs available to employees for coping with stress. In addition, the Human Resources department maintains a list of resources for staff seeking other types of support.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
APPROVED BY: BOARD OF MANAGERS	**AMENDMENT DATE(S):**

Policy: **Fall Protection & Reporting**

General Policy:

OSHA, Subpart D of 29 CFR part 1910, Walking and Working Surfaces, sets forth general industry requirements for employers to protect employees from slips, trips and falls that may cause serious or fatal injuries. Subpart I of 29 CFR part 1910, Personal Protective Equipment, contains general requirements covering the use and maintenance of personal protective equipment (PPE), as well as specific provisions on the use, design and performance requirements for various types of PPE such as eye, face, head and respiratory protection.

While these types of hazards are more prevalent in the construction and electrical industries, falls can occur in any workplace and therefore must be regulated and reported.

With that in mind, the following guidelines must be followed in an effort to help protect our employees from falls:

1. If a walking surface is found to be hazardous (due to spills, broken surface, etc.) then that area must be identified with warning barriers (such as cones, signs, and the like).
2. The organization will make every effort to clean or repair the hazardous area in a timely manner.
3. If a slip and/or fall does occur, it shall be reported and corrective measures taken to ensure that any slip and/or fall does not occur again.

Such occurrences will need to be logged and reported to the OSHA Compliance Officer.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
APPROVED BY: BOARD OF MANAGERS	**AMENDMENT DATE(S):**

Policy: **Ergonomics**

General Policy:

Healthcare facilities have been identified as an environment where ergonomic stressors exist. Ergonomics is the most frequently reported workplace injury reported in the healthcare industry. The amount of computer work and paperwork involved in a healthcare facility environment is so overwhelming; it is only natural that ergonomics be considered a workplace hazard.

Ergonomics is the science of fitting the job to the worker. If there is a mismatch between a job's physical requirements and the physical capacity of the employee, work-related musculoskeletal disorders (MSD) can result. The practice of designing equipment and work tasks to conform to the capability of the worker is ergonomics - it provides a means for adjusting the work environment and work practices to prevent injuries before they occur.

The goal of all safety conscience managers is to establish a fair and transparent process for developing industry and task specific guidelines that will assist the practice and its employees in recognizing and controlling potential ergonomic hazards.

Employee exposure to work related muscular skeletal disorders (MSDs) from ergonomic stressors have been identified by OSHA as significant workplace safety and health hazards.

Management Leadership/Employee Participation

Our organization endeavors to demonstrate a commitment to reduction or elimination of patient handling hazards by establishing a written program that addresses issues, such as:

- Periodic training of employees in injury prevention,
- Methods of transfer and lifting to be used by all staff,
- Compliance with transfer and lift procedures, and
- Procedures for reporting early signs and symptoms of back pain and other musculoskeletal injuries.

Employee Participation will include:

- A complaint and suggestion program that includes employee reports of unsafe working conditions.
- Prompt reporting of signs and symptoms as well as injuries.

(As with all elements of OSHA, employee participation is vital. Working together as a unit is the only way to ensure the success of the program.)

Workplace Analysis

Assessment of everyday work tasks is the first step to determining the potential of an ergonomic stressor. This involves an examination of duration, frequency, and magnitude of exposure to ergonomic stressors, such as force, repetition, awkward postures, and contact stress, be used to determine if employees are at risk of pain or injury. For management this involves observation,

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workplace walkthroughs, talking with employees and periodic screening surveys to help identify hazards such as stressful tasks.

Medical Management
Administrative controls provide for evaluation of adequate staffing, assessment of patient needs, and restricted admittance policies. A medical management program, supervised by a person trained in the prevention of musculoskeletal disorders, should be in place to manage the care of those injured. According to OSHA, the program should contain:

- Accurate injury and illness recording.
- Early identification and treatment of injured employees.
- "Light duty" or "no lifting" work restrictions during recovery periods.
- Systematic monitoring of injured employees to identify when they are ready to return to regular duty.

Training
A training program will be in place to provide continual education and training about ergonomic hazards and controls to managers, supervisors and all healthcare providers, including "new employee" orientation. Training will be updated, approved by the Safety Committee, presented to employees as changes occur at the workplace, and be at a level of understanding appropriate for those individuals being trained.

The acceptable guidelines will include:

- An overview of the potential risks, causes, and symptoms of back injury and other injuries,
- Recognizing the signs and symptoms of MSD and the procedures for reporting potential problems,
- Encouragement of staff physical fitness, and
- Lifting guidelines for healthcare workers (nurse assistants, licensed practical nurses, registered nurses), including:
    - Lift loads close to the body
    - Never lift alone, particularly fallen patients, use team lifts or use mechanical assistance
    - Limit the number of allowed lifts per worker per day
    - Avoid heavy lifting, especially with spine rotated.
    - Training in when and how to use mechanical assistance

The trainer will be a person assigned by and acceptable to the Safety Committee.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
APPROVED BY: BOARD OF MANAGERS	**AMENDMENT DATE(S):**

Policy: (1) Maintenance of Medication at a Facility and (2) the Use of Medication by Employees

Purpose:
To provide guidelines for (1) the maintenance and storage of medications at a facility of the organization and (2) the use of medications by employees.

General Policy:

1. As a medical facility it is necessary to maintain medications, both controlled and non-controlled substances, on the premises. In that vein, all current policies regarding the control, access and securing of these medications to ensure the safety of these medications and logging of said medications will be enforced. Any employee found to be in violation of these policies may be subject to disciplinary action, including immediate termination.

2. Refrigerated medications (if any) may not be stored in the same area as food or other consumables.

3. The use of medication both prescribed and otherwise, is outlined in the employee manual. However, any employees in a position to be of harm either to themselves or others may not be under the influence of medications that may impair their actions or judgment.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Corrosives**

Definition under the Law:

Federal Hazard Communication Standard 1910.1000

General Policy:

OSHA requires that employers implement a written program to provide for worker training, warning labels, and access to Safety Data Sheets (SDS). The Hazard Communication Standard ensures employee awareness of the hazardous chemicals they are exposed to in the workplace. ("There are exceptions to some of the requirements of the HCS for consumer products that are subjected to the labeling requirements of the terms as defined in the Consumer Product Safety Act and the Federal Hazardous", FHSA{1910.1200 (b)(5)(v)}).

As such, when samples of corrosives are carried or transported through the facility they shall be in a safe container. This container shall be plainly marked or tagged for identification, and it shall be stored in an area that any gas or vapor pressure will not build up and be hazardous. Furthermore, any vapors coming from these containers will not be in an area that can be considered hazardous to any workers or patients.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: Hazardous Substances, Safety & Communication

Purpose:
The basic purpose of a Hazard Communication Plan is to ensure employers and employees know about work hazards and how to protect themselves, thereby reducing the incidence of chemical source illness and injuries.

General Policy:

Substance

The "toxicity" of a substance is its ability to cause harmful effects. These effects can strike a single cell, a group of cells, an organ system, or the entire body. All chemicals can cause harm. "When only a very large amount of the chemical can cause damage, the chemical is considered to be relatively non-toxic. When a small amount can be harmful, the chemical is considered toxic." The toxicity of a substance depends on three factors: its chemical breakdown, the extent to which the substance is absorbed, and the body's ability to change it into less toxic substances and eliminate it from the body. Some chemicals are hazardous because of the risk of fire or explosion. These are important dangers but are considered to be safety rather than toxic hazards.

Route of Exposure

1. Inhalation is the most common type of exposure. Inhalation occurs when you breathe a substance into the lungs. The lungs consist of branching airways with clusters of tiny air sacs at the ends of the airways.
2. The skin is a protective barrier that helps keep foreign chemicals out of the body. However, some chemicals can easily pass through the skin and enter the bloodstream. If the skin is cut or cracked, chemicals can penetrate through the skin more easily. Also, some caustic substances can chemically burn the skin. Others can irritate the skin.
3. Some chemicals may burn or irritate the eye. Occasionally they may be absorbed through the eye and enter the bloodstream. Chemicals easily harm the eyes, so any eye contact with chemicals should be taken as a serious incident.
4. Finally, the least common source of exposure in the workplace is swallowing chemicals. Chemicals can be ingested if they are left on hands, clothing or beard, or accidentally contaminate food, drinks or cigarettes. Chemicals present in the workplace as dust (i.e., metal dusts such as lead or cadmium) are easily ingested.

Hazard Communication

Our organization will maintain Safety Data Sheets (SDS) for each hazardous chemical used in our practice. These sheets will be obtained from the vendor from which the material is purchased. Under this rule, the information contained in the SDS is useful for assisting us in designing a protective plan.

The Supervisor of each facility is responsible for maintaining the SDS binder with the chemicals contained within the facility. The Chief Compliance Officer assists with updating the SDS binders. The Supervisor will train staff on where to locate this binder.

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The OSHA Hazard Communication Standard provides workers the right to know the hazards and identities of the chemicals they are exposed to in the workplace. When workers have this information, they can effectively participate in their employers' protective programs and take steps to protect themselves. In addition, the standard gives employers the information they need to design and implement an effective protective program for employees potentially exposed to hazardous chemicals. Together these actions will result in a reduction of chemical source illnesses and injuries in American workplaces.

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PREPARED BY: AMA MANAGEMENT GROUP, LLC ("AMA")	**EFFECTIVE DATE:** MAY 2015
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Policy: **Employee Responsibilities & Training**

General Policy:

Responsibilities

Just as the practice has responsibilities towards its employees, the employees of the practice have responsibilities of their own. All employees are expected to adhere to these guidelines as outlined in this OSHA Compliance Manual, as well as the guidelines outlined in the HIPAA Manual, and all other manuals, policies, procedures and protocols.

Training

This organization has gone to great effort and expense to bring in specialists to conduct OSHA orientation and training for our employees. With this in mind, the training schedule will be as follows:

- *New Employees* – Will be given an extensive training packet to review in depth and sign off that they have read and understood it.
- *Quarterly* – The Safety Committee will meet on a quarterly basis and the new employees will be given a separate official OSHA Orientation following the meeting. All employees who have not attended this orientation will be required to attend.
- *Annually* – All employees will be required to attend an annual training session with the OSHA specialist. A certificate of this will be placed in their employee file.

The OSHA Compliance Officer is for ensuring that each employee receives OSHA training.

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Policy: **Cultivation Quality Control**

Procedure: AMA has in place the following policy in relation to the harvesting of medical marihuana products, in compliance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.

A. Inspection

Medical marihuana grown at AMA's Manufacturing Facility is inspected thoroughly to ensure medicine reaches patients that is free of pathogens and contaminants. Plants are cultivated with the highest quality, lab tested, state approved fertilizer and pesticides to prevent potential carcinogens and residual contaminants from being consumed. All medical marihuana and infused products must be tested as required by the state government, and must meet all local and state sanitation requirements.

B. Air and Water Filtration Maintenance

All air and water filtration is regularly maintained based on company maintenance protocol and inspection and quality checks will be performed to ensure levels of contaminants are below acceptable thresholds. Company integrated pest management (IPM) utilizes sanitation and defenses against allowing contaminants to enter AMA's Manufacturing Facility.

C. Pre-Harvest Application Intervals

It is the cultivation staff's responsibility to adhere to pre-harvest pesticide application intervals. This is the amount of time prior to harvest that a pesticide can be applied. Abiding by pre-harvest application intervals prevents medicine with residual pesticides reaching the consumer. During final cultivation periods, the staff flushes the media and plants of excess nitrates and phosphates, which accumulate in plant tissues during growth. These compounds have the potential to cause respiratory irritation.

During the pre-harvest phase, it is crucial to monitor the environment of the cultivation room as well as the plants themselves in order to prevent any salt accumulation. Proper monitoring also ensures prevention of source material contamination.

Additionally the cultivation operations will source its own raw ingredients for fertilizer, so as to prevent the

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introduction of unlabeled contaminants such as heavy metals and plant growth regulators, which are commonly found in “grow store” or “organic” fertilizers.

D. **Room Cleaning and Sanitizing**

Upon completion of each harvest, the cultivation room and post-harvest rooms are thoroughly cleaned and sanitized prior to new plants being introduced. Drying areas are sterilized with hydrogen dioxide between all batches.

E. Dry Area Inspections

During the post-harvest handling of product, daily inspections in the dry area are carried out to inspect for contaminants and potential pathogens. Further, while being stored for final processing, product is stored between a 6-10% moisture content to minimize the possibility for any mold germination to occur. Maintaining an air-tight seal on all buckets used for storage helps minimize the risk of any airborne pathogens or contaminants.

Harvest staff continually inspects the medical marihuana for contaminants, including prior to preparing product for processing. Final random spot checks are done with 30x magnification and contaminated flowers are rendered useless and disposed.

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Policy: **Customer Service and Complaints**

Procedure: AMA is committed to continually improving service excellence and patient satisfaction. All patients, caregivers and visitors are expected to receive friendly and professional care at all times. AMA aims to create an environment where the customer knows that their satisfaction is of the utmost importance. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

AIDET Training:

All AMA employees will be trained on and are expected to follow five fundamentals of customer service known throughout the organization as **AIDET**:

1. Acknowledge
2. Introduce
3. Duration
4. Explain
5. Thank

Procedure:

To meet these high quality service standards all AMA employees will:

a) Be polite, friendly and welcoming instantly when patients or caregivers present to an AMA dispensary. This should be also followed when communicating in person, in writing, by phone, fax or email.
b) Respect differences in values, cultures, beliefs and ages, and include our awareness of diversity into our daily practice.
c) Respect the dignity of all patients and visitors and show empathy and consideration in our daily practice.
d) Listen and respond in an attentive way to all patient and visitor inquiries.
e) Explain all plans and procedures in words our patients and visitors understand.
f) Invite and answer all questions.

g) Provide AMA customer satisfaction surveys to every customer.
h) Treat all patients, caregivers and visitors as members of the AMA team.
i) Explain and apologize for any delays.
j) Protect the confidentiality of all patients and visitors and limit discussions of confidential information to appropriate, private locations.
k) Introduce ourselves by name, title or role.
l) Wear ID badges so they can be easily seen and read.
m) Dress appropriately according to AMA uniform policy and present a positive image of AMA within all our interactions.
n) Maintain a clean and safe work environment for patients, visitors and staff.

AMA Team Members Core Values:

1. Will trust, respect, support and assist our co-workers.
2. Will work cooperatively, as members of the AMA team.
3. Will acknowledge our co-workers' contributions.
4. Will contribute to a positive work environment.

Complaints:

AMA places customer satisfaction as a high priority. If a patient, caregiver or visitor has a complaint against the organization or a staff member all AMA employees will:

a) Listen carefully to the person making the complaint, take the matter seriously and deal with the complaint appropriately.
b) The complaint will be documented by the Lead Pharmacist and forwarded to the Chief Compliance Officer for review.
c) If the complaint cannot be handled appropriately by the Lead Pharmacist or dispensary staff, the complaint should then be forwarded to the Chief Compliance Officer to handle.
d) If a number of complaints about the same issue are received, the Chief Compliance Officer will implement an action plan.
e) If complaints about the same issues continue after action plan. Employee may face disciplinary action up to and including termination.

Compliance:

All staff are expected to adhere to this policy. Non-compliance may result in disciplinary actions up to and including termination.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Policy: **Dispensary Inspections and Audits**

Procedure: This document is designed to provide a formal outline of the procedures AMA shall follow to ensure that dispensary inspectors and internal auditors will have the information required for an accurate and safe appraisal of the facility without compromising record confidentiality, and to ensure that the inspectors and auditors will follow any precautions that may be communicated to them. This policy ensures AMA's compliance the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10.

A. Inspectors and Auditors

a) Upon scheduling, notification or arrival of a representative from the New York State Department of Health or other state or regulatory agency, the Lead Pharmacist or his or her designee, shall be immediately notified. AMA Corporate shall also be immediately notified.

b) Both external inspector and internal auditor must provide valid identification. A badge or picture ID must be provided; a business card is an unacceptable means of identification. If the inspector fails to provide adequate credentials, dispensary personnel shall phone the inspecting agency to verify and confirm.

c) The inspector must sign the visitor registration form and attach/provide a business card as a secondary ID means and cross-reference.

d) All dispensary personnel will be informed that an inspection is in progress.

e) The Lead Pharmacist or his or her designee shall be deemed the primary contact and will accompany the inspector at all times. When accompaniment by the primary is not possible, a secondary contact will be designated for the interim. When possible, and if space allows, an area for record review or interviews will be provided to the inspector.

f) AMA will make make its books, records and dispensing facilities available to the DOH or its authorized representatives for monitoring, on-site inspection, and audit purposes, including but not limited to periodic inspections and/or evaluations of facilities, methods, procedures, materials,

staff and equipment to assess compliance with requirements set forth in article 33 of the public health law and NYCRR 10 Part 1004.10.

g) Documents of confidentiality shall be shared with the inspector(s) if requested. Confidential documents include, but may not be limited to pricing, personnel profiles, customer profiles, and similar. Questions regarding confidentiality should be referred AMA Corporate.

h) The primary contact designated to accompany the outside inspector must complete an inspection synopsis immediately upon audit conclusion to allow for optimal recall. The synopsis shall be provided to the Lead Pharmacist and to AMA Corporate.

B. Internal Audits

a) The internal auditor will assist in the management of overall quality and compliance activities by ensuring operational adherence to corporate policies, industry standards, and applicable regulations.

b) All AMA dispensaries and staff are subject to audits and site visits; dispensary audits may be conducted on-site as well as from the corporate office.

c) The selection of dispensary audits will be at random and on a rotating schedule based upon the needs of the company. Audits may also be performed at a dispensary that is perceived to require assistance with compliance criteria adherence.

d) The internal auditor may notify the dispensary to be inspected or may arrive unannounced prior to a site visit audit. The auditor may use his or her discretion in accommodating dispensary scheduling requests however the dispensary is not entitled to a postponement.

e) The auditor shall engage in both an opening and closing meeting with the Lead Pharmacist or other designated dispensary contact or escort.

f) The auditor shall research and investigate via electronic, paper, and/or personal interviews, a variety of data sources that may include but may not limited to, training records, inventory reports, credentials verification, past audit reports, customer satisfaction surveys, complaints, physician inquiries, storage facilities, process control data, AMA mandated HIPAA compliance, and similar.

g) Upon completion of the audit, the auditor shall compile, review, and analyze his or her findings; the auditor shall identify strengths and areas for improvement and shall provide recommendations for corrective or preventive actions (CAPAs) as appropriate.

   i. A corrective action is defined as a measure take to correct, fix, repair, or eliminate an existing problem, defect, or non-conformity.

   j. A preventive action is defined as a measure taken to correct, fix, repair, or eliminate the occurrence of a potential problem, defect, or non-conformity.

h) The auditor, in conjunction with executive management, is charged with determining if adequate measures for quality compliance are in place and being maintained at the dispensary level. The

auditor must review said report with appropriate management and shall receive authorization prior to audit report release.

i) The auditor shall write and provide a written report to the Lead Pharmacist as well as AMA Corporate in a timely manner, no more than thirty (30) days from completion of audit. If more than 30 days is required, communication shall be provided to auditee advising of such to include when the report is expected to be released.

j) The auditee shall have thirty (30) days of receipt of report to respond in writing. If CAPAs were recommended, the auditee shall address actions that were taken or will be taken to prevent recurrence.

k) The auditor shall engage in follow up action as necessary

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Policy: **Dispensing Approved Medical Marihuana Products**

Procedure: AMA dispenses all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.12. The following policy is designed to provide a formal outline of the procedures AMA Dispensaries shall follow in an effort to ensure that pharmacy personnel will meet, greet, and provide the certified patient or designated caregiver with approved medical marihuana products in a timely, efficient, and acceptable manner.

A. Responsibilities:

1. The Lead Pharmacist will oversee policy compliance for personnel under his or her supervision.
2. All AMA employees and contractors will adhere to the policies and Standard Operating Procedures SOPs in this policy.
3. The Quality Assurance department reserves the right to regularly perform audits related to the adherence to this policy, both on and off site.

B. Dispensing Protocols:

1. Every certified patient or designated caregiver shall receive a greeting with professional courtesy.
2. The patient's information will be entered into [redacted] the dispensary data collection system. This information will include:
    a. The patient name, date of birth and sex;
    b. The patient address, including street, city, state, zip code;
    c. The patient's registry identification card number;
    d. If applicable, designated caregiver's name and registry identification card number;
    e. The date the approved medical marihuana product was filled by the dispensing facility;
    f. The metric quantity for the approved medical marihuana product;

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g. The approved medical marihuana product drug code number, which shall be populated by a number provided by the DOH, to represent the approved medical marihuana brand that was dispensed to the certified patient or designated caregiver, as applicable;
h. The number of days' supply dispensed;
i. The registered practitioner's Drug Enforcement Administration number;
j. The date the written certification was issued by the registered practitioner;
k. A serial number that will be generated by the dispensing facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver;
l. An identification number which shall be populated by a number provided by the DOH, to identify AMA's dispensing facility; and
m. The payment method.

3. Upon releasing medication to a patient, dispensary personnel shall ask the patient if he or she has any questions. If the patient should have questions or concerns, the patient shall be directed to confer with the on-site pharmacist; dialogue shall be conducted in a private setting such as a conference room, office, or other mutually acceptable venue conducive to maintaining patient confidentiality.
4. (See "**Dispensing and Sale Tracking Technology**" Policy for a detailed explanation of AMA's patient tracking protocols and its protocols surrounding the timely submission of patient data to the DOH.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Policy: **Dispensing Facility Ethical Business Conduct**

Procedure: This document is designed to provide a formal outline designed to maintain and enhance the reputation of AMA. Built upon the principles of fair dealing(s) and ethical conduct guiding each AMA employee, AMA's reputation for integrity and excellence requires astute observance of applicable laws and regulations, as well as a scrupulous regard for the highest quality standards of performance and personal integrity. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

A. Ethical Business Conduct

1) AMA dispensary personnel have a duty to AMA and its customers to act in a way that will merit the continued trust and confidence of the public. Further, each employee shall refrain from any illegal, dishonest, or unethical conduct.
2) AMA will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the intent of said laws and regulations.
3) If a situation should present itself and it becomes difficult to determine a proper course of action, the matter should be discussed openly utilizing the appropriate management chain up to and including, if necessary, the Chief Executive Officer for advice and consultation.

B. Roles and Responsibilities

1) The Lead Pharmacist shall maintain knowledge of local, state, and federal rules and regulations relative to pharmacy practices; handling and transport of sensitive material; and environmental health and safety. He or she shall implement measures to ensure staff compliance with the aforementioned requirements and shall advise of penalties or consequences for noncompliance. The Lead Pharmacist shall be fully versed of all company policies and standards and shall implement measures to ensure compliance with same. Further, the Lead Pharmacist is responsible to ensure that pharmacy and staff shall:
    a) Operate only when a licensed pharmacist is on site.
    b) Uphold the dispensary hours of operation which shall be clearly posted for customers to view.

2) In addition to accurately dispensing medical marihuana to individuals, the pharmacist shall counsel patients, and advise physicians when appropriate, on the selection, dosages, interactions, and side effects of medications. He or she shall monitor the health and progress of patients to ensure the safe and effective use of medication. The pharmacist shall maintain knowledge of local, state, and federal rules and regulations relative to pharmacy practices.
3) AMA dispensary staff shall assist the pharmacist in provision of patient medication. He or she not only tracks inventory or labels bottles, but may also answer phones, stock shelves, maintain patient profiles, or act as cashier. It is the responsibility of the dispensary staff to refer any questions regarding drug information, or health matters to a pharmacist, when appropriate.
4) Drivers and couriers of AMA are expected to handle, package, and deliver medical marihuana products in compliance with all regulations and company policies. Couriers will ensure that deliveries are accompanied by completed paperwork for outgoing customer products. He or she may also be asked to assist in inventory control by reviewing, documenting, and verbalizing stock needs to dispensary personnel. Each AMA driver is expected to regularly inspect and coordinate routine maintenance of delivery vehicles. **(See "Transportation" Section of AMA's Operating Plan for more information.)**
5) Dispensary employees are responsible for ensuring that the quality of their work produced meets all regulatory requirements and company standards.
6) The Lead Pharmacist shall also act as the dispensary's First Responder or Safety Coordinator. The First Responder/Safety Coordinator is the primary resource for safety leadership. Additional responsibilities include surveillance of health and safety policies and procedures to include emergency notification postings, maintenance of clear emergency evacuation routes, as well as attending First Aid/CPR training.
7) Each of AMA's Lead Pharmacists shall act together as AMA's Quality Assurance (QA) Team and will ensure that the dispensary participates in continuous improvement initiatives serving to improve upon the provision of services. The QA program will enable the dispensary to meet and potentially exceed customer expectations; the QA Team is expected to:
    a) Evaluate operational and business functions and will implement policies and procedures, as appropriate, serving to maintain and improve upon pharmacy operations best practices.
    b) Conduct process audits, both internal and external in nature.
    c) Identify, expose, and analyze risk, develop a contingency plan when or if necessary, and monitor the resulting corrective and preventive action plan results.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Quality Assurance Recorkeeping**

Procedure: AMA will offer medical marihuana products for sale in dispensing facilities in accordance with the guidelines specifically in NYCRR 10 Part 1004.12. AMA will utilize the sophisticated seed to sale tracking technology [redacted] at each of its dispensaries to ensure compliance. (See Dispensing and Sale Technology policy)

1. **Detect, identify and prevent dispensing errors**;

   Within [redacted] there are also numerous sales and inventory reports that can identify that exact time a sale was made, the items dispensed and the employee that made the transaction. Additionally [redacted] requires that each patient be added to the system with all relevant information before a sale can be made. This information includes the quantity that that patient is allowed to purchase. Patient sales amounts can be automatically set within the system to prevent any transaction outside of permitted limits. The time sales occur can be set in the system to prevent sales outside of hours of operation

2. **30 Day Supply Control for Dispensary:**

   Each registered patient is assigned a revolving 30 day limitation. The system, [redacted], tracks all items dispensed for a patient and automatically deducts from said limit. If a patient attempts to purchase any products beyond their limitations the system will prevent the sale from occurring.

3. **Two Distinct Lot Record:**

   The AMA dispensing facilities shall ensure that each patient receives approved medical marihuana product from no more than two distinct lots for any 30-day supply dispensed. Each plant grown, as well as products created will be assigned to a specific patient

within [redacted] The 16 digit identifier for any given product will be selected upon fulfillment of an order. This allows for compliance with the two distinct lot rule.

4. **Product Labeling Record:**

The AMA dispensing facilities shall affix to the approved medical marihuana product package a patient specific dispensing label that is easily readable, and firmly affixed and includes:

a. Name and registry identification number of the certified patient and designated caregiver, if any;
b. Certifying practitioner's name;
c. Dispensing facility name, address and phone number
d. Dosing and administration instructions;
e. Quantity and date dispensed; and
f. Any recommendation or limitation by the practitioner as to the use of medical marihuana.

The [redacted] label creation tool generates transaction specific information including all aforementioned criteria.

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Appendix 1

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Patient Care Quality Assurance**

Procedure: AMA will follow the guidelines set forth by the New York State Department of Health (DOH), specifically 10 NYCRR Section 1004.14 in its quality assurance protocols (QA) across all phases of the company’s business including cultivation, manufacturing, processing, packaging, and distribution.

A. Patient Care:

AMA has established a method to determine the appropriate level of care to be delivered to patients. This policy allows for subsequent determination of adherence to protocols, standards of practice, and policies. QA shall be documented and maintained for future use in evaluation, coaching, mentoring, education, and disciplinary purposes.

AMA strives to provide patients with superior safety and quality of care throughout all the treatment and service lines. The best way to maintain the high level of care and to achieve improvements is through performance measurement, data collection, continued education and counseling. By monitoring performance and by ensuring the continued professional growth of our provider staff, AMA seeks to deliver the highest quality in providing access to approved medical marihuana products to patients.

To ensure that our staff regularly monitors, tracks and implements QA and improved treatment directives, the following guidelines have been implemented.

The leadership of AMA have established the following metrics for continual review and monitoring. Site based directors will perform a review of the following circumstances and document their finds for discussion during monthly directors’ meetings and monthly QA sessions.

1. Complaints

2. Adverse Events
3. Drug Reaction or Incident

B. Frequency of QA Meetings

Each AMA dispensary shall host a QA meeting at least monthly. Minutes shall be maintained for all QA meetings so that staff may review the committee recommendations and so that the collected data may be used as a tool for learning.

C. Goal Setting:

AMA leadership uses QA as a tool for establishing and monitoring clinical and treatment goals throughout the organization and in each specific facility. Based upon the findings of QA, leadership and staff shall take action to implement necessary safety standards and changes to treatment protocols. Additionally, leadership and staff will use the forum of monthly directors' meetings and monthly QA meetings to report on improvements and goal attainment. Further, AMA will take appropriate action if it is shown that the modifications to goals and protocols have been unsuccessful or resulted in less than desired improvements.

D. Monitoring and Evaluations:

AMA shall employ varied mechanisms, tools and procedures in the evaluation of its approved medical marihuana products and dispensing services. In addition to the various DOH requirements, AMA shall maintain certain standards appropriate for the business of manufacturing and dispensing approved medical marihuana products to certified patients and registered caregivers.

AMA shall evaluate all employees in satisfaction of any laws or regulations, or any other internal AMA policy that might affect an employee's ability to perform the functions of the role or task to which they are assigned.

AMA shall conduct annual evaluations of staff using any combination of the following tools:

1. 360 Degree evaluations
2. Supervisor Based Evaluations
3. Leadership Based Evaluations
4. Peer Review

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Labeling Quality Assurance Recordkeeping**

Procedure: AMA packages and labels all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11 and Part 1004.12. AMA's dispensing facilities will follow DOH guidelines for packaging and labeling approved medical marihuana products.

The AMA dispensing facilities shall affix to the approved medical marihuana product package a patient specific dispensing label that is easily readable, and firmly affixed and includes:

a. Name and registry identification number of the certified patient and designated caregiver, if any;
b. Certifying practitioner's name;
c. Dispensing facility name, address and phone number
d. Dosing and administration instructions;
e. Quantity and date dispensed; and
f. Any recommendation or limitation by the practitioner as to the use of medical marijuana.

The [redacted] label creation tool generates transaction specific information including all aforementioned criteria.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Returns, Complaints and Recalls**

Procedure: AMA has established procedures to manage medical marihuana product returns, complaints and recalls in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

A. Quality Control:

Products must pass rigorous testing and quality control measures before they are issued to the dispensary for distribution. If in the event the test results do not meet the parameters established for quality, potency, and safety, the material will either be reprocessed or destroyed according to DOH guidelines. At this time all internal documents will be reviewed and verified that the material was handled properly throughout all processes. The process of recall and determining where the system was compromised relies on accurate notes, pertinent data, everyone doing their job all the time, and the ability to take actions based on the information.

B. Recall Action Plan:

It is the mission of AMA to maintain such a proficient Quality Assurance and Quality Control plan there will never be a an adverse event once the material is released to the public. However, in the case of a product return, complaint or the unlikely occurrence of an adverse event, where material is in question after the release to the public, the following Recall Action Plan will be initiated:

1) The Chief Compliance Officer will be notified immediately and will launch an investigation.
2) The batch of the product release will be identified.
3) Production and distribution of that product and all of the same type of product will halt in production and in distribution.
4) All dispensaries that were issued that batch of material will be notified to hold any remaining portion of that batch.
5) A thorough investigation into the nature of the complaint, return or adverse event will determine the severity of the course of action.
6) Dispensaries may be asked to procure the sales records for all sales pertaining to that batch.

7) Each patient will be contacted to the best of the ability of the company to return the unused portion for a full refund.
8) Additional tests will be ordered on any suspect material in the possession of AMA and AMA's dispensaries, but not the public at large.
9) Depending on the nature of the adverse event, a serious investigation will be induced to locate the source of the contamination or how quality was compromised, and how the material made it out of AMA's custody and made available to the public.
10) A corrective action plan will be induced and testing procedures adhered to, before the same type of product is manufactured or released to the dispensaries in the future.
11) Dispensary locations where the product was sold will be posted with a notification for the next thirty days indicating; the date range the questionable material was sold, what it looked like, the batch number of related product, and that it can be returned for a full refund.

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 8: Returns, Complaints, Adverse Events and Recalls (10 NYCRR § 1004.5(b)(4)(v))

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Drug Reaction/Interaction, Adverse Event or Incident	2
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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Incident Reporting**

Procedure: AMA has in place the following mechanism to report accidents or illnesses which arise out of the employee's employment with AMA or a patient/visitor's visit to AMA. All onsite incidents shall be documented per this policy and all documentation shall be delivered to the Chief Compliance Officer so as to ensure proper follow-up, compliance, confidentiality, and risk management for the organization. AMA will comply with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004 in these endeavors.

A. Goals:

1. Consistency in documentation
2. Timeliness of Human Resource notification
3. Appropriate Clinical/Administrative follow-up and staff education
4. Improvement of safety standards and elimination of injuries

B. Employee Incident:

All employees who sustain a work-related injury or illness will be required to follow these established guidelines for incident reporting:

a) All work-related injuries/illnesses should be reported to the employee's supervisor immediately.
b) The employee's supervisor is responsible for obtaining prompt medical treatment for the injured employee and securing the accident scene as appropriate.
c) The employee's supervisor will complete an Employee Incident Report Form to document the incident.
d) If the employee refuses treatment, a refusal of treatment must be documented on the form.
e) The completed Employee Incident Report will be sent within 24-48 hours to the Chief Compliance Officer.
f) Incident analysis will be completed by the Chief Compliance Officer, who will investigate the incident along with the employee's supervisor.

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g) The QA team will review all incident reports and develop a plan that will be initiated to prevent reoccurrence of the same type of injury in future.

C. Patient/Visitor Incident:

a) An employee who becomes aware of a visitor experiencing an injury/illness while on AMA property shall immediately report this to their supervisor.

b) The employee's supervisor is responsible for obtaining prompt medical treatment for the injured visitor and securing the accident scene as appropriate.

c) The employee's supervisor will complete a Patient/ Visitor Incident Report Form to document the incident.

d) If the visitor refuses treatment, a refusal of treatment must be documented on the Incident Report Form.

e) The completed Patient/Visitor Incident Report will be sent within 24-48 hours to the Chief Compliance Officer.

f) Incident analysis will be completed by the Chief Compliance Officer, who will investigate the incident along with the employee's supervisor.

g) The Chief Compliance Officer shall contact any and all appropriate agencies, vendors and/or AMA administration necessary to conduct a full and appropriate review of the documented incident.

h) All incidents involving medical marihuana products shall be investigated by the Chief Compliance Officer and reported within twenty-four (24) hours to the DOH.

i) The QA team will review all incident reports monthly and develop a plan that will be initiated to prevent reoccurrence of the same type of injury in future.

See Employee Incident Report Form and Patient/Visitor Incident Report Form on following pages.

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THIS REPORT IS BEING PREPARED IN ANTICIPATION OF LITIGATION AND IS ATTORNEY-CLIENT PRIVILEGED

Date of Incident: __/___/20__

Site of Incident: _____

Person Preparing Report: _____ Phone #: _(____)_____

Employee's Supervisor: _____ Phone #:_(____)_____

Witness 1:_____ Phone #:_(____)_____

Witness 2:_____ Phone #: _(____)_____

Employee Name:_____ DOB: ___/___/_____ Phone #:_____

Incident Information

Time employee began work on day of incident: ____:____ ☐AM ☐PM

Time of incident: ____:____ ☐AM ☐PM

Exact location of the Incident w/in the site(ex: front entrance):_____

Was this location where the employee normally worked? ☐Yes ☐No

If No, why was the employee there? _____

Did supervisor witness incident? ☐Yes ☐No ☐Unknown

Describe how incident took place including activity being performed at the time (ex: slipped in spilled coffee and hit head on floor while attending to patient; fell on needle while on lunch break):

Describe exact nature of injury/illness & body parts affected (ex: twisted left ankle and forehead cut)**:**

Was an object involved in the incident? (ex: needle) ☐Yes ☐No If yes, what?_____

Did employee give notice of injury/illness to anyone? ☐Yes ☐No

If yes, notice was given to: _____ ☐Orally ☐ In writing On:___/___/**20**___

Attach a copy of Employee's written notice

Was employee given a Claimant Information Packet? ☐Yes ☐No If Yes, on:___/___/**20**___

Medical Treatment

What was the date of employee's first treatment?:___/___/**20**___ ☐None received ☐ Unknown

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Where did the employee first seek medical treatment for this injury/illness?
☐ On site ☐ Doctor's office ☐ Emergency Room ☐ Clinic/Urgent Care ☐ Hospital stay over 24 hours ☐ Unknown

Who treated the employee and where? _____

Is the employee still being treated for this injury/illness? ☐ Yes ☐ No ☐ Unknown

If yes, name and address of treating doctor(s):

_____

_____

Has the employee had another work-related injury to the same body part or a similar illness while working at this job? ☐ Yes ☐ No ☐ Unknown If yes, who treated the previous injury/illness or where was the employee treated?:_____

Did the injury/illness result in death? ☐ Yes ☐ No If Yes, date of death:___/___/**20**___

(Name and address of nearest relative: _____)

Work Status

Did the employee stop work because of the injury/illness? ☐ Yes ☐ No If Yes, on:___/___/**20**___

Has the employee returned to work? ☐ Yes ☐ No

If yes, on what date? :___/___/**20**___ ☐ Regular duty ☐ Limited duty
(limitations:_____)

What was/is employee's job title?:_____

What types of activities did/does the employee perform at work:

1.
2.
3.

Employee's job was/is: ☐ Full time ☐ Part time ☐ Per diem

Days employee usually works/ed: ☐ Mon. ☐ Tues. ☐ Weds. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Was employee paid for a full day on the date of the injury/illness? ☐ Yes ☐ No

Additional Comments and Signed Verification

Comments:

_____ **Employee Signature/Date**

_____ **Supervisor Signature/Date**

_____ **Human Resources Signature/Date**

_____ **(Optional) Witness 1 Signature/Date**

_____ **(Optional) Witness 2 Signature/Date**

Scanned and emailed to:
☐ Chief Compliance Officer on ____/____/_____

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THIS REPORT IS BEING PREPARED IN ANTICIPATION OF LITIGATION AND IS ATTORNEY-CLIENT PRIVILEGED

Date of Incident: __/___/20____ Time of Incident: ____:____ ☐AM ☐PM

Site Where Incident Occurred: _____

Person Preparing Report: _____ Phone #: _(____)_____

Witness 1:_____ Phone #:_(____)_____

Witness 2:_____ Phone #: _(____)_____

Patient/Visitor Name:_____ DOB: ___/___/_____

Phone # (visitor only):**_(____)_____**

Address (visitor only)**:_____**

Incident Information

Exact location of the Incident w/in the site:

☐Bathroom ☐ Office ☐Interior hall ☐ Parking lot ☐ Sidewalk ☐ Exterior grounds

☐ Other: _____

Reason for visit:_____

Primary care provider:_____

Describe how incident took place including activity being performed at the time (ex: slipped in spilled coffee and hit head on floor while waiting for patient; tripped at loading dock):

Patient/Visitor states:

Describe exact nature of injury/illness & body parts affected (ex: twisted left ankle and forehead cut)**:**

Patient/Visitor states:

Was an object involved in the Incident? (ex: needle) ☐Yes ☐No If yes, what?

_____

Nature of incident:

Falls	**Drug Reaction**	**Miscellaneous**
☐ Slipped/tripped	☐ Allergy	☐ Assault
☐ Fall from equipment	☐ Drug interaction/reaction	☐ Theft
☐ Stairs	☐ Improper use	☐ Property damage
☐ Parking lot		☐ Property lost
☐ Other:_____		☐ Equipment failure
		☐ Caught in/on/between something:_____

Medication:

☐ Contaminated/outdated ☐ Contraindication ☐ Recalled ☐ Other:_____

If wrong dosage, did patient take medication? ☐ Yes ☐ No

If wrong medication, did patient take medication? ☐ Yes ☐ No

Other factors: ☐ Wrong patient ☐ Wrong time ☐ Other:_____

Was individual observed? ☐ Yes ☐ No If yes, by:_____

Contributing Factors:

Patient/Visitor

☐ Agitated, confused	☐ Patient interface	☐ Sedation/intoxication
☐ Altered level of consciousness	☐ Pre-existing medical condition	☐ Disregarded instructions
☐ Disoriented	☐ Unexpected movement	☐ None
☐ Unable to understand	☐ Allergic/adverse reaction	

Environment

☐ Weather	☐ Icy weather conditions	☐ Equipment
☐ Maintenance	☐ Procedure not followed	☐ Housekeeping
☐ Procedure not clear	☐ Supplies not adequate	☐ Other:_____
☐ Supplies not available		

Medical Treatment

What was the date of patient/visitor's first treatment? (if patient, first treatment for incident injury, not date seen for other reasons):___/___/**20**___ ☐ None received ☐ Unknown

Where did the patient/visitor first seek medical treatment for this injury/illness?

☐ On site ☐ Doctor's office ☐ Emergency Room ☐ Clinic/Urgent Care
☐ Hospital stay over 24 hours ☐ Unknown

Who treated the person and where? _____

Was person sent to ER and/or hospital? ☐ Yes ☐ No

If yes, name of hospital: _____

Was person seen by a provider? ☐Yes ☐No **If yes, by whom?** _____

Date seen on __/___/20__ Time seen: __:___ ☐AM ☐PM

Provider's findings:_____

Was follow-up treatment recommended? ☐Yes ☐No **If yes, what?**_____

X-rays done? ☐Yes ☐No **If yes, x-ray results:**_____

Was medical care documented in chart? ☐Yes ☐No **If no, explain: _____**

Was treatment refused? ☐Yes ☐No

Is the patient/visitor still being treated for this injury/illness? ☐Yes ☐No ☐Unknown

If yes, name and address of treating doctor(s):

_____

_____

Did the injury/illness result in death? ☐Yes ☐No If Yes, date of death:___/___/**20**___

(Name and address of nearest relative: _____)

Was notice of injury given by the patient/visitor (ex: contact by an attorney)**?** ☐Yes ☐No

If yes, notice was given to: _____ ☐Orally ☐ In writing On:___/___/**20**___

Attach a copy of written notice

Additional Comments and Signed Verification

Comments:

_____ _ _____

REQUIRED: Patient/Visitor Signature/Date **REQUIRED: Manager Signature/Date**

_____ _____

(Optional) Witness 1 Signature/Date **(Optional) Witness 2 Signature/Date**

_____

Human Resources Signature/Date

Scanned and emailed to:
☐ Chief Compliance Officer on ____/____/_____

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Medical Marihuana Product Recalls: Dispensary Protocols**

Procedure: AMA has established procedures to manage the recall of medical marihuana products, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

a) The Lead Pharmacist will create a Medical Marihuana Product Recall Log in which to document the notice of any recalled product. Staff will verify the presence of any medical marihuana by lot number and ID number within the [redacted] tracking system.
b) The recalled product will be packaged into a sealed container and returned to AMA's Manufacturing Facility following the procedures outlined in AMA's Transportation policies and procedures.
c) Any recalled product will be reported to the DOH by the Chief Compliance Officer within twenty-four (24) hours.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Returns, Complaints and Recalls**

Procedure: AMA has established procedures to manage medical marihuana product returns, complaints and recalls in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

A. Quality Control:

Products must pass rigorous testing and quality control measures before they are issued to the dispensary for distribution. If in the event the test results do not meet the parameters established for quality, potency, and safety, the material will either be reprocessed or destroyed according to DOH guidelines. At this time all internal documents will be reviewed and verified that the material was handled properly throughout all processes. The process of recall and determining where the system was compromised relies on accurate notes, pertinent data, everyone doing their job all the time, and the ability to take actions based on the information.

B. Recall Action Plan:

It is the mission of AMA to maintain such a proficient Quality Assurance and Quality Control plan there will never be a an adverse event once the material is released to the public. However, in the case of a product return, complaint or the unlikely occurrence of an adverse event, where material is in question after the release to the public, the following Recall Action Plan will be initiated:

1) The Chief Compliance Officer will be notified immediately and will launch an investigation.
2) The batch of the product release will be identified.
3) Production and distribution of that product and all of the same type of product will halt in production and in distribution.
4) All dispensaries that were issued that batch of material will be notified to hold any remaining portion of that batch.
5) A thorough investigation into the nature of the complaint, return or adverse event will determine the severity of the course of action.
6) Dispensaries may be asked to procure the sales records for all sales pertaining to that batch.

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7) Each patient will be contacted to the best of the ability of the company to return the unused portion for a full refund.
8) Additional tests will be ordered on any suspect material in the possession of AMA and AMA's dispensaries, but not the public at large.
9) Depending on the nature of the adverse event, a serious investigation will be induced to locate the source of the contamination or how quality was compromised, and how the material made it out of AMA's custody and made available to the public.
10) A corrective action plan will be induced and testing procedures adhered to, before the same type of product is manufactured or released to the dispensaries in the future.
11) Dispensary locations where the product was sold will be posted with a notification for the next thirty days indicating; the date range the questionable material was sold, what it looked like, the batch number of related product, and that it can be returned for a full refund.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Returns, Complaints, Recalls**

Procedure: In the event of any voluntary or involuntary product recall, return of a medical marihuana product, patient compliant related to the quality of a medical marihuana product, or a report of an adverse reaction, AMA will react to such events in a manner that ensures patient and public safety. In accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.5, AMA will implement the following protocols to ensure accurate tracking of any event and ensure proper notification to all affected parties as required.

[redacted]

[redacted]™ automatically assigns a globally unique and non-repeatable 16-digit barcode number to every plant. Furthermore, the system auto-generates a globally unique and non-repeatable 16-digit barcode number at every stage where dried marijuana must be separately identifiable from the original plant due to processing and packaging. These serial numbers, once generated are assigned and cannot be changed. In the event of a recall, [redacted]™ contains a "Plant/Inventory History Report" that can track all activity related to the plants & medical marihuana products from the time it was introduced to our facility. Tracking every gram contained in the lot, including but not limited to all purchases containing matter from the plant or product, the contact information for the purchaser, all vendor information and all transport logs.

In addition, [redacted] records inventory recalls which ensures that outdated, damaged, mislabeled or contaminated marijuana is segregated and disposed of. **(See "Dispensing Facility Inventory Storage and Handling".)**

.

Each receipt that [redacted] produces at the conclusion of a sale has the unique barcode that can easily be scanned to view the details of that sale. If a medical marihuana product is returned, after a refund is recorded at a dispensary, the returned items are returned to the inventory count. We have the ability to separate our inventory in the system in order to quarantine the returned items. [redacted] reporting functions facilitate the tracking and monitoring of these actions. AMA also has the ability to contact patients via email or SMS text message that have purchased a particular medical marihuana product in the past in the event of a recall. We have the functionality to produce reports that can be sent to DOH within the required 24 hours. **(See "Medical Marihuana Product Recalls Dispensary Protocols" Policy.)**

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 9: Product Quality Assurance (10 NYCRR § 1004.5(b)(4)(vi))

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Cultivation Quality Control**

Procedure: AMA has in place the following policy in relation to the harvesting of medical marihuana products, in compliance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.

A. Inspection

Medical marihuana grown at AMA's Manufacturing Facility is inspected thoroughly to ensure medicine reaches patients that is free of pathogens and contaminants. Plants are cultivated with the highest quality, lab tested, state approved fertilizer and pesticides to prevent potential carcinogens and residual contaminants from being consumed. All medical marihuana and infused products must be tested as required by the state government, and must meet all local and state sanitation requirements.

B. Air and Water Filtration Maintenance

All air and water filtration is regularly maintained based on company maintenance protocol and inspection and quality checks will be performed to ensure levels of contaminants are below acceptable thresholds. Company integrated pest management (IPM) utilizes sanitation and defenses against allowing contaminants to enter AMA's Manufacturing Facility.

C. Pre-Harvest Application Intervals

It is the cultivation staff's responsibility to adhere to pre-harvest pesticide application intervals. This is the amount of time prior to harvest that a pesticide can be applied. Abiding by pre-harvest application intervals prevents medicine with residual pesticides reaching the consumer. During final cultivation periods, the staff flushes the media and plants of excess nitrates and phosphates, which accumulate in plant tissues during growth. These compounds have the potential to cause respiratory irritation.

During the pre-harvest phase, it is crucial to monitor the environment of the cultivation room as well as the plants themselves in order to prevent any salt accumulation. Proper monitoring also ensures prevention of source material contamination.

Additionally the cultivation operations will source its own raw ingredients for fertilizer, so as to prevent the

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introduction of unlabeled contaminants such as heavy metals and plant growth regulators, which are commonly found in “grow store” or “organic” fertilizers.

D. **Room Cleaning and Sanitizing**

Upon completion of each harvest, the cultivation room and post-harvest rooms are thoroughly cleaned and sanitized prior to new plants being introduced. Drying areas are sterilized with hydrogen dioxide between all batches.

E. Dry Area Inspections

During the post-harvest handling of product, daily inspections in the dry area are carried out to inspect for contaminants and potential pathogens. Further, while being stored for final processing, product is stored between a 6-10% moisture content to minimize the possibility for any mold germination to occur. Maintaining an air-tight seal on all buckets used for storage helps minimize the risk of any airborne pathogens or contaminants.

Harvest staff continually inspects the medical marihuana for contaminants, including prior to preparing product for processing. Final random spot checks are done with 30x magnification and contaminated flowers are rendered useless and disposed.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Policy: **Dispensary Inspections and Audits**

Procedure: This document is designed to provide a formal outline of the procedures AMA shall follow to ensure that dispensary inspectors and internal auditors will have the information required for an accurate and safe appraisal of the facility without compromising record confidentiality, and to ensure that the inspectors and auditors will follow any precautions that may be communicated to them. This policy ensures AMA's compliance the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10.

A. Inspectors and Auditors

a) Upon scheduling, notification or arrival of a representative from the New York State Department of Health or other state or regulatory agency, the Lead Pharmacist or his or her designee, shall be immediately notified. AMA Corporate shall also be immediately notified.

b) Both external inspector and internal auditor must provide valid identification. A badge or picture ID must be provided; a business card is an unacceptable means of identification. If the inspector fails to provide adequate credentials, dispensary personnel shall phone the inspecting agency to verify and confirm.

c) The inspector must sign the visitor registration form and attach/provide a business card as a secondary ID means and cross-reference.

d) All dispensary personnel will be informed that an inspection is in progress.

e) The Lead Pharmacist or his or her designee shall be deemed the primary contact and will accompany the inspector at all times. When accompaniment by the primary is not possible, a secondary contact will be designated for the interim. When possible, and if space allows, an area for record review or interviews will be provided to the inspector.

f) AMA will make make its books, records and dispensing facilities available to the DOH or its authorized representatives for monitoring, on-site inspection, and audit purposes, including but not limited to periodic inspections and/or evaluations of facilities, methods, procedures, materials,

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staff and equipment to assess compliance with requirements set forth in article 33 of the public health law and NYCRR 10 Part 1004.10.

g) Documents of confidentiality shall be shared with the inspector(s) if requested. Confidential documents include, but may not be limited to pricing, personnel profiles, customer profiles, and similar. Questions regarding confidentiality should be referred AMA Corporate.

h) The primary contact designated to accompany the outside inspector must complete an inspection synopsis immediately upon audit conclusion to allow for optimal recall. The synopsis shall be provided to the Lead Pharmacist and to AMA Corporate.

B. Internal Audits

a) The internal auditor will assist in the management of overall quality and compliance activities by ensuring operational adherence to corporate policies, industry standards, and applicable regulations.

b) All AMA dispensaries and staff are subject to audits and site visits; dispensary audits may be conducted on-site as well as from the corporate office.

c) The selection of dispensary audits will be at random and on a rotating schedule based upon the needs of the company. Audits may also be performed at a dispensary that is perceived to require assistance with compliance criteria adherence.

d) The internal auditor may notify the dispensary to be inspected or may arrive unannounced prior to a site visit audit. The auditor may use his or her discretion in accommodating dispensary scheduling requests however the dispensary is not entitled to a postponement.

e) The auditor shall engage in both an opening and closing meeting with the Lead Pharmacist or other designated dispensary contact or escort.

f) The auditor shall research and investigate via electronic, paper, and/or personal interviews, a variety of data sources that may include but may not limited to, training records, inventory reports, credentials verification, past audit reports, customer satisfaction surveys, complaints, physician inquiries, storage facilities, process control data, AMA mandated HIPAA compliance, and similar.

g) Upon completion of the audit, the auditor shall compile, review, and analyze his or her findings; the auditor shall identify strengths and areas for improvement and shall provide recommendations for corrective or preventive actions (CAPAs) as appropriate.

   i. A corrective action is defined as a measure take to correct, fix, repair, or eliminate an existing problem, defect, or non-conformity.

   j. A preventive action is defined as a measure taken to correct, fix, repair, or eliminate the occurrence of a potential problem, defect, or non-conformity.

h) The auditor, in conjunction with executive management, is charged with determining if adequate measures for quality compliance are in place and being maintained at the dispensary level. The

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auditor must review said report with appropriate management and shall receive authorization prior to audit report release.

i) The auditor shall write and provide a written report to the Lead Pharmacist as well as AMA Corporate in a timely manner, no more than thirty (30) days from completion of audit. If more than 30 days is required, communication shall be provided to auditee advising of such to include when the report is expected to be released.

j) The auditee shall have thirty (30) days of receipt of report to respond in writing. If CAPAs were recommended, the auditee shall address actions that were taken or will be taken to prevent recurrence.

k) The auditor shall engage in follow up action as necessary

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Approved Medical Marihuana Products**

Procedure: AMA dispenses all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.12. The following policy is designed to provide a formal outline of the procedures AMA Dispensaries shall follow in an effort to ensure that pharmacy personnel will meet, greet, and provide the certified patient or designated caregiver with approved medical marihuana products in a timely, efficient, and acceptable manner.

A. Responsibilities:

1. The Lead Pharmacist will oversee policy compliance for personnel under his or her supervision.
2. All AMA employees and contractors will adhere to the policies and Standard Operating Procedures SOPs in this policy.
3. The Quality Assurance department reserves the right to regularly perform audits related to the adherence to this policy, both on and off site.

B. Dispensing Protocols:

1. Every certified patient or designated caregiver shall receive a greeting with professional courtesy.
2. The patient's information will be entered into [redacted], the dispensary data collection system. This information will include:
    a. The patient name, date of birth and sex;
    b. The patient address, including street, city, state, zip code;
    c. The patient's registry identification card number;
    d. If applicable, designated caregiver's name and registry identification card number;
    e. The date the approved medical marihuana product was filled by the dispensing facility;
    f. The metric quantity for the approved medical marihuana product;

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g. The approved medical marihuana product drug code number, which shall be populated by a number provided by the DOH, to represent the approved medical marihuana brand that was dispensed to the certified patient or designated caregiver, as applicable;
h. The number of days' supply dispensed;
i. The registered practitioner's Drug Enforcement Administration number;
j. The date the written certification was issued by the registered practitioner;
k. A serial number that will be generated by the dispensing facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver;
l. An identification number which shall be populated by a number provided by the DOH, to identify AMA's dispensing facility; and
m. The payment method.

3. Upon releasing medication to a patient, dispensary personnel shall ask the patient if he or she has any questions. If the patient should have questions or concerns, the patient shall be directed to confer with the on-site pharmacist; dialogue shall be conducted in a private setting such as a conference room, office, or other mutually acceptable venue conducive to maintaining patient confidentiality.
4. (See "**Dispensing and Sale Tracking Technology**" Policy for a detailed explanation of AMA's patient tracking protocols and its protocols surrounding the timely submission of patient data to the DOH.

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These standard operating procedures appear on the following pages.

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Appendix 1

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Medical Marihuana Product Recalls: Dispensary Protocols**

Procedure: AMA has established procedures to manage the recall of medical marihuana products, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

a) The Lead Pharmacist will create a Medical Marihuana Product Recall Log in which to document the notice of any recalled product. Staff will verify the presence of any medical marihuana by lot number and ID number within the [redacted] tracking system.
b) The recalled product will be packaged into a sealed container and returned to AMA’s Manufacturing Facility following the procedures outlined in AMA’s Transportation policies and procedures.
c) Any recalled product will be reported to the DOH by the Chief Compliance Officer within twenty-four (24) hours.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Returns, Complaints and Recalls**

Procedure: AMA has established procedures to manage medical marihuana product returns, complaints and recalls in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.5.

A. Quality Control:

Products must pass rigorous testing and quality control measures before they are issued to the dispensary for distribution. If in the event the test results do not meet the parameters established for quality, potency, and safety, the material will either be reprocessed or destroyed according to DOH guidelines. At this time all internal documents will be reviewed and verified that the material was handled properly throughout all processes. The process of recall and determining where the system was compromised relies on accurate notes, pertinent data, everyone doing their job all the time, and the ability to take actions based on the information.

B. Recall Action Plan:

It is the mission of AMA to maintain such a proficient Quality Assurance and Quality Control plan there will never be a an adverse event once the material is released to the public. However, in the case of a product return, complaint or the unlikely occurrence of an adverse event, where material is in question after the release to the public, the following Recall Action Plan will be initiated:

1) The Chief Compliance Officer will be notified immediately and will launch an investigation.
2) The batch of the product release will be identified.
3) Production and distribution of that product and all of the same type of product will halt in production and in distribution.
4) All dispensaries that were issued that batch of material will be notified to hold any remaining portion of that batch.
5) A thorough investigation into the nature of the complaint, return or adverse event will determine the severity of the course of action.
6) Dispensaries may be asked to procure the sales records for all sales pertaining to that batch.

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7) Each patient will be contacted to the best of the ability of the company to return the unused portion for a full refund.
8) Additional tests will be ordered on any suspect material in the possession of AMA and AMA's dispensaries, but not the public at large.
9) Depending on the nature of the adverse event, a serious investigation will be induced to locate the source of the contamination or how quality was compromised, and how the material made it out of AMA's custody and made available to the public.
10) A corrective action plan will be induced and testing procedures adhered to, before the same type of product is manufactured or released to the dispensaries in the future.
11) Dispensary locations where the product was sold will be posted with a notification for the next thirty days indicating; the date range the questionable material was sold, what it looked like, the batch number of related product, and that it can be returned for a full refund.

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: AMA **Recordkeeping Introduction**

Procedure: In order to assure an accurate record keeping policy, AMA has teamed up with [redacted] a recognized expert in the field of medical marijuana business platform creation. The New York State Department of Health (DOH) has issued regulations concerning the medical use of marijuana. These regulations include significant requirements in the areas of operational policies and procedures, inventory control, patient recordkeeping, information security, and patient education, among other topics.

[redacted] utilizes a patented software inventory tracking system that includes Point of Sale (POS) and accounting. [redacted] software meets each relevant section of regulations, including inventory control and patient management systems. The Point of Sale System will be implemented before the dispensaries open for business. This sophisticated POS is designed specifically for seed to sale inventory tracking for medical marijuana. This technology facilitates tracking of every action performed on a plant and finished medical marijuana product.

AMA will adhere to the following guidelines to ensure that all electronic and written records are appropriately secured and maintained in accordance with the standards set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Audit Records**

Procedure: AMA follows the guidelines below to ensure 100% accuracy in AMA's inventory tracking system [redacted] This requires daily counts and reconciliations of inventory pursuant to real-time inventory procedures as required in NYCRR 1004.11.

Preventing diversion as required in NYCRR Part 1004.11 requires daily counts and reconciliations pursuant to real-time inventory methods. It also includes the continuous audit of inventory and other control procedures to be established to ensure detection and correction at the soonest possible indication of any discrepancy. Security measures are reflective of NYCRR Part 1004.13 and are in full compliance with NYCRR Part 1004.11 incident reporting. Variances in any inventory item will be investigated, reported to the Department of Health and Law Enforcement within 24 hours of incident, and reason for losses will be detailed thoroughly pursuant to AMA's inventory tracking system [redacted]. Investigations will employ the use of records, inventory logs and security cameras/logs.

Procedural Steps:

Daily:

a. All employees are required to work to completely reconcile all marihuana plant inventory. No one is exempt from these duties. In this regard, the [redacted] plant inventories must reflect the exact plant count and composition of the manufacturing facility at all times. AMA requires that all employees must reconcile plant information on a daily basis (thus, one must identify and record the amount of on hand 'sale ready'medical marihuana product possessing the appropriate [redacted] packaging tag residing in the Final Product Vault located in the manufacturing facility.

b. [redacted] has a seamless inventory audit feature that allows AMA to save container weights for each inventoried item in our system. We simply place the container on the scale and the [redacted] medical marijuana dispensary Point of Sale system will automatically deduct the weight of the container with product.

c. Designated individuals will perform the daily accounting and auditing functions. These individuals will be independent of the sale process (Internal Audit Team). The dispensary

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bookkeeping will be scrutinized at the end of each day by verifying all sales receipts, voided receipts, and other transactions. These will be reconciled to the Daily Patient Sales Report generated from [redacted] Furthermore, weekly and monthly sales reports will be generated for individual daily sales and date of sales.

d. Reporting features in [redacted] allow AMA to track all transactions and history when dealing with inventory even when the product is deleted. [redacted] even tracks the person who deleted the product. No historical data is ever permanently deleted or lost.
e. Cash closing feature (easily close the end of the day out and [redacted] will automatically send reports to the designated managers via email or cell phone

Monthly & Quarterly:

a. To ensure accuracy, a monthly inventory of the marijuana must be performed for comparison to the required real-time inventory. An inventory will also be conducted anytime substantial inventory is acquired. All inventories must minimally include date, summary of inventory findings, the names, signatures and titles of individual responsible for the inventory.

b. The [redacted] system will be verified to the mandatory quarterly physical inventory counts which are performed by persons independent of the manufacturing process and reconciled to the perpetual inventory records in the [redacted] system. Inventory counting procedures will require two employees. The count will be time dated and require date, summary of inventory findings, the names, signatures and titles of individual responsible for the inventory.

Exception reports will be generated for activities such as unusual occurrences, changes made to POS system configuration, any data alteration, voids, password changes, power outages, and inventory adjustments. Any documented unusual occurrences, whether daily, weekly or monthly, will require an investigation by the security team and internal audit.

[redacted]'s complete tracking of every plant and inventory item within the facilities and the ability to notate the exact location of any individual item will streamline any internal audits and inspections.

Additionally, with [redacted]s robust real-time reporting infrastructure, any required records can be retrieved at any time. The system enables AMA to collect, store, and retrieve all data and activity. Though system actions can be adjusted or voided, at no time is any data ever fully deleted as

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[redacted] maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data enables AMA to produce any information necessary during an inspection or at DOH's request.

Reports/Compliance

[redacted] reporting and compliance solutions highlight a complete tracking system that builds reports for accounting, customers, employees, production, inventory and sales. The system features ensure that all phases of growth, cultivation, sales and audits exceed regulatory standards. The system features internal controls that prevent users from operating against compliance standards while maintaining flexibility to allow for future innovations and changes in regulation. Any report that is required for state or county compliance can be built with [redacted]

[redacted] system generates more than 50 unique reports pertaining to the medical marijuana industry. The system is set up in some states to be used as a portal to receive direct access to all reports in real-time. Events Reports log marijuana destruction events, pending harvest events, and transportation events. Existing Inventory Reports log inventory, quarantined inventory and plant count. Financial and Tax Reports log purchase prices by seed, plant and plant tissue. Purchase prices are also logged in smaller or larger increments by unit or lot. Other Financial and Tax Reports that are available include purchase reports by producer or processor, purchases by individual retailer, sales report by product type, tax obligation reports, tax obligations for all licensees and status of confirmation, and tax obligations for all licensees by privilege code.

The [redacted] State Traceability System enables governments, states, and businesses to track the production, transportation, destruction and sales of legalized medical marijuana. All logs that are maintained within the system and regulatory agencies can view reports in real-time. [redacted] integrates with state and county agencies to offer real-time submission of data upon request.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Business Records**

Procedure: All business records related to all medical marihuana activities will be retained by AMA for examination by the NYS Department of Health (DOH) in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10.

AMA will maintain computerized records of the following:

a. Assets and liabilities, for a period of five (5) years;
b. Monetary transactions, for a period of five (5) years;
c. Books of accounts, which include journals, ledgers, and supporting documents, agreements, checks, invoices, and vouchers, for a period of five (5) years;
d. All records related to the documentation of submission of medical marihuana products to approved laboratories as required and the results of the lab testing;
e. All records related to security testing as required by NYCRR 10 Part 1004.13;
f. All records as required by article 33 of PHL for a period of 5 years and make those record available. Such records include:
    a. documentation including lot numbers of all materials used in the manufacturing of the approved medical marihuana product to allow tracking of materials including soil, soil amendment, nutrients, hydroponic materials, fertilizers, growth promotors, pesticides, fungicides and herbicides
    b. cultivation, manufacturing, packaging and labeling production records and
    c. Lab testing results
g. Salary and wages paid to each employee, stipend paid to each board member, and any executive compensation, bonus, benefit, or item of value paid to any individual affiliated with AMA for a period of five (5) years; and
h. Governing Documents of AMA, as amended, including Articles of Organization, Bylaws, and minutes of meetings of AMA, for as long as AMA is in existence.

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

CONFIDENTIALITY MANUAL

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Disclaimer:
Purpose of This Manual

It is the goal of **AMA, and all of its affiliated entities,** to maintain the highest level of confidentiality possible when handling our patients' sensitive health information. **AMA adheres to the standards set forth by NYCRR 1004 as well as federal HIPAA requirements.**

Every staff member within **AMA** is expected to adhere to these guidelines at all times, and any violation of the policies contained in this manual may result in disciplinary action and/or termination. All new employees are expected to review these policies and procedures.

At least one copy of this policy manual will be kept in each facility for orientation and training of all staff regarding confidentiality and the procedures of the facility. Each staff member shall sign a statement that (s)he has reviewed this manual, which shall be kept in the personnel records.

All questions on how to address specific situations or other concerns of these policies should be addressed to the Privacy Officer(s), the **General Counsel and/or Manager of AMA**, or a designee.

THIS MANUAL HAS BEEN UPDATED OR REVISED AS FOLLOWS:

- ◊ Original Version created 05/01/2015

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Accounting for Disclosures**

Purpose:

Patients have a right to receive an accounting of PHI disclosures made by AMA
This policy provides guidelines on how AMA will track those disclosures.

General Policy:

AMA must account for all disclosures of PHI made that are required under New York and federal law, such as when we disclose information to a local health department for a public health event (outbreak of small pox) or the CDC.

AMA will provide the patient with a written accounting of disclosures of PHI for non-TPO purposes. The accounting for each disclosure must include:

- The date of the disclosure;
- The name of the entity or person who received the PHI and, if known, the address of the entity or person;
- A brief description of the PHI disclosed; and
- A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure, if any.

If multiple disclosures have been made to the same person or entity for a single purpose, the accounting may include:

- The information required above;
- The frequency, periodicity, or number of the disclosures made during the accounting period; and
- The date of the last such disclosure during the accounting period.

AMA must act upon the patient's request for an accounting, no later than 60 days after the receipt of the request. This timeframe may be extended by no more than 30 days. In the event of an extension, AMA must provide the patient a written statement of the reasons for the delay and the date by which the accounting will be available.

Procedures:

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The Privacy Officer or appointed designee will be responsible for documenting and maintaining a log of disclosures of PHI for non-TPO purposes.

The Privacy Officer or appointed designee will be responsible for receiving and processing requests from patients for an accounting of the disclosures. AMA will have 60 days to process the request with a one-time extension of 30 days. The patient will be notified in writing of any delay.

Exceptions:
While AMA is not required to account for the following disclosures, we may elect to do so:

- Made for TPO purposes;
- Made to patients requesting their own PHI;
- That are permitted or required;
- Made pursuant to an authorization; or
- Made to persons involved in the patient's care.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Definition of Terms**

Purpose:

To provide definitions to terms found in the Patient Access Rule under HIPAA.

Definitions:

1. Disclosure – the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information

2. Health oversight agency – an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights law for which health information is relevant

3. Required by law – a mandate contained in the law that compels a covered entity to make a use or disclosure of PHI and that is enforceable in a court of law; required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information including statutes or regulations that require such information if payment is sought under a government program providing public benefits

4. Use – with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Handling Patient Requests for Access to PHI**

Purpose:

To provide guidelines on handling patient request for access to PHI to ensure the patient's rights are not violated.

General Policy:

The HIPAA Privacy Rule requires AMA to give a patient access to (inspect and obtain a copy of) the protected health information we keep on that patient in a "designated record set." Patients are to have access to this set of records for as long as we maintain them.

Requests for access to protected health information must be acted on within the following timeframes:

- 30 days of receipt of request, if maintained or accessible on-site
- 60 days of receipt of request, if maintained or accessible off-site

Up to an additional 30 day extension is allowable if you are unable to act on the request within the deadline, but you provide the patient a written reason for the delay and the date by which you will complete your action on the request.

This written statement describing the reason must be provided within the standard deadline. You may only extend the deadline once per request for access.

If the same protected health information is maintained at more than one location, you are only required to produce the information once per request for access.

Procedure:

When a patient contacts AMA and requests access to his or her medical record information, (s)he should complete n Authorization to Release Healthcare Information form. The form must be completed in person by showing photo identification.

The Privacy Officer will make a decision regarding the patient's request to access their protected health information. The individual making this decision may deny access completely, partially deny access, or permit access. Any denial of access should be based on the permitted reasons stipulated in the HIPAA Privacy Rule.

1. If access is allowed, in part, notify the patient of your decision by sending them a letter indicating partial access.

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2. If access is denied, notify the patient of your decision by sending them a letter.

3. If patient requests a review of the decision, arrange for the reviewing official to review the decision within 30 days and record their response. Notify the patient of the reviewing official's decision via written letter.

Remember, the patient does not have the right to immediate access to his or her medical information, and the front desk staff should be made aware of this important point.

If the patient is unhappy, direct the patient to the Privacy Officer. The Privacy Officer will explain what rights the patient has under the HIPAA Privacy Rule.

Exceptions:
AMA will provide access according to the State of New York regulations if they are more stringent than the federal regulations stated in this policy.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Handling Patient Request for Amendment to Records**

Purpose:

To provide guidelines for handling patient requests to make amendments to information contained in their record that they believe is incorrect or erroneous.

General Policy:

The HIPAA Privacy Rule requires AMA to act upon a patient's request to amend PHI about them that they believe is incorrect or erroneous that we keep in a "designated record set."

Requests for amendments to protected health information must be acted on within 60 days of receipt of request. Up to an additional 30 day extension is allowable if you are unable to act on the request within the deadline, but you must provide the patient a written reason for the delay and the date by which you will complete your action on the request. This written statement describing the reason must be provided within the standard deadline. You may only extend the deadline once per request for amendment.

Procedures:

The patient may a staff member, point out the error, and ask for it to be corrected. Alternatively, the patient can contact the Privacy Officer to ask for a correction to his/her information.

For "simple" corrections, such as name, address, age, and other non-medical information, the author can correct the entry or put in an addendum to the chart. For more in-depth corrections, the Privacy Officer should be contacted. If the author is unsure as to whether the correction should be considered "simple" or "complicated," (s)he should contact the Privacy Officer for assistance.

Acceptance:
If, after reviewing the request for amendment, the author and/or Privacy Officer accept the request, the following steps must be completed within the time period:

1. Notify the patient, in writing, that you have accepted his/her request for amendment.

2. Copies of the correction/amendment form will be furnished to those individuals or organizations the patient deems necessary and documents on the correction/amendment form. Copies of the correction/amendment form will also be furnished to the facility's business associates or others who have the information subject to the amendment and that may have relied or might rely on that information to the detriment of the patient.

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3. The author should make an entry at the site of the information that is being corrected or amended indicating, “See correction/amendment.” The correction/amendment form will be attached to the incorrect or amended entry.

Whenever a copy of the corrected/amended entry is disclosed, a copy of the correction/amendment form will accompany the disclosed entry.

Denials**:**
If the Privacy Officer denies a request for correction/amendment, (s)he must notify the patient in writing. This written denial must include the basis for the denial, how the patient may file a written statement disagreeing with the denial, and how the patient may make a complaint to the Privacy Officer. This written denial must also state that if the patient chooses not to file a statement of disagreement, (s)he may request that the practice include the original request for amendment and the denial of the request with any future disclosures of the PHI that is the subject of the request for amendment.

Also, the patient is permitted to submit a written statement disagreeing with the denial and the basis of the disagreement. If the patient submits a statement, the Privacy Officer may prepare a written rebuttal to the patient’s statement of disagreement. If (s)he does prepare a rebuttal, (s)he must provide a copy to the patient.

If the patient submits a written statement of disagreement, an entry should be made at the site of the disputed information indicating “See Denied Amendment.” The following information should be attached to the entry:

- The patient’s request for amendment
- The denial of the request
- The patient’s statement of disagreement (if any)
- The written rebuttal to the patient’s statement of disagreement (if any)

If the patient submits a written statement of disagreement, then all of the appended information, or an accurate summary of it, must be included with each subsequent disclosure of the PHI to which the disagreement relates.

Exceptions:
AMA will provide amendment according to the State regulations if they are more stringent than the federal regulations stated in this policy.

Relevant Forms or Documents:
Patient Complaint Form

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Patient Access

Policy: **Providing Access to PHI**

Purpose:

To provide guidelines for allowing a patient access to their PHI as outlined in the Patient Access Rule.

General Policy:

Upon written request for access to PHI, the Privacy Officer or appointed designee will review the request to determine if access can be granted. If granted, AMA will provide access to the PHI in the form or format requested, if possible. A paper copy of the information may be furnished and AMA may impose a “reasonable fee” for reproducing the information.

Additionally, AMA may provide access to a summary of information rather than all PHI in the designated record sets as long as the patient agrees to the summary and any associated fees.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Authorization Requirements for Using PHI for Non-TPO Purposes

Purpose:

To provide guidelines on how AMA will collect an authorization from a patient prior to uses and disclosures of PHI for non-TPO purposes to avoid violating the patient's rights.

General Policy:

AMA may not use and disclose PHI for non-TPO purposes without written authorization of the patient prior to the use or disclosure. The Privacy Rule identifies instances where an authorization is specifically required.

- Marketing
- Pre-enrollment underwriting
- Employment determinations
- Fundraising
- Psychotherapy notes

The authorization must include the following elements:

- A description of the information to be used or disclosed;
- The name of the covered entity, or class of entities or person authorized to make the use or disclosure;
- The names or types of receipt(s) of the information;
- An expiration date;
- The individual's signature and date of signature;
- If signed by a representative, a description of the representative's authority or relationship to the individual;
- A statement regarding the individual's right to revoke the authorization; and
- A statement that the information may no longer be protected by the federal privacy law.

Prior to using or disclosing PHI for an activity listed above, AMA will obtain a written authorization containing the above mentioned elements. This signed authorization is placed in the patient's medical record and the requested information is used or disclosed pursuant to the authorization.

Exceptions:
No authorization is needed to use or disclose PHI for TPO purposes.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Confidentiality of Medical Information**

Purpose:

To protect and ensure confidentiality and protection of patients health information. Confidentiality is an ethical and legal issue. Employees of this organization, especially those working with confidential health information, must be extremely vigilant about protecting our patients' records.

General Policy:

All patient health information is confidential and will not be released or communicated by any employee to anyone other than the patient without valid written permission or as specified in the Privacy Notice, in a court order signed by a judge or in a life-threatening situation. All requests for release of protected health information (PHI) outside of these parameters will be routed to the Privacy Officer or designee. The Privacy Officer or designee is authorized to release information and/or make decisions about access to PHI. Release to appropriate "third parties" must have documented evidence of reasonable steps taken to verify the identity of the person receiving the PHI. No individually identifying information will be transmitted to any individual or outside organization that is not a Business Associate without an authorized release of information signed by the patient or the patient's personal representative.

Sanctions:

Violation of this policy may result in disciplinary action up to and including termination of employment.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Application Rule: Privacy Rule

Policy: **Definition of Terms**

Purpose:

To provide an understanding of the most frequently used terms pertaining to the Privacy Rule. This will allow for better communication relating to HIPAA.

Terms:

- PHI - Protected Health Information
- IIHI - Individually Identifiable Health Information - This is information that identifies patient information, which is considered sensitive and guarded under the law.
- PO - Privacy Officer - This is the person responsible for overseeing all aspects of HIPAA in the covered entity.
- BAA - Business Associate Agreements - These are addendums to already in place agreements between the covered entity and the outside vendor hired to perform services for the group. These are assurances by the associate to uphold standards of privacy.
- Minimum Necessary - This is the minimum amount of PHI that can be shared to establish care at other facilities.
- Notice of Privacy Practices - This provides patients with insight on their rights afforded them by the Health Insurance Portability and Accountability Act.
- De-identified PHI - This is the removal of identifying characteristics so there is no chance of re-identifying the patient.
- Consent – This is required to share protected health information for treatment, payment and health care operations (TPO).
- Authorization – This is required to share protected health information for non-related treatment, payment and health care operations.
- Acknowledgement - This is a document signed by the patient indicating the receipt of the practice’s Notice of Privacy Practices.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **De-Identifying Protected Health Information**

Purpose:

This policy is used to provide guidance to medical professionals on the proper steps to take for de-identifying PHI.

Policy:
PHI is information that identifies the individual and relates to his/her health status or the payment of his/her health services. To decide whether information is PHI, consider the following rules:

- Written or oral communications;
- Recorded on paper, computer or other media;
- Reveals the health status of the patient;
- Information is "individually identifiable"; and
- We created or received.

Current federal rules regulating our patient's protected health information only apply to information that contains one of 18 enumerated identifiers. If AMA elects to remove all 18 identifiers, the information is no longer subject to the federal Privacy Rule, and AMA can use the information in any manner desired.

The eighteen (18) enumerated identifiers are:

1. Names;
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code and their equivalent geo-codes;
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and

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18. Any other unique identifying number, characteristic, or code.

To ensure that the information has truly been de-identified and thus meets the requirements of the federal regulations, the Privacy Officer must review all information that is to be de-identified before it is used or disclosed by any employee of AMA. If any employee wishes to de-identify protected health information for their own purposes, they must ask the Privacy Officer to certify the information has in fact been de-identified.

Once the information has been de-identified, you may not disclose the mechanism for re-identification, such as tables, algorithms, or other tools that could be used to link the code with the subject of the information.

Sanctions:

This policy must be adhered to in its entirety. The Privacy Officer will handle violations of this policy.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Disclosures for Law Enforcement Purposes**

Purpose:

To provide guidelines for disclosing PHI to Law Enforcement Officials under the required disclosures section of the Privacy Rule. These required disclosure do not require the individual's authorization to disclose nor do they allow the given individual the opportunity to agree to or object to certain uses and disclosures of PHI.

General Policy:

AMA does not need authorization to use or disclose PHI (including psychotherapy notes) to a law enforcement official, to the extent that such use or disclosure of PHI is required by law and is limited to the minimum necessary standard.

AMA may disclose PHI as required by law that mandates the reporting of certain types of wounds or other physical injuries. Injuries such as child abuse, neglect, or domestic violence will be reported to the appropriate public health authority or social services agency.

AMA may disclose PHI to comply with a court order, a court ordered subpoena, or a grand jury subpoena. These disclosures will be limited to the minimum necessary standard.

AMA may use or disclose PHI in response to a law enforcement official's request, for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that the disclosed information is limited to:

> *Name and address; date and place of birth; social security number; ABO blood type and Rh factor; type of injury; date and time of treatment; date and time of death, if applicable; and a description of distinguishing characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.*

AMA will take "reasonable" steps to verify the request and the requestor prior to a required disclosure of PHI. These "reasonable" steps include, but are not limited to, verifying the officer's credentials (e.g., badge and/or id), verifying a legitimate subpoena by locating the raised seal or calling the court

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: **Disclosure of PHI via Telephone Conversation**

Purpose:

Telephone conversations present AMA with the most difficulty in protecting our patients' privacy. This policy addressees how staff members should communicate PHI with patients and others using the telephone.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI that can occur in an office during the daily operations of the practice. Our office will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when communicating PHI with patients and others over the telephone.

You should always be on guard when you speak on the telephone. **Never** assume the caller is who they say they are; treat callers as people who are impersonating patients in an attempt to gain access to PHI. This is true even if you know the patient or recognize his or her voice; you simply do not know who is calling.

Remember, unless we have written permission from the patient, if the caller is the patient's personal representative, or if the disclosure is required by law, you are not permitted to disclose any personal health information to **anyone** other than the patient directly. This includes spouses, children, friends, attorneys, or other "representatives" of the patient.

Remember, you are also subject to the "minimum necessary" standard AT ALL TIMES, and you are not permitted to reveal any information you believe is not necessary (unless the disclosure is to the patient or the patient's personal representative).

If you feel uncomfortable discussing PHI with the caller, simply take his or her name and telephone number, and inform the caller you wish to call him or her back. Then explain the situation to the Privacy Officer and ask for his or her opinion as to how to proceed. Also, if the caller is unhappy, refer him or her to the Privacy Officer, who will explain why dis limited in what we can reveal over the telephone

Procedures:

Incoming Telephone Call (Patient or Personal Representative):

If a caller claims to be a patient at AMA you must take reasonable steps to verify his or her identity. Therefore, before you reveal **any** PHI over the telephone (including billing issues), you must take several steps to verify the identity of the caller. You should ask the caller a few questions, such as the following:

- "What are the last four digits of your Social Security Number?"

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- "What is your date of birth?"
- "Who is your treating physician?"
- "What is your mailing address?"

In addition, the patient may be given a password or pass code and, if so, you should verify their password or pass code. If the caller is the patient's personal representative, you should inquire as to the relationship the caller has with the patient (e.g., parent, sibling, child, etc.) Once you have verified their identity by using the above questions, you may disclose personal health information to the patient.

Incoming Telephone Call (Individual Involved in the Patient's Care):
For callers who are not the patient, in addition to verifying the caller's identity, you must inquire as to the caller's relationship to the patient. You must then make the determination whether the caller is involved in the patient's care by referring to the patient's enrollment form. If the form has been left blank, use your best judgment as to whether the caller has permission from the patient and, if you are still unsure, ask the Privacy Officer for further assistance.

Incoming Telephone Call (All Others):
For all other callers, you must follow this procedure before revealing ANY PHI:

- When you receive a request from a third party for PHI via the telephone, you must verify the identity and authority of the requestor. The identity of the caller may be determined by asking for verification of a known place of business, address, phone or fax number, as well as a known human being. For most disclosures, verifying the authority for the request means taking reasonable steps to verify that the request is lawful.

- Where the person requesting the protected health information is a public official, you must verify the identity of the requester by examination of reasonable evidence, such as a written statement of identity on agency letterhead, an identification badge, or similar proof of official status. Similarly, you are required to verify the legal authority supporting the request by examination of reasonable evidence, such as a written request provided on agency letterhead that describes the legal authority for requesting the release.

- Once you have verified the requestor's identity and authority, you should then check to make sure the patient has provided the appropriate permission to release the information. Most of our disclosures to third parties will involve disclosures related to treatment, payment or health care operations (TPO) activities in our practice.

- If the reason for the request for protected health information does not fall into any of the above categories, then AMA is required to have a proper, signed authorization form **before** any information is released.

- There should be a review of the information to be released – either by checking the information against the protocol for known entities, or review by the Privacy Officer and/or treating physician to determine whether the information meets the minimum necessary standard. If the caller has a valid authorization, this step is not necessary.

Once these steps have been completed, you may disclose PHI to the caller. However, you should note the call on the patient's call log, indicating date, time, caller, and a brief description of what was discussed.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Disposal of Protected Health Information**

Purpose:

To provide guidance on the destruction of both written PHI and dictated tapes to ensure there is no unauthorized access to patient information.

General Policy:

Protected Health Information in writing, no longer needed by the practice, is to be destroyed in the following manner.

Method of Destruction:
Before any documentation, documents or any other information from a patient’s medical record no longer needed by the practice is destroyed, the Privacy Officer must first approve its destruction. Once the Privacy Officer has determined it is appropriate to discard the information, it must be done by shredding. Crumpling of the paper and discarding in a trash can is unacceptable. The shredded paper must be placed in either a receptacle or a plastic trash bag for proper discarding.

The discarding of Protected Health Information in tape form will be done so by either the Privacy Officer or the Security Officer once it has been determined the tapes and the information contained on them is no longer needed. At no time will a staff member without proper authority dispose of Protected Health Information.

Failure to comply with the policy will result in corrective action to be determined by the Privacy Officer.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Facsimiles Containing PHI**

Purpose:

To provide guidelines for the use and dissemination of PHI received or submitted by facsimile.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI, which can occur in an office during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when receiving or transmitting PHI via facsimile. Properly completed and signed authorizations must be obtained prior to the release of PHI unless the disclosure is a required disclosure.

In medical emergencies, the information may be released without proper authorization when the provider or Business Associate requesting the information is required by law to treat the individual or when there are substantial communication barriers or threats to the health of the public.

Use a cover sheet for each facsimile transmission and retain it in correspondence. Verify by telephone, when possible, the availability of the receiver and log the facsimile transaction. Notify recipients of any misdirected or returned facsimile and file an incident report with the Lead Pharmacist or Privacy Officer.

When the faxed information is to be included in a medical record, it must be clearly legible, complete, accurate, and dated with appropriate signatures as indicated. Faxed data must include:

- Date and time of fax transmission
- Sending facility's name and address
- Sending facility's telephone and fax number
- Sender's name
- Receiving facility's name and address
- Receiving facility's telephone and fax number
- Authorized receiver's name
- Number of copies sent
- Statement regarding disclosure
- Statement regarding confidentiality

Procedure:

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Receipt of PHI via Facsimile**:**
The front office staff is responsible for the distribution of incoming facsimiles. (S)he should use his/her best efforts to distribute incoming facsimiles as quickly as possible. At NO time should facsimiles containing PHI be placed in an area where non-employees could read or otherwise handle the facsimile.

- When a facsimile has been received, the staff member should check the facsimile to ensure it has not been misdirected, and if so, contact the sender to inform him or her of the mistake.

- If the facsimile has been sent correctly and is legible, the front desk employee should distribute the facsimile to the appropriate recipient. If there is no appropriate recipient or if the intended recipient is out of the office, the front desk employee should hand the facsimile to the Lead Pharmacist or Privacy Officer.

- If the facsimile is to be filed in a medical record, the staff member should be sure to include any cover sheet with the facsimile by stapling the cover sheet to the received facsimile. Then, both facsimile and cover sheet should be filed in the medical record.

Handling of a Misdirected Facsimile**:**
If a facsimile transmission fails to reach the recipient, check the internal logging system of the fax machine to obtain the recipient's fax number. Fax a request using the incorrect fax number, explain the misdirected information and ask for destruction of all documents received from the said facility. Then notify the Lead Pharmacist or Privacy Officer of the misdirected facsimile.

Outgoing Facsimile**:**
Should a staff member have PHI to be sent out of the office via facsimile, (s)he should complete a cover sheet, including date, time, recipient's name, practice or business name, number of pages, and any additional comments as necessary. The employee should then verify the facsimile number and intended recipient is correct, ensure the facsimile is legible, and transmit the facsimile.

When finished, the staff member should print or keep a copy of the transmittal log to verify the facsimile has been sent in its entirety as well as sent to the intended recipient.

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Applicable Rule: Privacy Rule

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Handling In-Person Requests for PHI**

Purpose:

To provide guidelines for handling in-person requests for disclosure of PHI.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI that can occur in an office during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when handling in-person requests for PHI.

Procedure:

When individuals approach you at the front desk, you should not assume the individual is whom they say they are; treat these individuals as people who are attempting to gain unauthorized access to PHI.

Remember, unless we have written permission from the patient, the individual is the patient's personal representative, or if law requires the disclosure, you are not permitted to disclose any personal health information to anyone other than the patient himself or herself. This includes spouses, children, friends, attorneys, or other "representatives" of the patient.

Remember, you are also subject to the "minimum necessary" standard AT ALL TIMES, and you are not permitted to reveal any information you believe is not necessary (unless the disclosure is to the patient or the patient's personal representative). If you feel uncomfortable discussing PHI with the caller, simply take his or her name and telephone number, and inform the caller you wish to call him or her back. Then explain the situation to the Privacy Officer and ask for his or her opinion as to how to proceed.

Also, if the individual is unhappy, refer him or her to the Privacy Officer, who will explain why AMA is limited in what information can be revealed.

<u>"In Person" Requests (Patient):</u>
If the individual is the patient, follow the same verification procedures for patients in the Telephone policy. In addition, you may wish to ask for photo identification, such as a driver's license.

Once verification is complete, you may disclose PHI to the patient.

<u>"In Person" (Personal Representative):</u>

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If the individual is the patient's personal representative, follow the same verification procedures for personal representatives in the Telephone policy. In addition, you may wish to ask for photo identification, such as a driver's license.

Once verification is complete, you may disclose PHI to the individual.

"In Person" (All Others):
If an individual comes in to the office and makes an in-person request for a patient's protected health information, you must first verify the identity of the individual. This can be accomplished by asking for their driver's license, employment ID badge, or other picture identification. Make a copy of the identification and then have the requestor fill out and sign the Authorization to Release Healthcare Information and scan it into the patient's chart.

If the requestor is a public official, you must verify the identity of the individual making the request by examining an official letter from the agency or department where the individual is employed (or represents), a government identification badge, or similar proof of official status. The individual must also present to you written evidence of the agency's legal authority to obtain the information.

If the requestor is an attorney and the information is to be used in a legal proceeding, you must ask for, and copy, an official judicial subpoena or other official court document supporting the attorney's legal authority to request the patient's information.

Upon verification of the individual's identity and completion of the Authorization to Release Healthcare Information form, the Privacy Officer must approve the request. After approval and scanning the form into the patient's chart, you may then disclose the information to the requestor.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Handling Patient Complaints or Allegations of Privacy Violations

Purpose:

To provide guidelines for handling a patient's complaint or allegation of privacy violations

General Policy:

Our Notice of Privacy Practices will inform our patients of their rights under HIPAA's Privacy Rule to file a complaint with our Privacy Officer and the Office of Civil Rights (OCR) when they have reason to believe we have violated their privacy rights.

Our Responsibility:
The Privacy Officer or appointed designee will take all complaints and/or allegations of non-compliance seriously and will fully investigate the allegations to determine what course of corrective action, if any, needs to be taken. The Privacy Officer or appointed designee will notify the patient in writing the outcome of the investigation and what corrective action, if any, was taken.

The practice assures the patient they will honor the patient's right to file a complaint and will not retaliate against them.

The Privacy Officer or appointed designee will keep a log of all complaints and/or allegations of noncompliance and the outcome of the internal investigation of the allegations.

The OCR may also conduct compliance reviews to determine whether we are complying with the applicable requirements of this rule.

If the OCR initiates a compliance review of our practice, we will comply with all requests for information and produce records and compliance reports to the OCR in a timely manner in order for the OCR to determine whether or not we are in compliance with the Privacy Rule. We will provide the OCR access during normal business hours to our facility, books, records, accounts, and other sources of information, including PHI, which is pertinent to ascertaining compliance with the applicable standards. If the OCR determines that exigent circumstances exist, such as when documents may be hidden or destroyed, we will permit access to the OCR at any time and without notice.

If PHI is required for the investigation and the information is the exclusive possession of any other agency, institution, or person and the other agency, institution, or person fails or refuses to furnish the information, we will certify what efforts were made to obtain the information. A written copy of the outcome of the review will be sent to the complainant and us. If we are found to be non-compliant, we will attempt to resolve the matter by informal means.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: Handling PHI in Various Locations Within the Office

Purpose:

To provide guidelines for avoiding the incidental disclosure of PHI that can occur from various locations within the dispensary.

General Policy:

The intent of this policy is to limit the incidental disclosure of PHI that can occur in a dispensary during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outlined below.

AMA shall utilize its best efforts to protect privacy and limit disclosure of PHI in public and non-public areas of the office, where patients and other unauthorized persons are found. "Reasonable efforts" may include restructuring and/or reorganizing information flow in areas where information is collected from and given to patients. Other forms of "reasonable efforts" may include improving personnel practices and habits in day to day activities to better prevent random disclosure of PHI; initiating stricter practices to safeguard patient records stored/utilized in public/non-public areas;; closer supervision of patients in routing them from waiting areas to clinical areas and check-out; and incorporating more opportunities to allow patient choice in how and where they give and receive protected health information. The following procedures address these areas and are to be followed in limiting disclosure of protected health information.

Procedures:

Waiting Area/Front Desk**:**
At no time should protected health information be discussed, posted, or in any way revealed in the public waiting/front desk area of the facility. To facilitate this procedure, staff members should use their best efforts to abide by the following:

- Utilize protective barrier(s) to separate public waiting area from front desk.
- Utilize a separate private area to answer questions or discuss protected health information (e.g. financial interviews, payment concerns).
- Kindly defer all questions regarding patient's health status; reason for visit, etc. to the health care provider and advise the patient that this is to protect his or her privacy.
- Position computer monitors to face away from public areas at all times, to prevent anyone from viewing information on the screens.
- Use reasonable caution when making/receiving phones calls in the front desk area, to prevent conversation from being heard in the waiting area (e.g. speak in low tones).

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- Keep all patient records, forms, etc. out of public view in the front desk area, and out of reach of unauthorized individuals (e.g. table behind desk, shelf or shielded area underneath counter, closed file folder, record holder facing away from waiting area).

- At the close of business day, place all patient records, and any other materials containing PHI in a secure location out of view and access of unauthorized persons, i.e. cleaning services, maintenance, if possible.

Receptionist Area**:**
Reasonable efforts must be exercised at all times to ensure that PHI in the dispensary is protected from view/access by unauthorized persons who may be in the building during office hours as well as after hours. PHI in the dispensary area may include patient record, patient logs, letters, etc.

To facilitate this directive, staff members should abide by the following:

- Use reasonable caution when making/receiving phone calls to/from patients, private physicians, etc. to prevent conversation from being heard in public areas (e.g., speak in low tones, keep door closed).

- Utilize private areas/environments to answer questions or discuss protected health information with patients.

- Secure holding areas (e.g., file drawer, desk drawer, shielded space behind desk), which are out of arms reach, must be utilized when records are in use. This is to prevent access by unauthorized persons.

- At no time should protected health information be left unattended on a desk, computer table, etc.

- Position computer monitors so that they face away from public view. This is to prevent unauthorized persons from viewing information on the computer screen.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: Handling Workforce Education/Training on the Privacy Rule

Purpose:

To provide guidelines on how AMA will education/train their workforce on the Privacy Rule.

General Rule:

HIPAA's Privacy Rule mandates that every covered entity provide training for all members of its workforce with respect to the policies and procedures on the use and disclosure of PHI, as necessary and appropriate for the members of the workforce to carry out their function within the covered entity.

HIPAA defines workforce to include "employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity."

AMA will provide privacy training to all members of our workforce.

Re-training is to be provided on an as-needed basis as policies and procedures change.

The Privacy Officer is responsible for documenting these training efforts and monitoring retraining needs within the practice. A copy of the training materials may be obtained from the Privacy Officer.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: Identifying and Handling Business Associates (BA)

Purpose:

To provide guidelines for identifying all current and future Business Associates (BA) of the practice and how these relationships must be handled.

General Policy:

A BA relationship is formed when individual(s) and/or organization(s) are hired by AMA to perform services on our behalf that are listed in the following types of categories, such as legal, actuarial, accounting, consulting, management, administrative accreditation, data aggregation and financial services and the performance of those services require AMA to disclose protected health information (PHI) to the other individual(s) and/or organization(s).

Identification of Business Associate Procedure:

Our Privacy Officer shall review all existing and future contracts with individual(s) and/or organization(s) hired by AMA to determine the types of services each one performs for AMA. If services provided by the individual(s) and/or organization(s) fall within the above mentioned categories and the performance of these services require us to disclose protected healthcare information, we must have the individual(s) and/or organization(s) sign a BA agreement.

For current BAs, our Privacy Officer must verify that the current contract contains all requirements of a BA as dictated by HIPAA’s Privacy Rule. If the agreement lacks critical protections, the Privacy Officer will need to get a signed addendum to the current contract from the BA to include the additional language to fulfill all the requirements of the Privacy Rule.

For future BAs, the Privacy Officer shall ensure the BA agreements meet all HIPAA Privacy Rule Requirements

BA Agreement

The Privacy Officer shall place the signed agreement(s) and/or addendum(s) in the HIPAA file in a folder titled BA Agreements. These agreements are valid until the expiration date noted on the agreement(s).

The agreement will: limit the use of disclosure of PHI to the activities listed in the contract; limit uses and disclosures as permitted by federal or New York law; be binding to all the BA’s agents and subcontractors to the limitations of the agreement; require the BA to notify AMA in writing of any and all unauthorized uses or disclosures of PHI.

AMA will take “reasonable” steps to correct any breaches to disclosure and have the right to terminate our contract with the BA without penalty, if necessary.

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The agreement will also permit the Department of Health and Human Services (HHS) to pursue an investigation of any reported unauthorized use or disclosure.

While the Privacy Rule does not require us to actively monitor our BA's performance, the Privacy Officer will take "reasonable" steps to keep a general watch over all our BA's. If violations to the Privacy Rule occur, corrective action will be implemented to ensure the violation does not continue to happen. The specific type of corrective action will be dependent upon the violation.

Monitoring the BA:

The Privacy Officer shall keep a log to include the name of the BA, contact name, phone number, fax number, date agreement signed, date agreement expires and any corrective actions taken against the BA. This log shall be kept in the HIPAA file in a folder titled BA Log.

Exceptions:

Sometimes we hire individual(s) and/or organization(s) to perform services for us who do not meet the definition of a BA but who might inadvertently be exposed to PHI (e.g., a janitorial service). AMA will obtain a confidentiality agreement from these individual(s) and/or organization(s) to ensure the PHI is kept confidential by the individual(s) and/or organization(s). If the individual(s) and/or organization(s) disclose the PHI, AMA will hold the individual(s) and/or organization(s) personally responsible for any fines or penalties associated with the disclosure. AMA will take "reasonable" steps to correct any breaches to disclosure and have the right to terminate our contract with the individual(s) and/or organization(s) without penalty, if necessary.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: **Mail or Packages Containing PHI**

Purpose:

To provide guidelines for the use and dissemination of PHI that is received by mail or package.

Policy:

The intent of this policy is to limit the incidental disclosure of PHI, which can occur in an office during the daily operations of the practice. AMA will take "reasonable" steps to avoid these incidental disclosures by implementing the procedures outline below.

Adherence to this policy is expected by all staff members when handling mail or packages containing PHI.

Procedure:

Receipt and Distribution of PHI:

The front office staff will deliver unopened mail to the Lead Pharmacist or to the person to whom the mail is addressed.

The Lead Pharmacist will open the mail in his/her office and review it for requests, due dates or deadlines. Otherwise, the Lead Pharmacist will distribute the mail to the appropriate recipient. If the appropriate recipient is out of the office, the Lead Pharmacist will notify them or their supervisor of any urgent requests or immediate due dates.

The designated staff will not open mail marked *PERSONAL* or *CONFIDENTIAL*, without the written authorization of the person to whom the mail is addressed.

The front office staff will sign for all registered mail and notify the Lead Pharmacist or intended recipient of the mail immediately. If the recipient or Lead Pharmacist is not available, the front office staff will deliver the mail to the designated backup. If a piece of mail or a package has no intended recipient, the Lead Pharmacist or his/her designee should open the letter or package to determine the appropriate recipient.

Collection of PHI**:**

Should a staff member have PHI to be sent out of the office via US mail, (s)he should completely seal the envelope, verify the address on the front of the envelope or package is correct, and place the outgoing mail at the front desk in the designated area.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: **Minimum Necessary Standard Requirements**

Purpose:

To provide guidelines on disclosing only the minimum necessary PHI needed for the intended purpose of the disclosure. The intent of the policy is to avoid unnecessary disclosures of PHI outside what is needed to accomplish a specific task within our own organization and/or to other covered entities.

General Policy:
The Privacy Officer must review each job title within the organization to determine what information they should use or disclose and what information is prohibited. The Privacy Officer will then develop a list of standardized information each specific job title will have access to as part of their daily job functions, thereby limiting the disclosure of PHI to the minimum necessary to fulfill their job functions. "Full access" may be granted to those individuals who need that level of access for their job functions and will be up to the discretion of the Privacy Officer.

For disclosure requests made from other covered entities, the Privacy Officer and/or the treating physician should review each disclosure request to find the minimum necessary level of information to disclose to the third party. This will limit the amount of PHI disclosed to what is reasonably necessary for the use or disclosure intended.

Exceptions:
AMA may use or disclose PHI in response to any valid authorization without regard to the minimum necessary requirement.

Disclosures to or requests by a health care provider for treatment purposes are not subject to the minimum necessary standard.

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: **Patient's Rights to Request Restriction on Use and Disclosure of their Protected Health Information (PHI)**

Purpose:

To provide guidelines for AMA to consider an individual's right to request restrictions be placed on the use and disclosure of their protected health information (PHI).

Restriction Requests:

Individuals may request that AMA place restrictions regarding how we use and disclose PHI to carry out treatment, payment and/or health care operations.

AMA is not required to agree to this request for restrictions. If, however, we do agree, the restriction is binding and we may not use or disclose PHI in violation of this agreement unless the disclosure is allowed or required under this policy.

AMA may terminate this agreement to a restriction if the individual agrees to or requests the termination in writing or the individual orally agrees to the termination and AMA documents the oral agreement.

AMA may terminate the agreement to a restriction without the individual's agreement if we inform the individual that we are terminating the restriction, but such termination is only effective with respect to PHI created or received after the individual has been informed of the termination.

Material on this page is requested to be exempt from disclosure under FOIL because it contains critical infrastructure information, highly confidential security information and trade secrets.

Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
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Applicable Rule: Privacy Rule

Policy: **Privacy Officer Job Description**

Position Title: Privacy Officer

The Lead Pharmacist of each AMA Location is that site's Privacy Officer and is responsible for compliance. The Chief Compliance Officer of AMA serves as the organization's Privacy Officer. All Lead Pharmacists report to the Chief Compliance Officer on matters relating to Privacy.

General Purpose:

The Privacy Officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, all patient's protected health information in compliance with federal and New York laws and the health care organization's information privacy practices.

Responsibilities:

Policy Development and Implementation*:*

- Provides development guidance and assists in the identification, implementation, and maintenance of privacy policies and procedures in coordination with organization management and administration and legal counsel.
- Reviews all system-related information security plans throughout the organization's network to ensure alignment between security and privacy practices, and acts as a liaison to the information systems department.
- Develops, reviews, and publishes practice's privacy notice to general public as required under federal and the applicable state law.
- Establishes a mechanism to track access to protected health information within the organization to an extent as required by law.
- Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures.
- Conducts or ensures conduction of initial privacy training and orientation to all employees, volunteers, medical and professional staff, contractors, alliances, business associates, and other appropriate third parties.

Policy Maintenance:

- Performs initial and periodic risk assessments or "privacy audits" and conducts related ongoing compliance monitoring activities to ensure compliance.

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- Works with key departments to ensure the practice has and maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials reflecting current organization and legal practices and requirements.

- Participates in the development, implementation, and ongoing compliance monitoring of all trading partner and business associate agreements, to ensure all privacy concerns, requirements, and responsibilities are addressed.

- Ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in the organization's workforce, extended workforce, and for all business associates, in cooperation with Human Resources, the information security officer, administration, and legal counsel as applicable.

- Maintains current knowledge of applicable federal and state privacy laws and accreditation standards, and monitors advancements in information privacy technologies to ensure organizational adaptation and compliance.

- Cooperates with the Office for Civil Rights, the HHS, other legal entities, and organization officers in any compliance reviews or investigations.

Qualifications:

Education*:*

Law degree or graduate degree in a field related to healthcare administration or compliance.

Experience:

Knowledge and experience in information privacy laws, access, release of information, and release control technologies. Experience may be used in place of education.

Demonstrated organization, facilitation, communication, and presentation skills.

Note: This description is intended to serve as an overview of the role and responsibilities of both the site-level Privacy Officers as well as the corporate level position, served by the Chief Compliance Officer.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Requests for Disclosure of PHI**

Purpose:

To provide guidelines for responding to requests for disclosure of PHI, which are encountered during the daily operations of the practice.

Policy:

According to the Privacy Rule, a covered entity may not use or disclose PHI except as permitted or required by the Rule.

The following steps will be taken prior to a permitted or required disclosure of PHI to any party:

- Receive the request: Once we receive a request for disclosure of PHI to a third party, we take reasonable steps to verify the identity and the authority of the requestor.
    - The verification of identity may take the form of a known place of business, address, phone or fax number, as well as a known person.
    - The verification of authority may take the form of a written statement of identity on agency letterhead, an identification badge, or similar proof of official status.
- Check for the appropriate level of permission from the patient: Once we have verified the identity and authority of the requestor, we will check to make sure the patient has given us permission to release the information.
    - Verbal agreement – check the patient's chart to see if there is a notation indicating permission to disclose to the requestor or ask the patient directly for permission and document their response in their record.
    - Acknowledgement of receipt of Notice of Privacy Practices and/or written consent – disclosures to third parties related to the treatment, payment or health care operation (TPO) activities of our practice are addressed in our Notice of Privacy Practices. The patient is given the Notice and a good faith effort is made to obtain the patient's signature indicating the receipt of it. This acknowledgement is the permission we need to make disclosures for TPO purposes. We will verify the acknowledgement and/or written consent is in the patient's record.
    - Authorization – disclosures made for non-TPO purposes will require an authorization from the patient. We will verify an authorization is in the patient's record.

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- Review of the request to be disclosed: Once we have validated the requestor and the level of permission, reviewed the information requested and limited the disclosure to the minimum necessary for the purpose of the disclosure. The authorization may override the minimum necessary standard in that if the patient gives permission to release the entire medical record, you may do so.
- Based upon the first three steps, make and document the disclosure: As per the Privacy Rule, we must document and account for all required disclosures, such as those we make to our local health department for a public health event. Additionally, we may document permitted disclosures, including those made to referring physicians as part of the patient's ongoing care.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Revocation of Authorizations**

Purpose:

To provide guidelines on how AMA will handle the revocation of an authorization to avoid violating a patient's rights.

General Policy:

AMA will obtain a written authorization from the patient prior to using or disclosing PHI for non-TPO purposes.

The Privacy Rule provides that the patient may revoke an authorization at any time, except to the extent that AMA has taken action in reliance on the authorization. If the patient elects to revoke that authorization, it must be done in writing. Once the written revocation is received, AMA will cease making uses and disclosures pursuant to the authorization to the greatest extent practical. AMA is not required to retrieve information that has already been disclosed in accordance with the authorization.

Exceptions:
Individuals do not have the right to revoke an authorization if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Privacy Rule

Policy: **Uses and Disclosures of PHI for TPO Purposes**

Purpose:

To provide guidelines on the use and disclosure of PHI for TPO purposes to avoid violating the patient’s rights.

General Policy:

AMA may use and disclose PHI for Treatment, Payment and Health care Operations (TPO). This allows AMA to use and disclose only the “minimum necessary” information to complete the desired task.

This policy applies to health care providers with a direct treatment relationship with the patient and those providers with an indirect treatment relationship. Indirect treatment relationships are formed when the provider delivers health care to individuals based on the orders of another health care provider (e.g., a radiologist performing X-rays for a primary care physician).

As a continuation of the patient’s care, AMA is permitted to share information with other health care providers to whom we refer the patient.

These uses and disclosures are outlined for the patient in the Notice of Privacy Practices, which are given to each patient on the first visit to the practice after the compliance deadline.

Exceptions:

Psychotherapy notes cannot be used or disclosed without a written authorization from the patient.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **General Overview of the Final Security Rule**

Purpose:

To provide a general overview of the Security Rule.

General Overview:

Covered entities must assure patients that the electronic PHI they collect, maintain, use or transmit is protected from the risk of improper access and/or interception during an electronic transmission. The purpose of the Security Rule is to adopt national standards for safeguards to protect the confidentiality, integrity, and availability of electronic PHI. The Security Rule standards require measures be taken to secure PHI while in the custody of entities covered by HIPAA as well as in transit between covered entities and others.

The security standards require covered entities to implement basic safeguards to protect electronic PHI from any reasonably anticipated threat or hazard to the security or integrity of the information and any unauthorized access, alteration, deletion, and transmission of the information. The scope of the Security Rule is more limited than that of the Privacy Rule in that the Security Rule only covers PHI in electronic format.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Appropriate Use of the Employee's Computer**

Purpose:

To provide guidelines for the appropriate use of the computer to avoid incidental disclosure of PHI to unauthorized individuals.

General Policy:

It is critical that the employees at AMA are careful of how they use their computers. Private data on the computer system must not be disclosed to other persons who should not have access to that data.

Therefore, all employees must adhere to the following policies when using their computers.

Passwords: Your password is for your use only. You should not reveal your password to anyone else, neither within AMA nor outside the organization. Your password may be used to track disclosure of information to third parties, and if another individual uses your password to disclose information to an unauthorized individual, you will be held responsible for that disclosure.

In addition, you must not leave your password on or near your computer workstation (such as taped to the monitor). If you have difficulty remembering your password, sit down with the Chief Information Officer and create a password that is easier for you to remember.

If you or the Privacy Officer believes your password has been revealed to another individual (either by accident or intentional), the Chief Information Officer will be notified and may elect to change your password at any time.

Leaving the Computer: The computer has been set to log off after ten (10) minutes of "idle time." However, when you get up from your computer for any reason (e.g., to use the restroom, to check on an incoming fax, etc.), you must log off the system.

If you do not log off the system, sensitive information may be disclosed to an unauthorized individual, and you will be held fully responsible for that disclosure.

Viewing the Computer Monitor: When you sit at your computer, you should be the only one able to see and read the computer monitor. You should therefore adjust the angle of your monitor to prevent other individuals from viewing and reading the information on your monitor.

If your computer does not allow you to adjust the angle of your monitor, ask the Privacy Officer to purchase for you "blinders" or another device that will limit who may view the information on your monitor.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Computer Security Incidents**

Purpose:

To provide the proper procedure of reporting computer security incidents.

General Policy:

It is a key goal of this practice to maintain the highest level of security possible for our computer systems. Therefore, staff is expected to report any potential security incidents to the Security Officer, immediately upon the discovery of such incidents. Be sure to include a detailed description of the potential breach, the date and time of discovery and any other information the employee believes to be helpful to the Security Officer in investigating this matter. Further, failure to report to the Security Officer any potential security breach may result in disciplinary action against the employee.

Once the Security Officer has received notification of a potential security violation, (s)he shall conduct a thorough investigation through access audits, interviews, other electronic documentation, or any other means available to him or her. This investigation shall begin no later than two (2) business days after the Security Officer becomes aware of the incident.

Upon the completion of the investigation, the Security Officer shall document the original report, findings from the investigation, and recommended action(s), if any. The Security Officer may also ask for additional assistance from the Chief Information Officer, if necessary.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: Downloading Information from the Internet

Purpose:

To provide guidelines on downloading information from the Internet or other source to prevent contamination of the computer system by viruses.

General Policy:

The Chief Information Officer or appointed designee must give permission before any applications can be loaded onto the system by the employees (e.g., screen savers or other types of personal applications). The Chief Information Officer or appointed designee is responsible for verifying the software application is virus-free prior to loading onto the computer.

All emails with attachments from unknown sources must be deleted prior to opening the attachment to minimize the possible corruption of the computer systems.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Employee Termination**

Purpose:

To provide formal documented security measures for termination of an employee’s employment.

General Policy:

The intent of this policy is to provide safeguards to protect the confidentiality and integrity of electronic PHI from unauthorized access by terminated employees. When an employee is terminated, AMA will implement the following security features:

- Change/Amend the facility locks, combinations to the locks and/or electronic entry system to maintain security at facility.
- Removal of employee’s name for the access list to electronic PHI.
- Removal of user account(s) by termination or deletion of an individual’s access privileges to the information, services, and resources for which they had clearance and authorization.
- Collection of keys, tokens, or cards that allow access to the property, building or equipment.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Handling Information Access Control**

Purpose:

To provide guidelines for granting employees access to electronic information as determined by their job functions.

General Policy:

Under the Security Rule, covered entities must establish and maintain formal, documented policies and procedures for granting different levels of access to health care information.

The Chief Information Officer or appointed designee will decide what levels of access each employee of AMA should have in order to perform their job responsibilities. This will be accomplished by reviewing each employee's job description, job title, the department where (s)he works, or some other clearly identifiable group, and based on that assessment, will decide what levels of access the employee should have.

The Chief Information Officer or appointed designee will periodically reassess each employee's functions to determine if a different level of access should be granted.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Record Retention**

Purpose:

To provide guidelines for recordkeeping timelines of HIPAA related compliance issues.

General Policy:

The Privacy Officer and/or their appointed designee will maintain documentation of all HIPAA related compliance materials including but not limited to policies, procedures, written communication, complaints/allegations of violations, etc. in electronic format. This documentation shall be maintained for six years from the date of its creation or the date when it was last in effect, whichever is later. However, if State-specific guidelines for record retention are more stringent, AMA will utilize the applicable state guidelines.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: Removal, Destruction or Recycling of Electronic PHI

Purpose:

To provide guidelines on the removal, destruction or recycling of electronic PHI to ensure a patient's rights are not violated.

General Policy:

AMA has a duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. PHI may only be disposed of by means that assure that it will not be accidentally released to an outside party. Secure methods will be used to dispose of electronic data and output. The Chief Information Officer or appointed designee is responsible for the destruction of electronic copies containing PHI. The following methods of destruction may be used:

- Deleting on-line date using the appropriate utilities;
- "Degaussing" – removing or neutralizing the magnetic field – computer tapes to prevent recovery of data;
- Removing PHI from mainframe disk drives being sold or replaced, using the appropriate initialization utilities;
- Erasing diskettes to be re-used using a special utility to prevent recovery of data;
- Destroying discarded diskettes; or
- Whatever other means are appropriate, as determined by the Chief Information Officer

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: Risk Assessments and Risk Management Processes of Electronic PHI

Purpose:

To provide protocols for performing a risk assessment of electronic PHI in our care and establishment of a risk management process to ensure up to date security measures for the practice.

General Policy:

As part of the administrative safeguards of the Security Rule, AMA will perform a risk assessment to identify all risks to and vulnerabilities of the information in our care. The assessment will analyze “all relevant losses” that would be expected if we didn’t have security measures in place. The “relevant losses” include losses due to unauthorized uses and disclosures of PHI and loss of data integrity that would be expected to occur without security measures.

Based upon the results of the risk assessment, the Chief Information Officer or appointed designee will take appropriate and effective steps to eliminate or minimize these risks and vulnerabilities.

As part of a risk management process to ensure security measures are kept current, periodic evaluation of the risk areas and/or vulnerabilities will be performed by Chief Information Officer or appointed designee.

On-going training will be implemented to ensure all personnel recognize all potential risks and vulnerabilities and follow the risk management processes to minimize the possibility of “relevant losses.”

Sanctions:

Violation of the security measures implemented by the Chief Information Officer or appointed designee to reduce risk and/or vulnerabilities will result in disciplinary action up to and including termination of employment.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Applicable Rule: Security Rule

Policy: **Workforce Education/Training on the Security Rule**

Purpose:

To provide guidelines on how AMA will educate/train their workforce on the Security Rule.

General Rule:

HIPAA’s Security Rule mandates that every covered entity provide security awareness training programs in which all employees, agents, and contractors must participate, including, based on job responsibilities, customized education programs that focus on issues regarding use of health information and responsibilities regarding confidentiality and security.

AMA will provide security awareness training by the designated Compliance, Security or Privacy Officer. Re-training will be provided on an as needed basis as policies and procedures change.

The Security Officer or appointed designee will be responsible for documenting these training efforts and monitoring retraining needs within the practice. A copy of the training materials may be obtained from the Privacy Officer.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Dispensing Quality Assurance Recorkeeping**

Procedure: AMA will offer medical marihuana products for sale in dispensing facilities in accordance with the guidelines specifically in NYCRR 10 Part 1004.12. AMA will utilize the sophisticated seed to sale tracking technology [redacted] at each of its dispensaries to ensure compliance. (See Dispensing and Sale Technology policy)

1. **Detect, identify and prevent dispensing errors**;

   Within [redacted] there are also numerous sales and inventory reports that can identify that exact time a sale was made, the items dispensed and the employee that made the transaction. Additionally [redacted] requires that each patient be added to the system with all relevant information before a sale can be made. This information includes the quantity that that patient is allowed to purchase. Patient sales amounts can be automatically set within the system to prevent any transaction outside of permitted limits. The time sales occur can be set in the system to prevent sales outside of hours of operation

2. **30 Day Supply Control for Dispensary:**

   Each registered patient is assigned a revolving 30 day limitation. The system, [redacted] tracks all items dispensed for a patient and automatically deducts from said limit. If a patient attempts to purchase any products beyond their limitations the system will prevent the sale from occurring.

3. **Two Distinct Lot Record:**

   The AMA dispensing facilities shall ensure that each patient receives approved medical marijuana product from no more than two distinct lots for any 30-day supply dispensed. Each plant grown, as well as products created will be assigned to a specific patient

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within [redacted]. The 16 digit identifier for any given product will be selected upon fulfillment of an order. This allows for compliance with the two distinct lot rule.

4. **Product Labeling Record:**

The AMA dispensing facilities shall affix to the approved medical marijuana product package a patient specific dispensing label that is easily readable, and firmly affixed and includes:

a. Name and registry identification number of the certified patient and designated caregiver, if any;
b. Certifying practitioner's name;
c. Dispensing facility name, address and phone number
d. Dosing and administration instructions;
e. Quantity and date dispensed; and
f. Any recommendation or limitation by the practitioner as to the use of medical marijuana.

The [redacted] label creation tool generates transaction specific information including all aforementioned criteria.

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Product Labeling Quality Assurance Recordkeeping**

Procedure: AMA packages and labels all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.11 and Part 1004.12. AMA's dispensing facilities will follow DOH guidelines for packaging and labeling approved medical marihuana products.

The AMA dispensing facilities shall affix to the approved medical marijuana product package a patient specific dispensing label that is easily readable, and firmly affixed and includes:

a. Name and registry identification number of the certified patient and designated caregiver, if any;
b. Certifying practitioner's name;
c. Dispensing facility name, address and phone number
d. Dosing and administration instructions;
e. Quantity and date dispensed; and
f. Any recommendation or limitation by the practitioner as to the use of medical marijuana.

The [redacted] label creation tool generates transaction specific information including all aforementioned criteria.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Report of Dispensed Medical Marijuana Products**

Procedure: AMA dispenses all approved medical marihuana products which it produces in accordance with the regulations as set forth by the New York State Department of Health (DOH) specifically NYCRR 10 Part 1004.12. The following policy is designed to provide an outline of the procedures AMA shall follow to ensure the reporting of such dispensed medical marihuana products are in accordance with the requirements of NYCRR Part 1004.5.

A record of all approved medical marijuana products that have been dispensed shall be filed electronically with the DOH not later than twenty-four (24) hours after the marijuana was dispensed to the certified patient or designated caregiver. This file will be generated from [redacted] Information filed with the department for each approved medical marijuana product dispensed shall include but not be limited to:

a. a serial number that will be generated by the dispensing facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver;
b. an identification number which shall be populated by a number provided by the DOH, to identify the dispensing facility;
c. patient name, date of birth and sex;
d. patient address, including street, city, state, zip code;
e. patient's registry identification card number;
f. if applicable, designated caregiver's name and registry identification card number;
g. date the approved medical marijuana product was filled by the dispensing facility;
h. the metric quantity for the approved medical marijuana product;
i. medical marijuana product drug code number, which shall be populated by a number provided by the DOH, to represent the approved medical marijuana brand that was dispensed to the certified patient or designated caregiver, as applicable;
j. number of days' supply dispensed;
k. payment method
l. the registered practitioner's Drug Enforcement Administration number
m. date the written certification was issued by the registered practitioner;

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In the event no approved medical marijuana product was dispensed during the relevant period of time, a zero report shall be submitted no later than 14 days following the most recent previously reported dispensing of an approved medical marijuana product or the submission of a prior zero report

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N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: ALTERNATIVE MEDICINE ASSOCIATES, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC) COUNTY: ERIE

FILED:11/06/2014 DURATION:********* CASH#:141106000686 FILM #:141106000657
DOS ID:4662616

FILER:

LINDA C. LAING, ESQ.
NOTARO & LAING P.C.
ONE NIAGARA SQUARE
BUFFALO, NY 14202

EXIST DATE
11/06/2014

ADDRESS FOR PROCESS:

ALTERNATIVE MEDICINE ASSOCIATES, LLC
ONE JOHN JAMES AUDUBON PKWY SUITE 200
AMHERST, NY 14228

REGISTERED AGENT:

The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: ** NO SERVICE COMPANY ** SERVICE CODE: 00 *

FEES	235.00
FILING	200.00
TAX	0.00
CERT	0.00
COPIES	10.00
HANDLING	25.00

PAYMENTS	235.00
CASH	0.00
CHECK	0.00
CHARGE	235.00
DRAWDOWN	0.00
OPAL	0.00
REFUND	0.00

DOS-1025 (04/2007)

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 7, 2014.

Anthony Giardina
Executive Deputy Secretary of State

Rev. 06/13

141106000657

ARTICLES OF ORGANIZATION

OF

ALTERNATIVE MEDICINE ASSOCIATES, LLC

Under Section 203 of the New York Limited Liability Company Law

FIRST: The name of the limited liability company is Alternative Medicine Associates, LLC. (the "Company").

SECOND: The purpose for which the Company is formed is to carry on any lawful act or activity for which limited liability companies may be organized pursuant to the Limited Liability Company Law including but not limited to activities surrounding a vertically integrated structure of growing, producing and distribution of medical marijuana.

THIRD: The principal office of the Company in the State of New York is to be located in the County of Erie.

FOURTH: The Secretary of State is hereby designated as the agent of the Company upon whom process against the Company may be served. The post office address to which the Secretary of State shall mail a copy of any such process against the Company served upon him or her is:

Alternative Medicine Associates, LLC
One John James Audubon Parkway
Suite 200
Amherst, New York 14228

FIFTH: The Company is to be managed by one or more managers.

SIXTH: The Company may have or in the future create, in the manner provided in the operating agreement, one or more classes or groups of members and/or managers having such relative rights, powers, preferences and limitations as may from time to time be established

pursuant to the operating agreement, including rights, powers, preferences, limitations and duties senior to existing classes of members and/or managers.

SEVENTH: To the fullest extent now or hereafter permitted by applicable law, no manager of the Company shall be liable to the Company or any of its members for damages for any breach of duty by such manager in his or her capacity as such.

EIGHTH: To the fullest extent now or hereafter permitted by applicable law, the Company shall indemnify and hold harmless, and advance expenses to, any and all managers from and against, and in connection with, any and all claims and demands whatsoever.

IN WITNESS WHEREOF, these Articles of Organization have been executed this 6th day of November, 2014 by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

Alternative Medicine Associates, LLC

By: _____
Linda C. Laing, Esq.
Organizer of Alternative Medicine Associates, LLC

657

ARTICLES OF ORGANIZATION

OF

ALTERNATIVE MEDICINE ASSOCIATES, LLC

Under Section 203 of the
Limited Liability Company Law

FILED
2014 NOV -6 PM 3:15

Filed by: Linda C. Laing, Esq.
Notaro & Laing P.C.
One Niagara Square
Buffalo, New York 14202
(716) 854-4080, Ext. 259
Fax: (716) 854-0059

RECEIVED
2014 NOV -6 PM 1:01

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED NOV 06 2014
TAX $_____
BY: _____

686

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through November 17, 2014.

Selected Entity Name: ALTERNATIVE MEDICINE ASSOCIATES, LLC
Selected Entity Status Information

Current Entity Name:	ALTERNATIVE MEDICINE ASSOCIATES, LLC
DOS ID #:	4662616
Initial DOS Filing Date:	NOVEMBER 06, 2014
County:	ERIE
Jurisdiction:	NEW YORK
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Current Entity Status:	ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

ALTERNATIVE MEDICINE ASSOCIATES, LLC
ONE JOHN JAMES AUDUBON PKWY
SUITE 200
AMHERST, NEW YORK, 14228

Registered Agent

NONE

This office does not require or maintain information regarding the names and addresses of members or managers of nonprofessional limited liability companies. Professional limited liability companies must include the name(s) and address(es) of the original members, however this information is not recorded and only available by viewing the certificate.

***Stock Information**

# of Shares	Type of Stock	$ Value per Share

No Information Available

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
NOV 06, 2014	Actual	ALTERNATIVE MEDICINE ASSOCIATES, LLC

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

New Search

Return to DOS Homepage

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-02-2015

Employer Identification Number:
[redacted]

Form: SS-4

Number of this notice: CP 575 A

ALTERNATIVE MEDICINE ASSOCIATES LLC
GREGORY F DANIEL MD MBR
8899 MAIN ST STE 7
WILLIAMSVILLE, NY 14221

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2016
Form 940	01/31/2017
Form 1065	04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ALTE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A 04-02-2015 ALTE B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 04-02-2015
EMPLOYER IDENTIFICATION NUMBER: [redacted]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

ALTERNATIVE MEDICINE ASSOCIATES LLC
GREGORY F DANIEL MD MBR
8899 MAIN ST STE 7
WILLIAMSVILLE, NY 14221

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: ALTERNATIVE MEDICINE ASSOCIATES, LLC

DOCUMENT TYPE: CERTIFICATE OF PUBLICATION (DOM LLC) COUNTY: ERIE

FILED:03/05/2015 DURATION:********* CASH#:150305000460 FILM #:150305000445

FILER:

LINDA C. LAING, ESQ.
NOTARO & LAING, P.C.
ONE NIAGARA SQUARE
BUFFALO, NY 14202

ADDRESS FOR PROCESS:

REGISTERED AGENT:

SERVICE COMPANY: ** NO SERVICE COMPANY ** SERVICE CODE: 00

FEES	60.00	PAYMENTS	60.00
FILING	50.00	CASH	0.00
TAX	0.00	CHECK	60.00
CERT	0.00	CHARGE	0.00
COPIES	10.00	DRAWDOWN	0.00
HANDLING	0.00	OPAL	0.00
		REFUND	0.00

DOS-1025 (04/2007)

NEW YORK STATE DEPARTMENT OF STATE
Division of Corporations, State Records and UCC
One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231

TO: LINDA C. LAING, ESQ.
NOTARO & LAING, P.C.
ONE NIAGARA SQUARE
BUFFALO NY 14202

150305000445

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 6, 2015.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

Rev. 06/13

150305000445

CERTIFICATE OF PUBLICATION

OF

ALTERNATIVE MEDICINE ASSOCIATES, LLC

Under Section 206 of the New York Limited Liability Company Law

The undersigned is the Organizer of ALTERNATIVE MEDICINE ASSOCIATES, LLC and as such is an authorized person of this entity.

The Articles of Organization were filed by the Department of State on November 6, 2014.

The published notices described in the annexed Affidavits of Publication contain all of the information required by Section 206 of the Limited Liability Company Law.

The newspapers described in such Affidavits of Publication satisfy the requirements set forth in the Limited Liability Company Law and the designation made by the county clerk.

I certify the foregoing statements to be true under penalties of perjury.

Dated: March 2, 2015

Alternative Medicine Associates, LLC
By: Linda C. Laing, Esq., Organizer

By: _____
Linda C. Laing, Esq.
Authorized Person

150305000445

STATE OF NEW YORK
AFFIDAVIT OF PUBLICATION

Under Section 206 of the Limited Liability
Company Law, State of New York, County of Erie, ss.:

The undersigned is the publisher of the
TONAWANDA NEWS
a daily newspaper published in North Tonawanda, New York.

A notice regarding Alternative Medicine Associates, LLC
was published in said newspaper once in each week for
6 successive weeks, commencing on
11/27/2014 and ending on 01/01/2015
Insertion # 131656
The text of the notice as published in said newspaper
is as set forth below, or in the annexed exhibit.
This newspaper has been desginated by the Clerk of
Erie County for this purpose.

By: Linda Elliott Signature
Linda Elliott
Authorized Designee of Chris Voccio, Publisher of the Tonawanda News

Subscribed and sworn to before me this
7 Jan 2015

Patricia J King 07/27/2018

PATRICIA J. KING
Notary Public, State of New York
Qualified in Niagara County
My Commission Expires ~~March 30, 19~~ ...

Notary Public Expiration Date

LEGAL NOTICE
NOTICE OF A FORMATION OF A
LIMITED LIABILITY COMPANY

Alternative Medicine Associates, LLC has been formed as a limited liability company by filing Articles of Organization with the New York Secretary of State on November 6, 2014. The LLC's office is located in Erie County. The Secretary of State is designated as agent upon whom process against it may be served. The Secretary of State shall mail a copy of any process served upon him/her to One John James Audubon Parkway, Suite 200, Amherst, New York 14228 which is the principal business location of the LLC. The limited liability company is to dissolve upon the occurrence of the events of dissolution set forth in ^701 of the Limited Liability Company Law. The purpose of the LLC is to engage in any lawful act or activity.
#T131656 11/27, 12/4,11,18,25/2014, 01/1, 2015

Bee Group Newspapers

WNY s Leading Suburban Newspapers

Affidavit of Publication under Section 206 of the Limited Liability Company Law

STATE OF NEW YORK) ss.

COUNTY OF ERIE)

The undersigned is the publisher of the AMHERST BEE,

a weekly newspaper published in Williamsville, New York.

A notice regarding

ALTERNATIVE MEDICINE ASSOCIATES, LLC

was published in said newspaper once in each week of six

successive weeks, commencing on the 26th day of November, 2014

and ending on the 31st day of December, 2014. The text of the notice

as published in said newspaper is in the annexed exhibit.

This newspaper has been designated by the Clerk of

Erie County for this purpose.

Subscribed and sworn to before me this
31st day of December, 2014

Carol L. Malek

Carol L. Malek
Notary Public, State of New York
Qualified in Erie County

My Commission Expires August 30, 2017

Amy Steele

Amy Steele
Authorized Designee of George J Measer, III
Publisher of the AMHERST BEE

— LEGAL NOTICE —

NOTICE OF A FORMATION OF A LIMITED LIABILITY COMPANY

Alternative Medicine Associates, LLC has been formed as a limited liability company by filing Articles of Organization with the New York Secretary of State on November 6, 2014. The LLC's office is located in Erie County. The Secretary of State is designated as agent upon whom process against it may be served. The Secretary of State shall mail a copy of any process served upon him/her to One John James Audubon Parkway, Suite 200, Amherst, New York 14228 which is the principal business location of the LLC. The limited liability company is to dissolve upon the occurrence of the events of dissolution set forth in §701 of the Limited Liability Company Law. The purpose of the LLC is to engage in any lawful act or activity.

Nov. 26, Dec. 3, 10, 17, 24, 31

445

CERTIFICATE OF PUBLICATION

OF

ALTERNATIVE MEDICINE ASSOCIATES, LLC

Under Section 206 of the New York Limited Liability Company Law

LLC

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED MAR 05 2015
TAX $_____
BY: _____

Filed by: Linda C. Laing, Esq.
Notaro & Laing, P.C.
One Niagara Square
Buffalo, New York 14202
As Organizer and Authorized Person of
Alternative Medicine Associates, LLC

460

AFFILIATION AGREEMENT BETWEEN
ALTERNATIVE MEDICINE ASSOCIATES, LLC
AND
UNIVERSITY AT COBLESKILL
THE STATE UNIVERSITY OF NEW YORK

This Agreement is made by and between Alternative Medicine Associates, PLLC, with its principal office located at 8899 Main Street, Clarence, New York 14031 , (hereinafter referred to as "Affiliate") and The State University of New York, an educational corporation organized and existing under the laws of the State of New York, and having its principal place of business located at University Plaza, Albany, New York 12246, for and on behalf of the Campus located at Cobleskill, The State University of New York (hereinafter referred to as "University").

WHEREAS, University has undertaken educational programs in the disciplines of Agriculture, Horticulture and related fields; and

WHEREAS, University and Affiliate desire to have an association for the purpose of carrying out said educational program.

NOW, THEREFORE, it is agreed that:

1. The University shall assume full responsibility for planning and executing its educational programs including programming, administration, curriculum content, faculty appointments, faculty administration and the requirements for matriculation, promotion and graduation, and shall bear all costs and expenses in connection therewith. The University furthers agrees to coordinate the program with Affiliate's designee. Attached as **Exhibit B** is a copy of the University's student internship paperwork.
2. The University shall be responsible for assigning students to the Affiliate for practical experience. University shall notify the Affiliate one (1) month in advance of the planned schedule of student assignments to practical duties including the dates, number of students and instructors. The schedule, and number of students, shall be subject to written approval by the Affiliate.
3. The University, at its sole cost and expense, shall provide faculty as may be required for the teaching and supervision of students assigned to the Affiliate for practical experience.
4. The University agrees that at all times students and faculty members are subject to the

supervision of the Affiliate. University shall inform students and faculty that they must comply with all rules applicable to both students and faculty while at the Affiliate's facility, and that failure to comply shall constitute a cause for terminating such student's assignment to or such faculty member's relationship with the Affiliate. The Affiliate will review all policies and procedures with the students and faculty members. The University and Affiliate agree to cooperate with one another's operational, regulatory, licensure and accreditation requirements including but not limited to related surveys, audits and other reviews.

5. Students and faculty members shall respect the confidential nature of all information that they have access to in accordance with the policies and procedures of the University and the Affiliate.
6. The Affiliate may terminate any student's or faculty member's assignment from the Affiliate when a student or faculty member is unacceptable to the Affiliate for reasons of health, performance, or for other reasons which, in the Affiliate's reasonable judgment and to the extent allowed by law, cause the continued presence of such student or faculty member at the Affiliate not to be in the best interest of the Affiliate. Any such action will be reported by the Affiliate to the University orally and in writing.

7. The Affiliate, as it deems necessary and proper, shall make available for student experience classrooms and other facilities, including equipment and supplies, libraries, and cafeteria facilities, consistent with its current policies in regard to availability. The Affiliate shall also provide orientation for the College faculty and students.
8. The Affiliate shall have no responsibility for the transportation of faculty or students.
9. Students and faculty members shall not be deemed to be employees, servants or agents of the Affiliate, but shall be considered invitees. Neither party shall pay the other any compensation or benefits pursuant to this Agreement. The parties acknowledge that the Affiliate is not providing any insurance, professional or otherwise, covering any students or faculty members.
10. The University agrees that it shall secure Workers' Compensation Insurance for the benefit of all faculty and other University employees required to be insured by Workers' Compensation Law, and shall maintain such coverage throughout the duration of this Agreement. For the purposes of Workers' Compensation Law, no student or faculty member is to be considered an employee, servant or agent of the Affiliate.
11. Subject to the availability of lawful appropriations and consistent with the New York State Court of Claims Act, University shall hold the Affiliate harmless from and indemnify it for any final judgment of a court of competent jurisdiction for the University's failure to perform its obligations hereunder or to the extent attributable to the negligence of the University or of its officers or employees when acting within the course and scope of this Agreement.
12. The Affiliate shall fully indemnify, defend and save the University, its officers, employees and agents harmless, without limitation, from and against any and all damages, expenses (including reasonable attorney's fees), claims, judgments, liabilities, losses, awards, and costs which may finally be assessed against the University in any action for or arising out of or related to this Agreement. The State of New York reserves the right to join in any such claim, demand or suit, at its sole expense, when it determines there is an issue involving a significant public interest.
13. University shall maintain during the term of this Agreement general and professional liability

insurance, in amounts not less than $3,000,000 for bodily injury and property damage combined single limit; and the Affiliate is to be additionally named insured under such liability policy or policies. The persons insured under such policy or policies shall be the students of The State University of New York with respect to liability arising out of their participation in the program carried out under this Agreement. The University's faculty members are covered by the defense and indemnification provisions of Section 17 of the New York Public Officers Law with respect to liability arising out of their participation in the clinical program carried out under this Agreement. The University agrees to notify the Affiliate in writing no less than ten (10) days written notice prior to the cancellation, modification or non-renewal of any insurance coverage. Notwithstanding the foregoing, the Affiliate shall remain liable for direct damages resulting from its negligence.

14. It is mutually agreed that neither party shall discriminate against any student, faculty member, or employee based upon color, religion, sex, sexual orientation, national origin, age, veteran status and/or handicap.

15. The provisions of **Exhibit A**, The State University of New York Standard Contract Clauses, attached hereto, are hereby incorporated into this Agreement and made part hereof. The laws of the State of New York will govern this Agreement, without regard for New York's choice of law statute. This Agreement contains the entire understanding of the parties with respect to the matters contained herein. In the event of any conflict between the terms and conditions set forth in this Agreement, the following order of precedence shall apply: (1) Exhibit A; (2) this Agreement.

16. The effective date of this Agreement shall be 3/20/15 and shall continue in full force and effect until terminated as set forth in this paragraph. This Agreement may be terminated by either party upon ninety (90) days written notice to the other, provided, however, that no such termination shall take effect until the students already placed in the program have completed their scheduled clinical training.

17. For purposes of written notification:

To the UNIVERSITY

University at Cobleskill
The State University of New York
ADDRESS

To the Affiliate

General Counsel
Alternative Medicine Associates, LLC
8899 Main Street, Suite #7
Clarence, NY 14031

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the dates set forth below:

UNIVERSITY AT COBLESKILL
THE STATE UNIVERSITY OF NEW YORK

By: _____ 3/20/15
Date

AFFILIATE

By: _____ 3/23/15
Date

Name: Gregory Daniel
Title: CEO

EXHIBIT A

State University of New York Standard Contract Clauses
(see attached)

EXHIBIT B

Course Curriculum
(see attached)

Standard Contract Clauses
State University of New York

February 11, 2014

EXHIBIT A

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a Contractor, licensor, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. PROHIBITION AGAINST ASSIGNMENT Except for the assignment of its right to receive payments subject to Article 5-A of the State Finance Law, the Contractor selected to perform the services herein are prohibited in accordance with Section 138 of the State Finance Law from assigning, transferring, conveying, subletting or otherwise disposing of its rights, title or interest in the contract without the prior written consent of SUNY and attempts to do so are null and void. Notwithstanding the foregoing, SUNY may, with the concurrence of the New York Office of State Comptroller, waive prior written consent of the assignment, transfer, conveyance, sublease or other disposition of a contract let pursuant to Article XI of the State Finance Law if the assignment, transfer, conveyance, sublease or other disposition is due to a reorganization, merger or consolidation of Contractor's its business entity or enterprise and Contractor so certifies to SUNY. SUNY retains the right, as provided in Section 138 of the State Finance Law, to accept or reject an assignment, transfer, conveyance, sublease or other disposition of the contract, and to require that any Contractor demonstrate its responsibility to do business with SUNY.

3. COMPTROLLER'S APPROVAL. (a) In accordance with Section 112 of the State Finance Law, Section 355 of New York State Education Law, and 8 NYCRR 316, Comptroller's approval is not required for the following contracts: (i) materials; (ii) equipment and supplies, including computer equipment; (iii) motor vehicles; (iv) construction; (v) construction-related services; (vi) printing; and (vii) goods for State University health care facilities, including contracts for goods made with joint or group purchasing arrangements.

(b) Comptroller's approval is required for the following contracts: (i) contracts for services not listed in Paragraph (3)(a) above made by a State University campus or health care facility certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds $250,000; (ii) contracts for services not listed in Paragraph (3)(a) above made by a State University campus not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds $50,000; (iii) contracts for services not listed in Paragraph (3)(a) above made by health care facilities not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds $75,000; (iv) contracts whereby the State University agrees to give something other than money, when the value or reasonably estimated value of such consideration exceeds $10,000; (v) contracts for real property transactions if the contract value exceeds $50,000; (vi) all other contracts not listed in Paragraph 3(a) above, if the contract value exceeds $50,000, e.g. SUNY acquisition of a business and New York State Finance Article 11-B contracts and (vii) amendments for any amount to contracts not listed in Paragraph (3)(a) above, when as so amended, the contract exceeds the threshold amounts stated in Paragraph (b) herein. However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

(c) Any contract that requires Comptroller approval shall not be valid, effective or binding upon the State University until it has been approved by the Comptroller and filed in the Comptroller's office.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of $50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by SUNY of any SUNY-approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based on the submission of competitive bids, Contractor affirms, under penalty of perjury, and each person signing on behalf of Contractor, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered it to SUNY a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds $5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 *et seq.*) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2 NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State 's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as SUNY and its representatives and entities involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available,

at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. SUNY shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate SUNY official, in writing, that said Records should not be disclosed; and (ii) said Records shall be sufficiently identified; and (iii) designation of said Records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, SUNY's or the State's right to discovery in any pending or future litigation.

11. **IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.**

Identification Number(s). Every invoice or New York State Claim for Payment submitted to the State University of New York by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State University of New York is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the State University of New York contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. **EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.**

(a) In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of $25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of $100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of $100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(1) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(2) at SUNY's request, Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(3) Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(b) Contractor will include the provisions of "1", "2" and "3", above, in every subcontract over $25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a Contractor or sub-contractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. SUNY shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, SUNY shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. **CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Exhibit A, the terms of this Exhibit A shall control.

14. **GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. **LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. **NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized) but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. **SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. **PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165 (Use of Tropical Hardwoods), which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State. In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontactor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in Section 165 of the State Finance Law. Any such use must meet with the approval of the State, otherwise, the bid may not be considered responsive. Under bidder certification, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. **MacBRIDE FAIR EMPLOYMENT PRINCIPLES.** In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992) , the Contractor hereby stipulates that Contractor and any individual or legal entity in which the Contractor holds a ten percent or greater ownership interest and any individual or legal entity that holds a ten percent or greater ownership interest in the Contractor either (a) have no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165(5) of the State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. **OMNIBUS PROCUREMENT ACT OF 1992.**

It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl St., 7th Floor
Albany, NY 12245
Tel: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
633 Third Avenue
New York, NY 10017
212-803-2414

email: mwbecertification@esd.ny.gov
https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than $1 million:

(a) The Contractor has made reasonable

efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to SUNY;

(b) The Contractor has complied with the Federal Equal Employment Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Search Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that SUNY may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with SUNY in these efforts.

21. **RECIPROCITY AND SANCTIONS PROVISIONS.** Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act of 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. Contact the NYS Department of Economic Development, Division for Small Business, 30 South Pearl Street, Albany, New York 12245, for a current list of jurisdictions subject to this provision.

22. **COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT.** Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. **COMPLIANCE WITH CONSULTANT DISCLOSURE LAW** If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental health and mental health services, accounting, auditing, paralegal, legal or similar services, then in accordance with Section 163(4-g) of the State Finance Law, the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to SUNY, the Department of Civil Service and the State Comptroller.

24. **PURCHASES OF APPAREL AND SPORTS EQUIPMENT.** In accordance with State Finance Law Section 165(7), SUNY may determine that a bidder on a contract for the purchase of apparel or sports equipment is not a responsible bidder as defined in State Finance Law Section 163 based on (a) the labor standards applicable to the manufacture of the apparel or sports equipment, including employee compensation, working conditions, employee rights to form unions and the use of child labor; or (b) bidder's failure to provide information sufficient for SUNY to determine the labor conditions applicable to the manufacture of the apparel or sports equipment.

25. **PROCUREMENT LOBBYING.** To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

26. **CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.** To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the Contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or SUNY discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if SUNY determines that such action is in the best interests of the State.

27. **IRAN DIVESTMENT ACT.** By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at: http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

THE FOLLOWING PROVISIONS SHALL APPLY ONLY TO THOSE CONTRACTS TO WHICH A HOSPITAL OR OTHER HEALTH SERVICE FACILITY IS A PARTY

27. Notwithstanding any other provision in this contract, the hospital or other health service facility remains responsible for insuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, state and local statutes, rules and regulations. In the foregoing sentence, the word "service" shall be construed to refer to the health care service rendered by the hospital or other health service facility.

28. (a) In accordance with the 1980 Omnibus Reconciliation Act (Public Law 96-499), Contractor hereby agrees that until the expiration of four years after the furnishing of services under this agreement, Contractor shall make available upon written request to the Secretary of Health and Human Services, or upon request, to the Comptroller General of the United States or any of their duly authorized representatives, copies of this contract, books, documents and records of the Contractor that are necessary to certify the nature and extent of the costs hereunder.

(b) If Contractor carries out any of the duties of the contract hereunder, through a subcontract having a value or cost of $10,000 or more over a twelve-month period, such subcontract shall contain a clause to the effect that, until the expiration of four years after the furnishing of such services pursuant to such subcontract, the subcontractor shall make available upon written request to the Secretary of Health and Human Services or upon request to the Comptroller General of the United States, or any of their duly authorized representatives, copies of the subcontract and books, documents and records of the subcontractor that are necessary to verify the nature and extent of the costs of such subcontract.

(c) The provisions of this section shall apply only to such contracts as are within the definition established by the Health Care Financing Administration, as may be amended or modified from time to time.

SUNY Cobleskill

State University of New York
College of Agriculture and Technology
Cobleskill, New York

Bachelor Degree Internship Program
AGBU450 INTERNSHIP LEARNING AGREEMENT (ILA)
Between

_____ and _____

(Student) *(Business/ Agency)*

Prerequisite: *Internship Eligibility Application must be approved (attach copy).*

Students are responsible for TYPING all information on the ILA, seeking **signatures only** from the faculty and site supervisors, and returning the completed ILA to the academic department prior to the start date of the internship. The school secretaries enroll students in the appropriate internship course.

This agreement may be terminated for just cause by any of the persons signing this agreement, and each agrees to give a two week notice, where circumstances permit, to all other parties prior to termination.

Number of credits to be earned for internship: _____ credits

Term/year* in which you are seeking credit (Circle one): Spring☐ Summer☐ Fall☐ Year 20___
* Term must match time period in which most or all of internship is underway.

Dates of Internship: _____ to _____. ☐ **PAID** ☐ **UNPAID***
(month/day/year) (month/day/year)

If this is a **paid internship** please indicate: **hourly wage $___.___ or stipend* amount _____ per/_____**
*NOTE: Unpaid internships and those with stipends require an Affiliation Agreement

Important Reminders:

1. The faculty supervisor or the faculty member designated to approve internships in the department from which one is seeking credit is the ONLY person who can give initial approval of an internship for academic credit.

2. To ensure proper internship credit, the Internship Learning Agreement (ILA) MUST be completed and signed by the student, faculty supervisor, and site supervisor. It is the student's responsibility to obtain the site supervisor's signature **after** the faculty supervisor's signature has been obtained. The faculty supervisor then attaches the Eligibility Application to the ILA and returns it to the school secretary of the department granting credit. The school secretary obtains signatures from first the dean, and then the VPAA. Upon receipt of the VPAA signature, the school secretary will register the student for the internship.

3. **DEADLINES** for submission of Internship Learning Agreement: Dec. 1 for spring semester internship; May 1 for summer; Aug. 1 for fall semester.

NOTE: If a student secures an internship after these deadlines have passed, he/she needs to immediately contact the faculty supervisor to seek approval for the internship. If deadlines are passed, a late fee may be applied.

Internship Student Learning Outcomes AGBU 450:

- Students will develop the skills necessary to effectively communicate their thoughts and ideas in both written and oral form.
- Students will develop a high level of ethical and professional standards, thereby improving future employability.
- Students will utilize their understanding of business and industry to make sound business decisions that will allow them to function effectively in the global economy.
- Students will master the technical and practical skills necessary for day-to-day operations at the cooperating agricultural business.
- Students will understand the role that the cooperating entity plays within the larger context of the agricultural economy.
- Students will demonstrate self direction and initiative in performing assigned duties.

Internship Objectives and Activities:

List objectives of the internship and specific activities to be completed. Indicate approximate amount of time to be devoted to each activity. Be as specific as possible. (The faculty supervisor will provide guidance in initial preparation of this section with input from the site supervisor.)

Form reviewed by (please initial) Student: _____ Faculty Supervisor: _____ Site Supervisor: _____

STUDENT INTERN

Student Name:
Phone:
Email: Anticipated Date of Graduation:
Home Address:
Major: Degree:

INTERN RESPONSIBILITIES:

As a student seeking credit for an internship experience, I agree to:

- Obtain approval from my faculty supervisor or the faculty member designated to approve internships in the department granting the credit for the proposed internship and site;
- Work with my faculty supervisor to complete the Internship Learning Agreement, obtain appropriate signatures, and submit by the deadline;
- Satisfy all financial obligations for the internship including tuition and fees;
- Perform to the best of my ability those tasks assigned by my site supervisor which are related to my learning objectives and to the responsibilities of this position;
- Abide by SUNY Cobleskill Student Conduct Code and academic policies, and follow all the rules, regulations and normal requirements of the internship site;
- Complete the academic requirements outlined in this ILA under the guidance of my faculty supervisor;
- Notify the faculty and site supervisors of any changes I need to make in this agreement or of any problems that may develop during the on-the- job experience;
- Complete both the periodic and final evaluation forms in a timely manner;
- Return to campus for a final internship presentation and reporting.

Student Signature: _____ **Date**: _____

FACULTY SUPERVISOR

(This section must be completed and signed by the faculty supervisor or designated departmental representative)

Faculty Supervisor Name: _____
Title/Department: _____
Primary Contact Phone: _____
Office Phone: _____
Email: _____
Department/Office: _____

FACULTY SUPERVISOR RESPONSIBILITIES:

Academic Criteria: See the department's Internship Syllabus/Course Description for specific academic requirements.

As a Faculty Internship supervisor, I agree to

- Keep in contact with the student (a minimum of 3 substantive contacts during internship) to provide guidance, support and evaluation;

- Visit the internship site (if possible) and contact the site supervisor at least four times during the semester to discuss the student's performance (using the most appropriate means of communication);
- Assess the student's learning based upon internship duties, a daily journal or log, communication with the site supervisor, the site supervisor's evaluation, completed activities required by the department including specified hours at the site, and the final student paper or other assignments. Review online student and site evaluations and communicate appropriately. Submit appropriate paperwork for final credit and grades.

Faculty Supervisor Signature: _____ **Date**: _____

INTERNSHIP SITE SUPERVISOR

(This section must be completed and signed by the site supervisor or appropriate site representative)
SUNY Cobleskill greatly appreciates you hosting our intern. Your role is integral to the student's internship experience and success.

Site Supervisor Name: _____
Business/Agency Name: _____
Address: _____
Title/Dept.: _____ Phone: _____
Email: _____ Fax: _____

SITE SUPERVISOR RESPONSIBILITIES:

As a site supervisor for this internship, I agree to:

- Clearly discuss the requirements of the internship with the student intern;
- Work with the student to complete on-site goals, duties and learning objectives;
- Provide ongoing supervision and feedback to the student on his/her performance;
- Communicate with the faculty supervisor and meet with him/her during the site visit;
- Complete both the periodic and final evaluation forms in a timely manner.

Site Supervisor Signature:_____ **Date**: _____

For College Use Only:

As authorized representatives of the State University of New York, College of Agriculture & Technology at Cobleskill, I approve the above agreement between listed parties.

Dean Signature: _____ **Date**: _____

VP for Academic Affairs Signature: _____ **Date**: _____

SUNY Cobleskill

State University of New York
College of Agriculture and Technology
Cobleskill, New York

Bachelor Degree Internship Program
ORHT450 INTERNSHIP LEARNING AGREEMENT (ILA)
Between

_____ and _____

(Student) *(Business/ Agency)*

Prerequisite: *Internship Eligibility Application must be approved (attach copy).*

Students are responsible for TYPING all information on the ILA, seeking **signatures only** from the faculty and site supervisors, and returning the completed ILA to the academic department prior to the start date of the internship. The school secretaries enroll students in the appropriate internship course.

This agreement may be terminated for just cause by any of the persons signing this agreement, and each agrees to give a two week notice, where circumstances permit, to all other parties prior to termination.

Number of credits to be earned for internship: _____ credits

Term/year* in which you are seeking credit (Circle one): Spring☐ Summer☐ Fall☐ Year 20___
* Term must match time period in which most or all of internship is underway.

Dates of Internship: _____ to _____. ☐ **PAID** ☐ **UNPAID***
(month/day/year) (month/day/year)

If this is a **paid internship** please indicate: **hourly wage $___.___ or stipend* amount _____ per/_____**
*NOTE: Unpaid internships and those with stipends require an Affiliation Agreement

Important Reminders:

1. The faculty supervisor or the faculty member designated to approve internships in the department from which one is seeking credit is the ONLY person who can give initial approval of an internship for academic credit.

2. To ensure proper internship credit, the Internship Learning Agreement (ILA) MUST be completed and signed by the student, faculty supervisor, and site supervisor. It is the student's responsibility to obtain the site supervisor's signature **after** the faculty supervisor's signature has been obtained. The faculty supervisor then attaches the Eligibility Application to the ILA and returns it to the school secretary of the department granting credit. The school secretary obtains signatures from first the dean, and then the VPAA. Upon receipt of the VPAA signature, the school secretary will register the student for the internship.

3. **DEADLINES** for submission of Internship Learning Agreement: Dec. 1 for spring semester internship; May 1 for summer; Aug. 1 for fall semester.

NOTE: If a student secures an internship after these deadlines have passed, he/she needs to immediately contact the faculty supervisor to seek approval for the internship. If deadlines are passed, a late fee may be applied.

Internship Student Learning Outcomes ORHT450:

- Demonstrate/develop competency in applied mathematics.
- Demonstrate competency in written and oral communications.
- Demonstrate/develop leadership ability by supervising assigned tasks and projects.
- Demonstrate self direction and initiative in performing assigned duties.
- Demonstrate/develop strong work ethic by working additional time or outside typical working hours as needed.

Internship Objectives and Activities:

List objectives of the internship and specific activities to be completed. Indicate approximate amount of time to be devoted to each activity. Be as specific as possible. (The faculty supervisor will provide guidance in initial preparation of this section with input from the site supervisor.)

Form reviewed by (please initial) Student: _____ Faculty Supervisor: _____ Site Supervisor: _____

STUDENT INTERN

Student Name: _____
Phone: _____
Email: _____ Anticipated Date of Graduation: _____
Home Address: _____
Major: _____ Degree: _____
Term/year* in which you are seeking credit: _____
* Term must match time period in which most or all of internship is underway.

INTERN RESPONSIBILITIES:
As a student seeking credit for an internship experience, I agree to:

- Obtain approval from my faculty supervisor or the faculty member designated to approve internships in the department granting the credit for the proposed internship and site;
- Work with my faculty supervisor to complete the Internship Learning Agreement, obtain appropriate signatures, and submit by the deadline;
- Satisfy all financial obligations for the internship including tuition and fees;
- Perform to the best of my ability those tasks assigned by my site supervisor which are related to my learning objectives and to the responsibilities of this position;
- Abide by SUNY Cobleskill Student Conduct Code and academic policies, and follow all the rules, regulations and normal requirements of the internship site;
- Complete the academic requirements outlined in this ILA under the guidance of my faculty supervisor;
- Notify the faculty and site supervisors of any changes I need to make in this agreement or of any problems that may develop during the on-the- job experience;
- Complete both the periodic and final evaluation forms in a timely manner;
- Return to campus for a final internship presentation and reporting.

Student Signature: _____ **Date**: _____

FACULTY SUPERVISOR

(This section must be completed and signed by the faculty supervisor or designated departmental representative)

Faculty Supervisor Name: _____
Title/Department: _____
Primary Contact Phone: _____
Office Phone: _____
Email: _____
Department/Office: _____

FACULTY SUPERVISOR RESPONSIBILITIES:

Academic Criteria: See the department's Internship Syllabus/Course Description for specific academic requirements.
As a Faculty Internship supervisor, I agree to

- Keep in contact with the student (a minimum of 3 substantive contacts during internship) to provide guidance, support and evaluation;

- Visit the internship site (if possible) and contact the site supervisor at least four times during the semester to discuss the student's performance (using the most appropriate means of communication);
- Assess the student's learning based upon internship duties, a daily journal or log, communication with the site supervisor, the site supervisor's evaluation, completed activities required by the department including specified hours at the site, and the final student paper or other assignments. Review online student and site evaluations and communicate appropriately. Submit appropriate paperwork for final credit and grades.

Faculty Supervisor Signature: _____ **Date**: _____

INTERNSHIP SITE SUPERVISOR

(This section must be completed and signed by the site supervisor or appropriate site representative)
SUNY Cobleskill greatly appreciates you hosting our intern. Your role is integral to the student's internship experience and success.

Site Supervisor Name: _____
Business/Agency Name: _____
Address: _____
Title/Dept.: _____ Phone: _____
Email: _____ Fax: _____

SITE SUPERVISOR RESPONSIBILITIES:

As a site supervisor for this internship, I agree to:

- Clearly discuss the requirements of the internship with the student intern;
- Work with the student to complete on-site goals, duties and learning objectives;
- Provide ongoing supervision and feedback to the student on his/her performance;
- Communicate with the faculty supervisor and meet with him/her during the site visit;
- Complete both the periodic and final evaluation forms in a timely manner.

Site Supervisor Signature:_____ **Date**: _____

For College Use Only:

As authorized representatives of the State University of New York, College of Agriculture & Technology at Cobleskill, I approve the above agreement between listed parties.

Dean Signature: _____ **Date**: _____

VP for Academic Affairs Signature: _____ **Date**: _____

March 19, 2015

To whom it may concern:

My name is Jason Evans and I am an Associate Professor of Agricultural Business Management at the State University of New York's College of Agriculture and Technology, Cobleskill (SUNY Cobleskill), where I also serve as a faculty internship advisor and as a member of the President's Economic Development Advisory Council. In those roles, I have the opportunity to build unique partnerships with private entities across the state and country to facilitate internship and employment opportunities for our students.

I am writing to attest that SUNY Cobleskill faculty in Agricultural Business Management, Food Systems & Technology, Agricultural Engineering and Plant Science baccalaureate programs would be pleased to work closely with Alternative Medicine Associates (AMA) to craft internship opportunities for students in AMA's production facility/facilities and to identify students best suited to those positions. SUNY Cobleskill is a leader among institutions of higher learning for internship programming and opportunities with AMA will only enhance our ability to serve students' unique career and professional development interests.

Thank you very much for the opportunity to express our deep interest in working with AMA to enhance academic programming at SUNY Cobleskill.

Sincerely,

Jason R. Evans
Associate Professor, Agricultural Business Management
SUNY Cobleskill
518-255-5643
evansjr@cobleskill.edu

STATE OF NEW YORK

LEGISLATURE OF ERIE COUNTY

CLERK'S OFFICE

BUFFALO, N.Y., MAY 14, 2015

TO WHOM IT MAY CONCERN:

I **HEREBY CERTIFY**, *That at the **10th** Session of the Legislature of Erie County, held in the Legislative Chambers, in the City of Buffalo, on the **fourteenth** day of **May, 2015 A.D.**, a Resolution was adopted, of which the following is a true copy:*

A RESOLUTION TO BE SUBMITTED BY
LEGISLATORS DIXON, LORIGO, RATH & HARDWICK

WHEREAS, New York State has officially opened the application process for licensing of medical marijuana dispensaries within New York; and

WHEREAS, the Erie County Legislature has received multiple requests asking for the Legislature's support for a license to be granted within Erie County; and

WHEREAS, the County Legislature endorses the selection of an applicant from and the opening of a dispensary within the County of Erie; and

WHEREAS, the products sold by these organizations can be used to help fight nausea and pain in cancer patients, seizures in children suffering with epilepsy, and combat some of the symptoms in a variety of neurological disorders; and

WHEREAS, with the recent expansion of the City of Buffalo's Medical Corridor and Erie County being one of the largest counties outside of New York City there are few places better suited to being home to one of the state licenses.

NOW, THEREFORE, BE IT

RESOLVED, that this honorable body encourages the State of New York award at least one of the five medical marijuana licenses to a company based in the County of Erie; and, be it further

RESOLVED, that certified copies of this resolution be sent to the Western New York Delegation to the New York State Legislature, Governor Cuomo's Office, County Executive Poloncarz's Office, and all parties deemed necessary and proper.

REFERENCE: **INTRO. 10-3 (2015)**

ATTEST

Karen M. McCarthy

KAREN M. McCARTHY
Clerk of the Legislature of Erie County

ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING AGREEMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Samantha Bonano	3. Title: Class B

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax:		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University at Buffalo	Buffalo, NY	2001	2005	Bachelors	2005

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

From: July 2013	Name and Address of Business: Filtration Group Corporation Arboretum Plaza #1#2. 9442 Capital of Texas Hwy North. Building 1 Suite 390. Austin Texas 78759	
To: Present		
Business Type: Filtration	Office Held/Nature of Interest: Investor	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: May 29, 2015
Notary Name: KAREN A. LORETTO	Notary Registration Number: 01L04658912
Notary (Notary Must Affix Stamp or Seal)	Date: 5/29/15 - 2/28/2019

KAREN A. LORETTO
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 2/28/2019

Karen A. Loretto

Samantha Bonano

[redacted]

EXPERIENCE [redacted]

[redacted]

Executive Performance Benchmarks

Redacted pursuant to Public Officers Law, Art. 6

EDUCATION **UNIVERSITY AT BUFFALO**
Bachelor of Science in Business Administration
Concentration in Marketing

GPA **3.9/4.0**

VOLUNTEER WORK

SPCA, Tonawanda

- Paws for love- program to lift spirits of others by bring my dog to them
- New leash on life- Foster parent for abused and abandon animals
- Leadership Peer Educator- University at Buffalo

ADDITIONAL DATA

Member of Phi Eta Sigma Honor Society, University at Buffalo Chapter.
Graduated Magna Cum Laude
Speaker at Medaille college : International business development.
Member of Vistage International
Consulting for multiple local companies- Grant funding and Start ups.
Winner of Western New York 40 under 40 Award
Winner of Western New York Women of Influence Award

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Samantha holds a BA in Business Administration from The University of Buffalo. In 2011, she was the recipient of the WNY Women of Influence Award recognizing the achievements of Women in Business, she is also a speaker for local colleges and regional development agencies.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: PAULA R. BOZER | 3. Title: Class B

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax:		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNY at Buffalo, NY	12 CAPEN HALL BUFFALO, N.Y. 14260	1973	1976	BA 6/1976 Biology	BA Biology 6/1976
UNIVERSITY of PALERMO MEDICAL SCHOOL	VIALE DELLE SCIENZE PALERMO, ITALY 90128	1977	1985	MD	3/1985

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
MD	176408	NY State Education Dpt. Office of the Professions 89 Washington Ave. Albany, N.Y. 12234	10-4-88	Registered Till 3/31/17
DEA	[redacted]	US Dpt of Justice Drug Enforcement Admin Washington DC 20537	6-15-13	7-31-16

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer: NY State DOCCS

Type of Business: Corrections / Medical Dpt.

Street Address: 3040 Wende Rd.

City: Alden | State: N.Y. | Zip Code: 14004

Starting Date of Employment: Feb 2011 | Ending Date of Employment: current.

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number: [redacted]

Position/Responsibilities: Regional Medical Director
Oversee medical care at Wende Correctional Facility from 2011 to 2013. Since 2013 I oversee care in 10 correctional facilities in the Western N.Y. area

Reason For Departure: current position.

Name of Employer: N.Y. State DOCCS

Type of Business: Corrections / Medical

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address: Gowanda Correctional South Rd P.O. Box 350		
City: Gowanda	State: N.Y.	Zip Code: 14070
Starting Date of Employment: 2/2005	Ending Date of Employment: 2/2011	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number: [redacted]	
Position/Responsibilities: Clinical Physician. Primary care medicine. Caring for approx 1,000 inmates		
Reason For Departure: [redacted]		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☒ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Class B investor

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/20/15
Notary Name: Alan J. Bozer	Notary Registration Number: 02B04834668
Notary (Notary Must Affix Stamp or Seal)	Date: May 20, 2015

ALAN J. BOZER
Notary Public, State of New York
Qualified in Erie County
My Commission Expires Aug. 31, 20 17

PAULA ROSCIGLIONE BOZER, M.D.

[redacted]

Current Position

Medical Director	State of New York, Department of Corrections Wende Correctional Facility; February 2011-present

Prior Positions

Clinical Physician 2	State of New York, Department of Corrections Gowanda Correctional Facility 2008 – 2011 Wyoming Correctional Facility 2009 – 2011

Redacted pursuant to N.Y. Public Officers Law, Art. 6

University Position

Clinical Instructor- Emergency Medicine 1988-2000
State University of New York at Buffalo

Residency

Internal Medicine 1985-1988
Sisters of Charity Hospital
Buffalo, New York

Education

Medical Degree	University of Palermo Medical School - Italy M.D. 1985 *High Honors*
Undergraduate	State University of New York at Buffalo B.A. (Biology and Italian) 1976 *Magna Cum Laude*

PAULA R. BOZER

[redacted]

BRIEF PERSONAL BIO-

[redacted]

From 1973 to 1976 I attended the State University of NY at Buffalo where I earned a BA in Biology.

In 1985 I earned an MD degree from the University of Palermo Medical School, Italy.

In June 1988 I completed a 3 year medical residency program in Internal Medicine at the Sisters of Charity Hospital of Buffalo.

[redacted]

Since 2008 I have been employed at the NY State Department of Corrections and Community Supervision (DOCCS).

I began my career in DOCCS as a clinical physician, delivering primary care to inmate populations at Gowanda and Wyoming Correctional Facilities.

In 2011 I became the Medical Director for Wende Correctional Facility.

Since 2013 I have been the Regional Medical Director for DOCCS Western NY Region where I oversee medical care in ten correctional facilities; a position I hold to this date.

L-1 Enrollment Ser

New York State
EasyPath Netwo

Applicant: BOZER, PAULA, ROSCIGL
Address [redacted]

OCA: [redacted]
Date Fingerprinted: 2016[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medical Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Jennifer L. Brown, M.D.

3. Title: Class B Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **No**

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx **using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."**

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ **Yes** ☑ **No**

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Rochester	Rochester, NY	1989	1993	Bachelor of Arts	May, 1993
State University of New York at Buffalo	Buffalo, NY	1993	1997	Doctor of Medicine (M.D.)	June 1, 1997

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Medicine (Physician)	217318	New York State Office of Professions http://www.op.nysed.gov/prof/med	current	July 31, 2015
DEA	[redacted]	Drug Enforcement Agency http://www.deadiversion.usdoj.gov	current	July 31, 2016
American Board of Emergency Medicine	211002	ABEM - 3000 Coolidge Rd. East Lansing, MI 48823 https://www.abem.org/public/	current	2022

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have been a practicing licensed physician in New York State for 15 years.

I have years of experience with direct patient care, as well as managerial and leadership experience in education and medical practice, as well as pre-hospital care emergency services. This experience was gained in my capacity as volunteer medical director for multiple organizations that are currently providing pre-hospital emergency medical services, and as the assistant residency director for a university teaching program, as well as the position that I currently hold as [redacted] for a [redacted]

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Jennifer L Brown MD	Date: 5/19/15
Notary Name: Janet M. Gehen	Notary Registration Number: 01GE4913425
Notary (Notary Must Affix Stamp or Seal)	Date: 5.19.2015

JANET M. GEHEN
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 11/30/2 01 (9.15)

JENNIFER L. BROWN, M.D.

[redacted]

PROFESSIONAL EMPLOYMENT EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[redacted]

GRADUATE MEDICAL EDUCATION

1998-2001	Residency Training in Emergency Medicine, *State University of New York at Buffalo* **Chief Resident, 2000-01*
1997-1998	Internship in General Surgery, *State University of New York at Buffalo*

MEDICAL EDUCATION

1993-1997	M.D. – Doctor of Medicine, *State University of New York at Buffalo* *School of Medicine and Biomedical Sciences, Buffalo, New York*

UNDERGRADUATE EDUCATION

1989-1993	B.A. – Bachelor of Arts, Major: Biology, *University of Rochester, Rochester, NY* **cum laude*

LICENSURE AND CERTIFICATIONS

Current	New York State, Medicine (physician) License No. 217318, *Expires: July 2015*
Current	DEA certificate – on file, *Expires: July 2016*
2002 - present	American Board of Emergency Medicine, *Expires: 2022*
2014 - present	Advanced Pediatric Life Support, Provider Advanced Cardiac Life Support, Provider
2007	American Trauma Life Support, Instructor
1997-2007	American Trauma Life Support, Provider
2005-2007	American Burn Life Support, Provider
2003 - 2008	Advanced Cardiac Life Support, Instructor

ACADEMIC AND DEPARTMENTAL SERVICE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

2004 - 2008 **Assistant Professor of Emergency Medicine,** ***Department of Emergency Medicine, State University of New York at Buffalo, Buffalo, NY***

- Various clinical and academic teaching and research activities, oversight of emergency medical residents and students in training

2003 - 2008 **Assistant Program Director,** ***Department of Emergency Medicine, State University of New York at Buffalo, Buffalo, NY***

- Worked with graduate medical education administration to ensure training program compliance with local and national guidelines, participated in the interviewing and selection process for hiring new resident physician candidates, helped to research, develop and implement an electronic evaluation and procedure credentials and tracking system for the emergency department residents, as well as the other University Graduate Medical Education programs in the consortium

2001 - 2004 **Assistant Professor of Emergency Medicine,** ***Department of Emergency Medicine, State University of New York at Buffalo, Buffalo, NY***

- Various clinical and academic teaching and research activities, oversight of emergency medical residents and students in training

FACULTY SERVICE

2007 – 2008	Faculty Coordinator, Residency Electronic Management Systems Implementation Project, *Department of Graduate Medical Education, SUNY at Buffalo, Buffalo, NY*
2006 – 2007	Faculty Senate Representative, *Department of Emergency Medicine, SUNY at Buffalo, Buffalo, NY*
2003	Resident Procedures Committee, *Graduate Medical Education Department, School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*
2003	Resuscitation Committee, *Graduate Medical Education Department, School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*
2001 – 2008	Resident Education Committee Member, *Emergency Medicine Residency Training Program, SUNY at Buffalo, Buffalo, NY*
2001 – 2008	HIPPAA Official / Faculty Representative, *University Emergency Medical Services, Department of Emergency Medicine, SUNY at Buffalo, Buffalo, NY*
2001 - 2008	Faculty Preceptor, Emergency Medicine Resident Weekly Reading/Review Group, *Emergency Medicine Residency Training Program, SUNY at Buffalo, Buffalo, NY*
2001 - 2008	Mentor, Medical Student Summer Research Program, *Department of Emergency Medicine, School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*
2001 - 2008	Faculty Preceptor, Introduction to Emergency Medicine – 550, *School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*
2001 - 2008	Faculty Preceptor, Emergency Medicine Clinical Clerkship – 800, *School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*
2001 - 2008	Faculty Preceptor, Emergency Medicine / Trauma Clinical Clerkship – 802, *School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*

HONORS

2003-2004	"Attending of the Year" teaching award, *Emergency Medicine Residency Program, SUNY at Buffalo, Buffalo, NY*
2000 – 2001	Chief Resident, *Emergency Medicine Residency Training Program, SUNY at Buffalo, Buffalo, NY*

SPECIAL COURSEWORK

2005	Creating and Implementing a Simulation Learning System Custom SimMan Programming and Advanced Techniques, *Winter Institute for Simulation Education and Research (WISER), University of Pittsburgh Medical Center, Pittsburgh, PA*

PROFESSIONAL MEMBERSHIPS

2004 – present	Fellow, *American College of Emergency Physicians*
2006 - 2008	Member, Education Research Interest Group, *Society for Academic Emergency Medicine*
2006 - 2008	Member, Simulation Interest Group, *Society for Academic Emergency Medicine*
2003 - 2008	Member, Council of Residency Directors in Emergency Medicine Subcommittee Member, Standardized Evaluations Committee
2000 – 2002	Program Representative, Resident Membership, *American Academy of Emergency Medicine*
1998 - 2008	Member, *Society for Academic Emergency Medicine*
1998 – 2004	Member, *American College of Emergency Physicians*
1998 - 2001	Member, *Emergency Medicine Resident's Association*
1993 - 1997	Member, *American Medical Women's Association*

GRANTS

2006 - 2008	Agency for Healthcare Research and Quality grant no. 1 U18 HS016672-01 "Emergency Department Simulation for Research and Training in Healthcare IT" (Li Lin, Principal Investigator). **Co-Investigator*
2005	Federal Highway Administration Grant No. DTFH61-98-X-00103 as awarded by the Center for Transportation Injury Research (CenTIR) and the Calspan University at Buffalo Research Center (CUBRIC), Buffalo, NY

PUBLICATIONS

Online Resources

Brown JL, Krause R: *Toe Fracture*. AAEM Emergency Medical and Family Health Guide; eMedicine online World Medical Library: www.emedicine.com, 2001-2008

Brown JL, Krause R: *Cast Care*. AAEM Emergency Medical and Family Health Guide; eMedicine online World Medical Library: www.emedicine.com, 2001-2008

Peer Review Journals

Geiger JL, Schwend RM: *Outpatient Pediatric Orthopedics, Common and Important Conditions*. Pediatric Clinics of North America 45(4): 943-971, 1998

Abstracts

Brown JL, Mayrose J, Jehle DJ: *Comparison of Combined Skin Tapes and Tissue Adhesive vs. Either Method Alone for Laceration Repair in a Porcine Model.* Academic Emergency Medicine, May 2006

Brown JL, Lerner EB, Moscati RM: *A Comparison of Prior Emergency Department Visits Between Domestic Violence Victims and Matched Controls*. Academic Emergency Medicine 8 (5): 461-462, 2001

Book Chapters

"Pyelonephritis" **Brown JL**, in Emergency Medicine: The Core Curriculum. Aghababian R, et al (eds.) Lippencott-Raven, 2005

PRESENTATIONS - ABSTRACTS

Poster Presentations at National and Regional Meetings

Brown JL, Ellis DE, Myers JM: *Senior Emergency Medicine Residents Overestimate Their Performance on Simulated Trauma Cases*. Accreditation Council for Graduate Medical Education Annual National Meeting, Orlando, Florida; March 2007

Brown JL, Mayrose J, Jehle DJ: *Comparison of Combined Skin Tapes and Tissue Adhesive vs. Either Method Alone for Laceration Repair in a Porcine Model.* Society of Academic Emergency Medicine National Meeting, San Francisco, CA; May 2006

Brown JL, Lerner EB, Moscati RM: *A Comparison of Prior Emergency Department Visits Between Domestic Violence Victims and Matched Controls.* Society of Academic Emergency Medicine National Meeting, Atlanta, GA; May, 2001

Brown JL, Lerner EB, Moscati RM: *A Comparison of Prior Emergency Department Visits Between Domestic Violence Victims and Matched Controls.* Society of Academic Emergency Medicine Regional Meeting, Rochester, NY; March, 2001

LECTURES

Department of Emergency Medicine, SUNY at Buffalo, Buffalo, NY

Wound care and suturing workshop, Monthly Medical Student Lecture Series

Emergency Medicine Grand Rounds Lecture Series, Presenter 1998 – 2008

Paramedic CME Lecture Series: Head Injury, October 1999

Paramedic CME Lecture Series: Respiratory Emergencies, November 2001

JOURNAL CLUB

Moderator

Department of Emergency Medicine, SUNY at Buffalo, Buffalo, NY

Procedural Sedation, September 2006

Definitive Abdominal Evaluation after Blunt Trauma, April 2006

Thrombolysis vs. Transfer for PTCA in Acute Myocardial Infarction, April 2005

Imaging in Cervical Spine Trauma: CT vs.plain XR, September 2003

Use of Lidocaine as Pretreatment for RSI in Head Injury, December 2002

Post Exposure Prophylaxis for Occupational Exposure and Sexual BBFE, 2001

SPECIAL PRESENTATIONS / TEACHING SESSIONS

2003 – 2008	Advanced Cardiac Life Support (ACLS), American Heart Association Training Course Instructor, *Erie County Medical Center, Buffalo, NY*
2006	American Burn Association, Advanced Burn Life Support Instructor, *Erie County Medical Center, Buffalo, NY*
2006 – 2007	Faculty Coordinator, Simulation Lab for Emergency Medicine Resident Physicians, Emergency Trauma Cases. *Department of Emergency Medicine, School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*
2002 – 2007	Faculty Presenter, Cadaver Skills Lab for Emergency Medicine Resident Physicians. *Department of Emergency Medicine, School of Medicine and Biomedical Sciences, SUNY at Buffalo, Buffalo, NY*
2003	Invited Guest Speaker, Women in Medicine Panel Discussion. *School of Medicine and Biomedical Sciences, State University of New York at Buffalo, Buffalo, NY*

JENNIFER L. BROWN, M.D.

Dr. Brown grew up in [redacted] but came to the New York area in 1989 to be [redacted] and to attend the University of Rochester, where she also played college basketball for 4 years. After receiving her undergraduate degree, she completed her medical training at the State University of New York at Buffalo in 1997. She stayed in the Buffalo area to complete an internship in General Surgery before going on to do her specialty residency training in Emergency Medicine, which she finished in 2001. Following her residency training, she joined the faculty at the SUNY Buffalo Emergency Medicine Training Program where she worked as an attending physician in the Emergency Department of the Erie County Medical Center. There she provided direct patient care and also supervised resident physicians and medical students in training. Dr. Brown has had various roles and accomplishments in research, teaching and administration for the Emergency Medicine training program and the Graduate Medical Education office at the University. She is also a published author and an experienced speaker.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: BROWN, JENNIFER, LYNN
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L071
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 071002

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: LLOYD W. BROWN MD	3. Title:

4. Briefly describe the role of this person or entity in the proposed registered organization:

Investor/Partner

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using *the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."*

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax: [redacted]		
10. Email [redacted]					
11. Residence Address [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
suny@Bflo Sch. of Medicine	3435 Main St. Buffalo, NY 14260	8/1982	7/1986	M.D.	5/1986
Howard Univ.	2400 Sixth Street NW Washington, DC 20059	1/1980	5/1982	Bsc in Biology	5/1982
Univ. of The West Indies	Mona Campus Mona Jamaica, W.I.	9/1977	5/1979	2 Years of Undergrad. to Howard Univ.	---------

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Medical	177594	NYS Education Dept. 89 Washington Ave. Albany, NY 12234	12/1/2014	11/30/2016
DEA Certificate	[redacted]	US Dept. of Justice DEA Washington, D.C, 20537	6/31/2013	7/31/2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

[redacted]

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/12/15
Notary Name: Kathleen B Kane	Notary Registration Number: 01KA4866586
Notary (Notary Must Affix Stamp or Seal)	Date: 5/12/15

KATHLEEN BARRY KANE
Notary Public, State of New York
Qualified in Erie County
My Commission Expires Aug. 4, 2018

CURRICULUM VITAE

Lloyd W. Brown, M. D.

[redacted]

CURRENT POSITIONS:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

PAST POSITIONS:

[redacted]

EDUCATION

1982 - 1986	State University of New York at Buffalo School of Medicine Doctor of Medicine
1980 - 1982	Howard University BSc. in Biology
1977 - 1980	The University of The West Indies, Undergraduate in Natural Sciences

POSTGRADUATE TRAINING

Internship:

1986 - 1987	Internship, SUNY at Buffalo Affiliated Hospitals

Residency :

1987 - 1989	Resident Physician, Department of Internal Medicine, SUNY at Buffalo Affiliated Hospitals

HONORS AND AWARDS

2008	Buffalo Urban League- Family Life Award.
1982	Phi Beta Kappa Honor Society

BOARD CERTIFICATIONS

2003	Board Certification in Emergency Medicine

LICENSURE

1989 - Present	New York State Medical License #177594
	DEA Certificate # [redacted]

COMMUNITY ACTIVITIES:

2011 – Present	Board of Trustees' member of Mount St. Mary's Hospital, Lewiston NY.
2009 – Present	Board of Trustees' member of Zion Dominion Global Ministries.
2008 – Present	Co-Founder of The S.E.N.S.E.S Foundation, Inc. catering to the youth in the Buffalo Community.
2003 – Present	Chairman of the "Annual Salute to Niagara County's EMS Provider's Award Ceremony".

REFERENCES:

Upon request

BIOGRAPHY

LLOYD W. BROWN, MD
[redacted]

Dr. Brown was born in [redacted]. He started his Undergraduate Education at The University of the West Indies, and completed his degree in Biology at Howard University, in Washington DC. He received his Medical Degree from the SUNY at Buffalo School of Medicine in 1986.

[redacted]Dr. Brown is also serving on the Board of Directors of MSMH as the Chairman of the Professional Affairs Committee[redacted]

Dr. Brown was featured as Business's First "2014 Healthcare 50" influential Physician's in WNY in the April 2014 publication. He was also featured in August 2014, as "Who's Who in Healthcare".

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Dr. Brown is a member, and Trustee of Zion Dominion Global Ministries, under the leadership of Pastor[redacted]

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: BROWN, LLOYD, WINSTON
Address: [redacted]

OCA: [redacted]
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: BROWN, LLOYD, WINSTON
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members**.** For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Anthony Louis Buscaglia | 3. Title: Class B Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ◉ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ◉ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ◉ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Dayton	300 College Park Dayton, OH 45469	1987	1991	Bachelors of Science B.S.	1991
SUNY at Buffalo	12 Capen Hall Buffalo, NY 14260	1992	1993	Masters of Science M.S.	1993
Midwestern University	555 31st Street Downers Grove, IL 60515	1993	1997	Doctor of Osteopathic Medicine D.O.	1997
SUNY at Buffalo	12 Capen Hall Buffalo, NY 14260	2013	2015	Masters of Business Administration M.B.A.	2015

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
New York State Medical License	215967	New York State Education Dept. Office of the Professions P.O. Box 22063 Albany, NY 12201 518-474-3817	4/30/2014	4/30/2016
Drug Enforcement Agency, Controlled Substance Registration	[redacted]	Controlled Substance Registration U.S. Department of Justice Drug Enforcement Agency Washington D.C. 20537	7/09/2012	7/31/2015

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ◉ Yes ○ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/19/15
Notary Name:	Notary Registration Number: 01GU4965474
Notary (Notary Must Affix Stamp or Seal)	Date: 5/19/15

FRANCES K GUARIGLIA
01GU4965474
Notary Public, State of New York
Qualified in ERIE County
My commission expires APRIL 1st, 2018

ANTHONY L. BUSCAGLIA, DO, MBA

[redacted]

EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

- **State University of New York at Buffalo**
  - Attending Physician
  - Clinical Instructor of Emergency Medicine
  - Buffalo General Hospital
  - 2001-2002

RESIDENCY

- **State University of New York at Buffalo Consortium**
  - Emergency Medicine Residency Program
  - Buffalo General Hospital
  - 1998- 2001

- **State University of New York at Buffalo Consortium**
  - AOA Rotating Internship
  - Sisters of Charity Hospital
  - June 1997-June 1998

EDUCATION

- **State University Of New York at Buffalo**, Buffalo, NY
  - Masters of Business Administration (**MBA**)
  - Executive Program 2013-2015

- **Chicago College of Osteopathic Medicine,** Chicago, IL
  - Doctor Of Osteopathic Medicine (**DO**) 1993 – 1997

- **State University of New York at Buffalo,** Buffalo, NY
  - Masters Of Science (**MS**) Natural Sciences, 1991- 1993

- **University of Dayton**, Dayton, OH
  - Bachelors of Science (**BS**) Biology, August 1987-June 1991

CERTIFICATION

- American Board of Emergency Medicine, Recert 2012
- National Board of Osteopathic Medical Examiners, 1998
- ATLS, ACLS, PALS certified
- FACEP (Fellow of the American College of Emergency Physicians)

LEADERSHIP

Redacted pursuant to N.Y. Public Officers Law, Art. 6

PERSONAL

Bio: Anthony Louis Buscaglia, D.O., M.B.A.

Anthony L. Buscaglia, D.O. is a board certified Emergency physician who has been practicing in community hospitals for past 14 years. He graduated from Chicago College of Osteopathic Medicine in 1997 and completed residency in Emergency Medicine at SUNY at Buffalo Consortium in 2001 [redacted] In May 2015 Anthony completed the Executive MBA program at University of Buffalo. He plans to use his graduate education to by combining his sound medical foundation with business management skills in various administrative and entrepreneurial ventures.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: BUSCAGLIA, ANTHONY, LOUIS
Address: [redacted]

[redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Adolph Calabrese | 3. Title: B MEMBER

4. Briefly describe the role of this person or entity in the proposed registered organization:

B MEMBER

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax: N/A	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Buffalo	27 Capen Hall Buffalo, NY 14228	—	1968	Bachelors	1968

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ **Yes** ☒ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/21/2015
Notary Name: Lynda K. Ram	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) LYNDA K. RAM Notary Public, State of New York Qualified in Erie County My Commission Expires Jan. 31, 2018	Date: 5/21/2015

JOSEPH C. CALABRESE

Education:

Grammar school – [redacted]

High school – [redacted]

State University of New York at Buffalo - 1968

Professional Experience:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Occupational Related Activities:

Member of American International Automobile Dealers Association

Member of New York State Automobile Dealers Association

Member of Lexus Dealer Advertising Association

Member and Past President of New York State Jeep Advertising Association

Past member of Toyota Dealer Council

BIOGRAPHY OF JOSEPH C. CALABRESE

I am a [redacted]

I was born in [redacted], raised in [redacted] and attended [redacted] and State University of New York at Buffalo. I have [redacted] I spend substantial time with [redacted] and my [redacted] activities. I am an [redacted]

L-1 Enrollment Ser

New York State
EasyPath Netwo

Applicant: CALABRESE, JOSEPH.
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: John Carter | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

N/A

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

N/A

8. Phone: [redacted]	9. Fax:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
[redacted]					
SUNY Plattsburgh	101 Broad Street Plattsburgh, NY 12901 (518) 564-2000	8/1990	5/1993	None- Early accept. to Med. School	
SUNY Buffalo School of Medicine	3435 Main St. Buffalo, NY 14214 (716) 645-2000	8/1994	6/1999	M.D.	6/21/99
SUNY Buffalo Medical/Dental Residency	3435 Main St. Buffalo, NY 14214 (716) 645-2000	7/1999	6/2002	Completed Emergency Med. Residency	6/23/2002

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
M.D. New York State	220563	New York State Medical Licensing board 89 Washington Ave Albany, NY 12234 (518-474-3817)	7/2001	7/2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/21/15
Notary Name: Lisa Czerniejewski	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5-21-15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 10/2/18

JOHN M. CARTER, M.D.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EDUCATION:

1990-1993	SUNY COLLEGE AT PLATTSBURGH BIOLOGY MAJOR
1993	NATIONAL CERTIFICATON - IN VITRO CELL BIOLOGY WILLIAM H. MINER CENTER
1995-1999	SUNY BUFFALO SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES

JUNE 1, 1999 AWARDED MD DEGREE

RESIDENCY:

1999-2002	SUNY BUFFALO MEDICAL AND

DENTAL CONSORTIUM

RESIDENCY - EMERGENCY MED.

2001-2002 CHIEF RESIDENT, EMERGENCY MEDICINE RESIDENCY

PROFESSIONAL EXPERIENCE:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

PRACTICE OF EMERGENCY MEDICINE:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

FACULTY/TEACHING APPOINTMENTS:

2002 - PRESENT SUNY AT BUFFALO

CLINICAL ASSISTANT INSTRUCTOR

EMERGENCY MEDICINE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

AWARDS/PROFESSIONAL RECOGNITION:

2002-2003 SUNY BUFFALO

DEPARTMENT OF EMERGENCY MED

ATTENDING OF THE YEAR

2008 [redacted]

[redacted]

D.O.C. Award

(Doctors Outstanding and Caring)

Board Certification:

2003-2013	Certified as Diplomate, EM American Board of Emergency Medicine (ABEM) Certificate # 220929
2014-2024	Re-Certified as Diplomate, EM American Board of Emergency Medicine (ABEM) Certificate # 32906

JOHN M. CARTER, M.D.

[redacted]

Personal Bio:

Following High School at [redacted] *in* [redacted] *I attended SUNY Plattsburgh for my undergraduate study in Biology. I attended SUNY Plattsburgh for three years, returning to Buffalo after being accepted into the Early Assurance Program at the University of Buffalo School of Medical and Biomedical Sciences.*

I unfortunately had to complete my preclinical years over three years, as opposed to the traditional two year period. I elected for a reduced preclinical course load as I was one of [redacted] *to my* [redacted] *while she was* [redacted] *Fortunately, my* [redacted] *the* [redacted] *and made a* [redacted] *and I was able to complete Medical School without further delays on* [redacted] *1999.*

I was fortunate to match for a Residency spot in the University at Buffalo's Emergency Program, being elected Chief Resident for 2001-2002. Additionaly, I was honored by the Residency as the "Teaching Attending of the Year" for 2002-2003, my first and last year of work as a full time Academic Attending Physician. Despite working primarily in the community, I maintain close relationships with those

involved in the Emergency Medicine Residency. Presently, I am a proud Clinical Assistant Instructor for the University.

[redacted]

L-1 Enrollment Services

New York State
EasyPath Nelwork

Applicant: CARTER. JOHN. MICHAEL
Address [redacted]

OCA:
Date Fingerprinted: 201[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Nelwork

Applicant: CARTER. JOHN. MICHAEL
Address [redacted]

OCA:
Date Fingerprinted: 201[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medical Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: R. Lorraine Collins, Ph.D.

3. Title: Professor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Helping to implement and lead the Medical Marijuana Research Center (MMRC). The research I will be involved may enhance the clinical efficacy of medical marijuana for clinical use in various diseases.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
McGill University	Montreal, Quebec, Canada	9/1972	5/1975	BA	05/1975
Rutgers University	New Brunswick, New Jersey	9/1975	5/1980	MS and PhD	1979 and 1980
University of Washington	Seattle, Washington	07/1978	8/1981	Clinical Internship Postdoctoral training	1979, 1981

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Psychology	007545	New York State Department of Education	1983	Ongoing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer: School of Public Health and Health Professions (SPHHP), University at Buffalo, SUNY

Type of Business: Academic/research institution

Street Address: 3435 Main Street

City: Buffalo | State: NY | Zip Code: 14214-8028

Starting Date of Employment: January 2008 | Ending Date of Employment: Ongoing

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number: [redacted]

Position/Responsibilities:

Associate Dean for Research; Administrative supervision of all research activities in the SPHHP.
Professor, Dept. of Community Health and Heath Behavior: Lecture in my areas of expertise. Conduct research. Train and mentor graduate students in various programs. Serve as supervisor/mentor to doctoral students.

Reason For Departure: Ongoing employment

Name of Employer: Research Institute on Addictions, University at Buffalo, SUNY

Type of Business: Research institution

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address: 1021 Main Street		
City: Buffalo	State: New York	Zip Code: 14203
Starting Date of Employment: 8/1986	Ending Date of Employment: 1/2008	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number: [redacted]	
Position/Responsibilities: Apply for and garner external funding for research, particularly from the National Institutes of Health (NIH).Conduct research, mainly in the areas of alcohol use and abuse and marijuana use and abuse. Disseminate research findings at scientific conferences and in publications in scientific journals. Train and mentor postdoctoral fellows.		
Reason For Departure: [redacted]		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Although I have not served as a director of a business, I have managerial experience related to my administrative roles at the University at Buffalo, SUNY. Currently, I am the Associate Dean for Research and Professor of Community Health and Health Behavior in the School of Public Health and Health Professions at the University at Buffalo. Since 2000, I have served as a Co-Training Director of the T32 grant (Research Training on Alcohol Etiology and Treatment) awarded to the University at Buffalo's, Research Institute on Addictions (RIA). In these roles, I work with postdoctoral fellows, K-awardees, and faculty (particularly junior faculty), to enhance their knowledge of research and to mentor them in the tasks and skills related to success in garnering external funding from the National Institutes of Health (NIH), and other funders such as the National Science Foundation (NSF), and Center for Disease Control and Prevention (CDC). My knowledge of the NIH has come from my years of garnering NIH funding for my research (totaling well over $10M) as well as service on several NIH Initial Review Groups (IRGs) and on the NIH Advisory Councils of the National Institute on Drug Abuse (1994-1998) and the Center for Scientific Review (2007 to 2010). I have a well-established publication record in addictions research and a 28-year history of NIH-funded research as a Principal Investigator (PI) and Co-Investigator (Co-I). All of these experiences are directly relevant to serving in a leader role in the Medical Marijuana Research Center.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: May 21, 2015
Notary Name:	Notary Registration Number: 01JA6151178
Notary (Notary Must Affix Stamp or Seal)	Date: May 21, 2015

TRACI A. JACKSON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01JA6151178
Qualified in Erie County
My Commission Expires August 14, 2018

CURRICULUM VITAE

R. Lorraine Collins, PhD

May 2015

Address: Department of Community Health and Health Behavior
School of Public Health and Health Professions
327 Kimball Tower, 3435 Main Street
Buffalo, NY 14214-8028
e-mail: lcollins@buffalo.edu phone: 716-829-6951

Citizenship: [redacted]

Education

1975 - 1980 Rutgers University, New Brunswick, New Jersey.
PhD in Psychology (Clinical).
M.S. in Psychology (Clinical).

1978 - 1979 University of Washington, Seattle, Washington
Clinical Internship, Department of Psychiatry and Behavioral Sciences,

1972 - 1975 McGill University, Montreal, Canada.
B.A., First Class Honours in Psychology.

1970 - 1972 Dawson College (CEGEP), Montreal, Canada.
Diploma of Collegiate Studies in Social Sciences.

Positions Held

2008-present Associate Dean for Research
Professor, Community Health and Health Behavior
School of Public Health and Health Professions
University at Buffalo, The State University of New York

2008-present Affiliated Scientist
Research Institute on Addictions
University at Buffalo, The State University of New York

1986 - 2008 Senior Research Scientist
Research Institute on Addictions
University at Buffalo, The State University of New York

1989-present Research Professor (previously Research Associate Professor), Department of Psychology, University at Buffalo, The State University of New York

1991 (Fall) Visiting Lecturer, Department of Psychology, University of Washington, Seattle

1981 - 1987 Assistant Professor to Adjunct Assistant Professor, Department of Psychology,

State University of New York at Stony Brook.

1979 - 1981 Research Associate (Postdoctoral research training), Department of Psychology, University of Washington.

1978 Adjunct Instructor, Department of Human Ecology and Social Sciences, Cook College, Rutgers University.

1975 - 1977 Teaching Assistant, Department of Psychology. Rutgers College, Rutgers University.

Research Interests

Cognitive and behavioral approaches to the conceptualization, prevention, and treatment of addictive behaviors. Psycho-social issues (e.g., gender, socio-economic status) related to substance use and misuse as well as other high-risk behaviors. Research methods that use technology (e.g., ecological momentary assessment, smartphone apps) for assessment and intervention.

Research Funding

Currently Funded Grants (Principal Investigator/Co-Investigator; Project total cost)

National Institute on Drug Abuse
Use of Exercise to Reduce Young Adult Marijuana Use: There is an App for That
(R34 DA035358)
2013-2015: $715,500
Principal Investigator

National Institute on Drug Abuse
Proximal Effects of Marijuana in Understanding Intimate Partner Violence
(R01-DA033994)
2013-2017: $1,862,243
Co-Investigator, with PI Maria Testa, PhD

National Institute of Justice
Identifying Sexual Assault Mechanisms among Diverse Women
(NIJ 2014 90924 NY IJ)
2015-2017: $930,520
Co-Investigator with PI Amy Hequembourg, PhD

National Institute on Alcohol Abuse and Alcoholism
Research Training on Alcohol Etiology and Treatment
(T32-AA007583)
2000-2015: $4,774,369
Co-Investigator and Co-Director with PI Kenneth E. Leonard, PhD.

Past Grants Received (Principal Investigator/Co-Investigator; Total costs)

National Institute on Drug Abuse
Applying Behavioral Economics and EMA to Physical Activity and Marijuana Use (R01-DA027606)
2009-2013: $1,397,848
Principal Investigator

National Institute on Alcohol Abuse and Alcoholism
Malt Liquor and Marijuana: Factors in their Concurrent Versus Separate Use (R01-AA016580)
2009-2012: $783,474
Principal Investigator

National Institute on Drug Abuse
Knowledge Exchange and Skills Training for Therapists (R01-DA018295)
2005-2010: $1,585,000
Co-Investigator with PI Christopher Barrick, PhD

National Institute on Drug Abuse
Practicing Self-Control Lowers the Risk of Smoking Lapse (R01-DA016131)
2004-2010: $936,875 (direct cost)
Co-Investigator with PI Mark Muraven, PhD

National Institute on Alcohol Abuse and Alcoholism
Restraint and Attributions: Risk Factors in Alcohol Abuse (R01-AA007595)
1988-2008: $4,318,101
Principal Investigator 1988-2008 (multiple continuation awards)

National Institute on Alcohol Abuse and Alcoholism
Women Bar Drinkers: Exploring Risks for HIV (R01-AA014499)
2003-2008: $1,256,000
Co-Investigator with PI Kathleen A. Parks, PhD

National Institute on Drug Abuse
Drug Use and Problem Behaviors in Minority Youth (R01-DA005702)
2003-2008: $1,702,710 (direct cost)
Co-Investigator with PI Judith S. Brook, EdD

National Institute on Alcohol Abuse and Alcoholism
40 oz Views: Alcohol Expectancies for Malt Liquor (R21-AA013540)
2001-2004: $468,333
Principal Investigator with Co-Investigator Clara M. Bradizza, PhD

National Institute on Alcohol Abuse and Alcoholism
Alcohol Lapse: Role of Self-Control Strength and Restraint (R21-AA012770)
2001-2004: $447,205
Co-Investigator with PI Mark Muraven, PhD

National Institute on Alcohol Abuse and Alcoholism
Alcohol and Bar Violence (R01-AA010617)
1997-2002: $921,080

Co-Investigator with PI Kenneth E. Leonard, PhD

National Institute on Drug Abuse
Nurses' Substance Abuse: Stress, Coping, and Self-efficacy (R01-DA05852)
Principal Investigator, 1990-1994: $776,966

National Institute on Drug Abuse - New Investigator Research Award
The Role of "Spouses" in Relapse Prevention for Smokers (R23-DA04547)
Principal Investigator, 1987-1991: $172,597

Biomedical Research - State University of New York at Stony Brook
The Role of Spouses in Relapse Prevention Treatment for Smokers.
Principal Investigator, 1986-1987: $4,000 (pilot study for grant application)

American Lung Association of Nassau-Suffolk
Smoking Cessation: Comparative Efficacy of Broad Spectrum vs. Relapse Prevention.
Principal Investigator, 1985-1987: $4,025

University Awards Program - Research Foundation, State of New York
Effects of Alcohol on Reactions to Violence in Relationships.
Principal Investigator, 1983: $3,096

Biomedical Research - State University of New York at Stony Brook
Assessment of the Mechanisms Underlying the Modeling of Alcohol Consumption.
Principal Investigator, 1981-1983: $5,000

Academic Awards, Honors, and Fellowships

2010, Dean's Award, School of Public Health and Health Professions, University at Buffalo

2009, Outstanding Researcher of the Year, School of Public Health and Health Professions, University at Buffalo

2000- pres., Fellow, Division 50 (Addictive Behaviors), American Psychological Association

1989-1990, Director's Recognition Award, NY State Division on Alcoholism and Alcohol Abuse

l977-1978, Canada Council Fellowship for academic year, Rutgers University

1975, B.A. with First Class Honours, McGill University

l974-l975, University Scholar, McGill University

Professional Memberships (current and recent)

2010 – pres. American Public Health Association

2011 – pres. American Psychological Society

1981- pres. American Psychological Association, Currently member of Division 50
APA convention, l985 - Program Chair for Section III, Division l2.

APA convention, 1986 and 1990 - Program Committee for Division 12.
APA convention, 1994 - 1996, 2000, 2001, 2009, 2010 Program Comm., Div. 50
Conference on Psychosocial and Behavioral Factors in Women's Health, May 1994

1988 – pres. Research Society on Alcoholism,
Membership Committee, 1989 - 1991

1980 – 2006 Association of Behavioral and Cognitive Therapies
Chair, Convention Program Committee, 1992
Member, Convention Program Committee, 1986, 1990, 1991
Chair, Affiliates & Special Interest Group Committee, 1990-1993

Consulting/Grant Reviewing and Other Professional Activities

2011 - 2012 Member of Substance Abuse and Addiction Scientific Panel, PhenX (Consensus Measures for Phenotypes and Exposures), Research Triangle Institute/NIH

2006 – 2010 Member of Peer Review Advisory Committee, Center for Scientific Review, National Institutes of Health

1989 – pres. Ad hoc reviewer for various Initial Review Groups constituted by the Center for Scientific Review, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism, all within the National Institutes of Health

1999 – 2009 Senior Program Consultant, Substance Abuse Policy Research Program, Robert Wood Johnson Foundation (program ended in December 2009)

2003 - 2004 Member of Blue Ribbon Task Force on Health Services Research, National Institute on Drug Abuse

1998 - 2001 Project Advisory Committee, NIAAA Collaborative Minority Institutions Alcohol Research Development Center, North Carolina Central University

1996 - 1998 Senior Science Advisor, National Center for the Advancement of Prevention, Center for Substance Abuse Prevention

1994 - 1998 Member, National Advisory Council on Drug Abuse, National Institutes of Health

1987 - 1998 Advisor, Research Development Seminar Series, National Institute on Drug Abuse

1989 - 1993 Member, Initial Review Group, Drug Abuse Epidemiology and Prevention Research, National Institute on Drug Abuse (grant reviewing)

1990 - 1993 Women's Action Alliance, Multicultural Prenatal Drug and Alcohol Prevention

1986 Career Development Program for Women, Food Safety and Inspection Service, U.S. Department of Agriculture

Certification

1983 - present Licensed Psychologist, State of New York

Editorial Activities

Associate Editor: *Journal of Consulting and Clinical Psychology*, 2005-2007; *Psychology of Addictive Behaviors*, 1996-1999.

Editorial Board Member: *Journal of Consulting and Clinical Psychology*, 2003-2004 and 1997-1999; *NIDA Science and Practice Perspectives*, 2002- 2004; *Psychology of Addictive Behaviors*, 2000-2004; *Alcohol Health & Research World*, 1994-1997; *Women and Therapy*, 1985-1991.

Ad hoc Reviewer: *Addiction, Addictive Behaviors, Aggressive Behavior, American Psychologist, Behavior Therapy, British Journal of Clinical Psychology, Cognitive Therapy and Research, Drug and Alcohol Review, Expert Review of Neurotherapeutics, Health Psychology, International Journal of the Addictions, Journal of Abnormal Psychology, Journal of Child and Adolescent Psychology, Journal of Consulting and Clinical Psychology, Journal of Personality and Social Psychology, Journal of Studies on Alcohol, Journal of Substance Abuse, Personality and Social Psychology Bulletin, Psychology of Addictive Behaviors, Spanish Journal of Psychology.*

Peer Reviewer: *Eighth Special Report to the U.S. Congress on Alcohol and Health*, 1993.

Dissemination Activities

Publications: Peer-reviewed Journal Articles

Ellis, E. M., Homish, G. G., Parks, K. A., **Collins, R. L.**, & Kiviniemi, M. T. (2015). Increasing condom use by changing people's feelings about them: An experimental study. *Health Psychology*. http://dx.doi.org/10.1037/hea0000205

Haibach, J.P., Homish, G.G., **Collins, R.L.,** Ambrosone, C.B., & Giovino, G. A. (in press). An evaluation of fruit and vegetable consumption and cigarette smoking among youth. *Nicotine & Tobacco Research.* Published online, ahead of print: Oct 2014; doi: 10.1093/ntr/ntu215.

Hequembourg, A. L., Parks, K. A., **Collins, R. L.,** & Hughes, T. L. (2015). Sexual assault risks among gay and bisexual men. *Journal of Sex Research, 52*, 282-295. doi: 10.1080/00224499.2013.85683. PMCID:PMC4117833

Smith, P.H., Homish, G.G., **Collins, R.L.,** Giovino, G.A., White, H.R., Leonard, K.E. (2014). Couples' marijuana use is inversely related to their intimate partner violence over the first nine years of marriage. *Psychology of Addictive Behaviors, 28,* 734-742.

Collins, R. L., Vincent, P. C., Yu, J., Liu, L., & Epstein, L. H. (2014). A behavioral economic approach to assessing demand for marijuana. *Experimental and Clinical Psychopharmacology, 22,* 211-221. DOI - 10.1037/a0035318

Yu, J., Liu, L., **Collins, R. L.,** Vincent, P. C., & Epstein, L. H. (2014). Analytical problems and suggestions in the analysis of behavioral economic demand curves. *Multivariate Behavioral Research, 49,* 178-192.

Smith, P.H., Homish, G.G., **Collins, R. L.,** & Leonard, K. E. (2013). Marijuana withdrawal and aggression among a representative sample of U.S. marijuana users. *Drug and Alcohol Dependence,* 132, 63-68. PMCID: PMC3706470

Parks, K. A., **Collins, R. L.,** & Derrick, J. L. (2012). The influence of marijuana and alcohol use on condom use behavior: Findings from a sample of young adult female bar drinkers. *Psychology of Addictive Behaviors, 26,* 888-894. PMID 22612253

Levonyan-Radloff K., Parks, K. A., & **Collins R. L.** (2012). Women bar drinkers' discussions about birth control and risky sexual behavior. *Archives of Sexual Behavior,* 41, 987-993. PMID 21892691

Collins, R. L., Vincent, P.C., Bradizza, C. M., Kubiak, A. J., & Falco, D. L. (2011). A beverage-specific measure of expectancies for malt liquor: Development and initial testing. *Psychology of Addictive Behavior, 25, 605-615.* PMID 21928870

Lau-Barraco, C., & **Collins, R. L.** (2011). Social networks and alcohol use among nonstudent emerging adults: A preliminary study. *Addictive Behaviors, 36,* 47-54. PMID 20888128

Parks, K. A., Hsieh, Y-P., **Collins, R. L.**, & Levonyan-Radloff, K. (2011). Alcohol consumption and condom use with known and casual partners in a sample of young women bar drinkers. *AIDS and Behavior, 15,* 1332-1341. PMID 20949313

Kashdan, T. B., Ferssizidis, P., **Collins, R. L.,** & Muraven, M. (2010). Emotion differentiation as resilience to excessive alcohol use: An ecological momentary assessment in underage social drinkers. *Psychological Science, 21,* 1341-1347. PMID 20696854

Kashdan, T. B., & **Collins, R. L.** (2010). Social anxiety and the experience of positive emotions and anger in everyday life. An ecological momentary assessment approach. *Anxiety, Stress & Coping, 23,* 259-272. PMID 19326272

Gonzalez, V. M., Bradizza, C. B., & **Collins, R. L.** (2009). Drinking to cope as a statistical mediator in the relationship between suicidal ideation and alcohol outcomes among underage college drinkers. *Psychology of Addictive Behaviors*, 23, 443-451. PMID 19769428

Gonzalez, V. M., **Collins, R. L.,** & Bradizza, C. B. (2009). Solitary and social heavy drinking, suicidal ideation, and drinking motives in underage college drinkers. *Addictive Behaviors,* 34, 993-999. PMID 19556066

Parks, K. A., Hsieh, Y-P., **Collins, R. L.**, Levonyan-Radloff, K., & King, L. P. (2009). Predictors of risky sexual behavior with new and regular partners in a sample of women bar drinkers. *Journal of Studies on Alcohol and Drugs, 70,* 197-205. PMID 19261231

Collins, R. L., Kashdan, T. B., Koutsky, J. R., Morsheimer, E. T., & Vetter, C. J. (2008). A self-administered Timeline Follow-back to measure variations in underage drinkers' alcohol intake and binge drinking. *Addictive Behaviors, 33,* 196-200. PMID 17720324

Collins, R. L., Quigley, B. M., & Leonard, K. E. (2007). Women's physical aggression in bars: An event-based examination of precipitants and predictors of severity. *Aggressive Behavior, 33,* 304-313. PMID 17593557

Collins, R. L., Bradizza, C. M., & Vincent, P. C. (2007). Young adult malt liquor drinkers: Prediction of alcohol problems and marijuana use. *Psychology of Addictive Behaviors, 21*, 138-146. PMID 17563133

Bradizza, C. M., **Collins, R. L.**, Vincent, P. C., & Falco, D. L. (2006). It does the job: Young adults discuss their malt liquor consumption. *Addictive Behaviors, 31*, 1559-1577. PMID 16434145

Kashdan, T. B., **Collins, R. L.,** & Elhai, J. D. (2006). Social anxiety, positive outcome expectancies, and risk-taking behavioral intentions. *Cognitive Therapy and Research, 30*, 749-761.

Neal, D. J., Corbin, W. R., DelBoca, F. K., Parks, K. A., **Collins, R. L.**, Fromme, K., Muraven, M., King, L. P., Pardi, A. M., & Vetter, C. J. (2006). Capturing the moment: Innovative approaches to daily alcohol assessment. *Alcoholism: Clinical and Experimental Research, 30,* 282-291. PMID 16441277

Homish, G. G., Leonard, K. E., **Collins, R. L.**, & Quigley, B. M. (2005). Context-related drinking assessment in a community sample. *Journal of Substance Use, 10,* 355-361.

Kashdan, T. B., Vetter, C. J., & **Collins, R. L**. (2005). Substance use in young adults: Associations with personality and gender. *Addictive Behaviors, 30*, 259-269. PMID 15621397

Muraven, M., **Collins, R. L.,** Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2005). The morning after: Limit violations and the self-regulation of alcohol consumption. *Psychology of Addictive Behaviors, 19*, 253-262. PMID 16187803

Featured in Adelson, R. (2005). Science Watch: Limit violations just spur more drinking. *Monitor on Psychology, 36 (9)*, 20-21.

Muraven, M., **Collins, R. L.,** Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2005). One too many: Predicting future alcohol consumption following excessive drinking. *Experimental and Clinical Psychopharmacology, 13,* 127-136. PMID 15943545

Muraven, M., **Collins, R. L.,** Shiffman, S., & Paty, J. A. (2005). Daily fluctuations in self-control demands and alcohol intake. *Psychology of Addictive Behaviors, 19*, 140-147. PMID 16011384

Collins, R. L., Kashdan, T. B., & Gollnisch, G. (2003). The feasibility of using cellular phones to collect ecological momentary assessment data: Application to alcohol consumption. *Experimental and Clinical Psychopharmacology, 11*, 73-78. PMID 12622345

Giancola, P. R., White, H. R., Berman, M. E., McCloskey, M. S., Greer, T. F., Widom, C. S., Chermack, S. T., Leonard, K. E., **Collins, R. L.**, & Quigley, B. M. (2003). Diverse research on alcohol and aggression in humans: In memory of John A. Carpenter.

Alcoholism: Clinical and Experimental Research, 27, 198-208. PMID 12605069

Leonard, K. E., **Collins, R. L.**, & Quigley, B. M. (2003). Alcohol consumption and the occurrence and severity of aggression: An event-based analysis of male to male barroom violence. *Aggressive Behavior, 29,* 346-365.

Leonard, K. E., Quigley, B. M., & **Collins, R. L.** (2003). Drinking, personality, and bar environmental characteristics as predictors of involvement in barroom aggression. *Addictive Behaviors, 28,* 1681-1700. PMID 14656555

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2003). Characteristics of violent bars and bar patrons. *Journal of Studies on Alcohol, 64,* 765-772. PMID14743938

Collins, R. L., & McNair, L. D. (2002). Minority women and alcohol use. *Alcohol Research & Health, 26,* 251-256. PMID 12875034

Leonard, K. E., Quigley, B. M., & **Collins, R. L.** (2002). Physical aggression in the lives of young adults: Prevalence, location, and severity among college and community samples. *The Journal of Interpersonal Violence, 17,* 533-550.

Muraven, M., **Collins, R. L.,** & Nienhaus, K. (2002). Self-control and alcohol restraint: An initial application of the self-control strength model. *Psychology of Addictive Behaviors, 16,* 113-120. PMID 12079249

Collins, R. L., Koutsky, J. R., Morsheimer, E. T., & MacLean, M. G. (2001). Binge drinking among underage college students: A test of a restraint-based conceptualization of risk for alcohol abuse. *Psychology of Addictive Behaviors,* 15, 333-340. PMID 11767266

Collins, R. L., Koutsky, J. R., & Izzo, C. V. (2000). Temptation, restriction, and the regulation of alcohol intake: Validity and utility of the Temptation and Restraint Inventory. *Journal of Studies on Alcohol, 61,* 766-773. PMID 11022828
Abstract reprinted in *Alcohol Research,* 2001, 6, 37-38.

Testa, M., Livingston, J. A., & **Collins, R. L.** (2000). The role of women's alcohol consumption in evaluation of vulnerability to sexual aggression. *Experimental and Clinical Psychopharmacology, 8,* 185-191. PMID 10843301

Collins, R. L., Gollnisch, G., & Morsheimer, E. T. (1999). Substance use among a regional sample of female nurses. *Drug and Alcohol Dependence, 55,* 145-155. PMID 10402159

Quigley, B. M., & **Collins, R. L.** (1999). The modeling of alcohol consumption: A meta-analytic review. *Journal of Studies on Alcohol, 60,* 90-98. PMID 10096313

Collins, R. L., Morsheimer, E. T., Shiffman, S., Paty, J. A., Gnys, M., & Papandonatos, G. D. (1998). Ecological momentary assessment in a behavioral drinking moderation training program. *Experimental and Clinical Psychopharmacology, 6,* 1-10. PMID 9725114 doi: 10.1037/1064-1297.6.3.306

Connors, G. J., **Collins, R. L.**, Dermen, K. H., & Koutsky, J. R. (1998). Substance use restraint: An extension of the construct to a clinical population. *Cognitive Therapy and*

Research, 22, 87-99.

Parks, K. A., Miller, B. A., **Collins, R. L.**, & Zetes-Zanatta, L. (1998). Women's descriptions of drinking in bars: Reasons and risks. *Sex Roles, 38,* 701-717.

Testa, M., & **Collins, R. L.** (1997). Alcohol and risky sexual behavior: Event-based analyses among a sample of high-risk women. *Psychology of Addictive Behaviors, 11,* 190-201.

Collins, R. L. (1996). The role of ethnic versus non-ethnic socio-cultural factors in substance use and misuse. *Substance Use & Misuse* (formerly *International Journal of the Addictions*), *31*, 95-101. PMID 8838395

Collins, R. L., Gollnisch, G., & Izzo, C. V. (1996). Drinking restraint and alcohol-related outcomes: Exploring the contributions of beverage instructions, beverage content, and self-monitoring. *Journal of Studies on Alcohol, 57*, 563-571. PMID 8858555

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1994). Affective and behavioral reactions to the violation of limits on alcohol consumption. *Journal of Studies on Alcohol, 55,* 475-486. PMID 7934056

Lapp, W. M., **Collins, R. L.**, & Izzo, C. V. (1994). On the enhancement of creativity by alcohol: Pharmacology or expectation? *The American Journal of Psychology, 107,* 173-206. PMID 8067507

Lapp, W. M., **Collins, R. L.**, Zywiak, W. H., & Izzo, C. V. (1994). Psychopharmacological effects of alcohol on time perception: The extended balanced placebo design. *Journal of Studies on Alcohol, 55,* 96-112. PMID 8189732

Collins, R. L. (1993). Drinking restraint and risk for alcohol abuse. *Experimental and Clinical Psychopharmacology, 1,* 44-54.

Reprinted in G. A. Marlatt & G. R. VandenBos (Eds.), (1997). *Addictive behaviors: Readings on etiology, prevention, and treatment* (pp. 289-306). Washington, DC: American Psychological Association.

Collins, R. L. (1993). Sociocultural aspects of alcohol use and abuse: Ethnicity and gender. *Drugs & Society, 8,* 89-116.

Reprinted in G. J. Connors (Ed.), (1993). *Innovations in alcoholism treatment: State of the art reviews and their implications for clinical practice* (pp. 89-116). Binghamton, NY: Harrington Park Press.

Lapp, W. M., & **Collins, R. L.** (1993). Relative/proportional scoring of the Ways of Coping Checklist: Is it advantageous or artifactual? *Multivariate Behavioral Research, 28*, 483-512.

Collins, R. L. (1992). Methodological issues in conducting substance abuse research on minority populations. *Drugs & Society, 6*, 59-77.

Reprinted in J. E. Trimble, C. S. Bolek, & S. J. Niemcryk (Eds.), (1992). *Ethnic and multicultural drug abuse* (pp. 59-77). Binghamton, NY: Harrington Park Press.

Collins, R. L., & Lapp, W. M. (1992). The Temptation and Restraint Inventory for measuring drinking restraint. *British Journal of Addiction, 87*, 625-633. PMID 1591514

Collins, R. L., Lapp, W. M., Helder, L., & Saltzberg, J. A. (1992). Cognitive restraint and impulsive eating: Insights from the Three-Factor Eating Questionnaire. *Psychology of Addictive Behaviors, 6*, 47-53.

Emmons, K. M., Weidner, G., Foster, W. M., & **Collins, R. L.** (1992). Improvement in pulmonary function following smoking cessation. *Addictive Behaviors, 17*, 301-306. PMID 1502964

Emont, S. L., **Collins, R. L.**, & Zywiak, W. H. (1991). Methodological note: Corroboration of self-reported smoking status using significant other reports. *Addictive Behaviors, 16*, 329-333. PMID 1776548

Collins, R. L., & Lapp, W. M. (1991). Restraint and attributions: Evidence of the abstinence violation effect in alcohol consumption. *Cognitive Therapy and Research, 15*, 69-84.

Collins, R. L., Emont, S. L., & Zywiak, W. H. (1990). Social influence processes in smoking cessation: Postquitting predictors of long-term outcome. *Journal of Substance Abuse, 2*, 389-403. PMID 2136124

Collins, R. L., Lapp, W. M., Emmons, K. M., & Isaac, L. M. (1990). Endorsement and strength of alcohol expectancies. *Journal of Studies on Alcohol, 51*, 336-342. PMID 2359307

Collins, R. L., George, W. H., & Lapp, W. M. (1989). Drinking restraint: Refinement of a construct and prediction of alcohol consumption. *Cognitive Therapy and Research, 13*, 425-442.

Emmons, K. M., Weidner, G., & **Collins, R. L.** (1989). Smoking cessation and cardiovascular reactivity to stress. *Journal of Behavioral Medicine, 12*, 587-598. PMID 2634111

Collins, R. L., & Searles, J. S. (1988). Alcohol and the balanced-placebo design: Were experimenter demands in expectancy really tested? Comment on Knight, Barbaree, and Boland (1986). *Journal of Abnormal Psychology, 97*, 503-507. PMID 3204238

Emmons, K. M., Emont, S. L., **Collins, R. L.**, & Weidner, G. (1988). Relapse prevention versus broad spectrum treatment for smoking cessation: A comparison of efficacy. *Journal of Substance Abuse, 1*, 79-89. PMID 2485283

Chomak, S., & **Collins, R. L.** (1987). Relationship between sex role behaviors and alcohol consumption in undergraduate men and women. *Journal of Studies on Alcohol, 48*, 194-201. PMID 3657160

Collins, R. L., & McNair, L. D. (l986). Black women and behavior therapy: Exploring the biases. *The Behavior Therapist, 9*, 7-l0.

Collins, R. L., Rothblum, E. D., & Wilson, G. T. (l986). The comparative efficacy of cognitive and behavioral approaches to the treatment of obesity. *Cognitive Therapy and Research, 10*, 299-3l7.

Collins, R. L., Parks, G. A., & Marlatt, G. A. (l985). Social determinants of alcohol consumption: The effects of social interaction and model status on the self-administration of alcohol. *Journal of Consulting and Clinical Psychology, 53*, 189-200. PMID 3998247

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Publications: Books

Collins, R. L., Leonard, K. E., & Searles, J. S. (Eds.). (1990). *Alcohol and the family: Research and clinical perspectives.* New York: Guilford.

Publications: Chapters and Invited Manuscripts

Wilson, S. D., **Collins, R. L.,** & Vincent, P.C. (2014). Developing a smartphone app to promote reductions in marijuana use: Initial steps. *The Addiction Newsletter*, Spring 2014, 23-25.

Collins, R. L., & Vincent, P.C. (2013). The effects of short bouts of exercise on marijuana craving. *The Addiction Newsletter*, Spring 2013, 12-15.

Chassin, L., **Collins, R. L.,** Ritter, J., Shirley, M. C., Zvolensky, M. J., & Kashdan, T. B. (2010). Vulnerability to alcohol and substance use disorders across the lifespan. In R. E. Ingram & J. M. Price (Eds.), *Vulnerability to psychopathology: Risk across the lifespan, 2nd Edition* (pp. 176-185). New York: Guilford Press.

Collins, R. L., & Muraven, M. (2007). Ecological momentary assessment of alcohol consumption. In A. A. Stone, S. Shiffman, A. A. Atienza, & L. Nebeling (Eds.), *The science of real-time data capture: Self reports in health research* (pp. 189-203). New York: Oxford University Press.

Collins, R. L. (2005). Relapse prevention for eating disorders and obesity. In G. A. Marlatt & D. M. Donovan, (Eds.), *Relapse prevention*, 2nd Edition (pp. 248-275). New York, Guilford Press.

Collins, R. L., & Ricciardelli, L. A. (2005). Assessment of eating disorders and obesity. In D. M. Donovan & G. A. Marlatt (Eds.), *Assessment of addictive behaviors*, 2nd Edition (pp. 305-333). New York: Guilford Press.

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Chassin, L., **Collins, R. L.,** Ritter, J., & Shirley, M. C. (2000). Vulnerability to substance use disorders across the lifespan: Integrating findings from adolescence through adulthood. In R. E. Ingram & J. M. Price (Eds.), *Vulnerability to psychopathology: Risk across the lifespan* (pp. 165-172). New York: Guilford Press.

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Gilbert, M. J., & **Collins, R. L.** (1997). Ethnic variation in women's and men's drinking. In R. W. Wilsnack & S. C. Wilsnack (Eds.), *Gender and alcohol*, (pp.357-378). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

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Rothblum, E. D., Green, L., & **Collins, R. L.** (l983). A therapy group for depressed women. In R. A. Rosenblum (Ed.), *Varieties of short-term therapy groups: A handbook for mental health professionals* (pp. l39-l54). New York: McGraw Hill.

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Publications: Book Reviews

Collins, R. L., & Byrd, G. D. (2001). Nicotine and Tobacco. [Review of the journal *Nicotine & Tobacco Research*]. *JAMA*, 285, 1173-1774.

Collins, R. L. (1997). Review of "Cultural competence for evaluators: A guide for alcohol and other drug abuse prevention practitioners working with ethnic/racial communities". *Addiction, 92*, 1376.

Collins, R. L. (1991). Helping ACOAs. [Review of Group psychotherapy with adult children of alcoholics]. *Contemporary Psychology, 36*, 62-63.

Collins, R. L. (l985). When She's Not O.K. [Review of Behavior modification with women]. *Contemporary Psychology, 30*, 478-479.

Collins, R. L. (l984). Review of Commonalities in substance abuse and habitual behavior. *Journal of Studies on Alcohol, 45*, 288-289.

Collins, R. L. (l982). More progress. [Review of Progress in behavior modification, Vol. l0]. *Contemporary Psychology, 27*, 439-440.

Invited Addresses and Presentations

Collins, R. L. (2013, October). *Malt liquor and marijuana use in young adults: Using real-time data to enhance knowledge*. National Hispanic Science Network on Drug Abuse Annual International Conference. Bethesda, MD.

Collins, R. L. (2004, June). *Ecological momentary assessment for co-occurring conditions.* Complexities of Co-Occurring Conditions Conference. Washington, DC.

Collins, R. L. (2003, November). *Plenary discussant, Interventions for college student substance use.* The Buzz on College Drinking and Smoking: Translational Perspectives. Brown University, Providence, RI.

Collins, R. L. (2003, September). *An ecological momentary assessment approach to studying alcohol consumption.* The Science of Real-time Data Capture: Self-report in Heath Research Conference, Charleston, SC.

Collins, R. L. (2001, March). *The use of Electronic Diaries to assess drinking behaviour.* Centre for Addiction and Mental Health, Toronto, Ontario, Canada.

Collins, R. L. (2000, May). *Alcohol consumption, coping, and the gender gap in cardiovascular disease.* NATO Advanced Research Workshop on Increase in Coronary Heart Disease in Central and Eastern Europe: Stress- and Gender-related Factors, Budapest, Hungary.

Collins, R. L. (1999, April). *Life on the Island of Research.* Workshop at the Lonnie E. Mitchell National HBCU Substance Abuse Conference, Baltimore, MD.

Collins, R. L. (1999, April). *Research and policy on alcohol.* Workshop at the Lonnie E. Mitchell National HBCU Substance Abuse Conference, Baltimore, MD.

Collins, R. L. (1998, October). *Basic behavioral research on the prevention of alcohol abuse.* NIAAA Extramural Science Advisory Board Meeting on Prevention. Washington, DC.

Collins, R. L. (1995, April). *Women and addictions.* Department of Psychology, Syracuse University, Syracuse, NY.

Collins, R. L. (1994, November). *Women's issues in addictive behaviors.* Association for Advancement of Behavior Therapy, San Diego, CA.

Collins, R. L. (1994, September). *Stress and coping among women.* National Institute on Drug Abuse Conference on Drug Addiction Research and the Health of Women, Tysons Corner, VA.

Collins, R. L. (1994, April). *Drinking restraint and risk for alcohol abuse.* Department of Psychology, State University of New York at Binghamton, Binghamton, NY.

Collins, R. L. (1993, October). *Drinking restraint and risk for alcohol abuse.* Center on Alcoholism, Substance Abuse, and Addictions, Department of Psychology, University of New Mexico, Albuquerque, NM.

Collins, R. L. (1993, June). *Issues of ethnicity in substance abuse research.* Multi-Ethnic Drug Abuse Prevention Conference, Cornell University Medical College, New York, NY.

Collins, R. L. (1993, May). *Drinking restraint: Measurement and testing of a risk factor for excessive drinking.* Addiction Research Foundation, Toronto, Ontario, Canada.

Collins, R. L. (1993, March). *Drinking restraint and limit violation.* Center for Alcohol and Addiction Studies, Brown University, Providence, RI.

Collins, R. L. (1993, January). *Restraint and the psychology of addiction.* The Sixth International Conference on Treatment of Addictive Behaviors: Motivation for Change, Santa Fe, NM.

Collins, R. L. (1991, March). *Women's issues in addictive behaviours.* XXIII Banff International Conference on Behavioural Science: Addictive Behaviours Across the Life Span, Banff, Alberta, Canada.

Weidner, G., & **Collins, R. L.** (1990, September). *Health-related gender differences in vigilance and avoidance.* International Conference on Attention and Avoidance: Strategies in Coping with Aversiveness. Johannes Gutenberg-Universitat, Mainz, Germany.

Collins, R. L. (1990, February). *Drinking restraint: Measurement issues and prediction of drinking.* Department of Psychology, University of Waterloo, Ontario, Canada.

Collins, R. L. (1988, April). *Cognitive factors in alcohol use and abuse.* Midwestern Psychological Association, Chicago, IL.

Collins, R. L. (l986, April). *Direct assessment of expectancy for alcohol effects.* Rutgers Center of Alcohol Studies, Piscataway, NJ.

Collins, R. L. (l983, March). *The modeling of alcohol consumption.* Department of Psychology, University of Vermont, Burlington, VT.

Marlatt, G. A., & **Collins, R. L.** (l980, October). *Social modeling as a determinant of drinking behavior: Implications for prevention and treatment.* Addiction Research Foundation, Toronto, Ontario, Canada.

Symposia and Paper Sessions at Scientific Meetings and Conferences

Smith, P.H., Homish, G.G., **Collins, R.L.**, Giovino, G.A., Leonard, K.E. (2013, November). *Substance abuse and IPV among newly married couples: Moderation by antisocial personality and spousal substance use.* American Public Health Association, Boston, MA.

Smith, P.H., Homish, G.G., **Collins, R.L.,** Giovino, G.A., White, H.R., Leonard, K.E. (2013, June). *The interaction between spouses' drug use in the prediction of intimate partner violence.* College on Problems of Drug Dependence. San Diego, CA.

Parks, K. A., **Collins, R. L.,** & Levonyan-Radloff, K. (2013, May). Environmental and individual risk factors for bar-related sexual assault. Presented in session entitled, *Nightlife violence: Understanding prevalence and prevention.* ClubHealth 2013 International Meeting, San Francisco, CA.

Collins, R.L. (2012, August). A behavioral economic approach to marijuana purchasing among young-adult marijuana users. In J. MacKillop (Chair), *Behavioral economics as a platform for translational research on addiction.* American Psychological Association, Orlando, FL.

Collins, R. L. (2012, June). Discussant. In M. Cleveland and H. White (Chairs), *Understanding alcohol use among non-college emerging adults.* Research Society on Alcoholism, San Francisco, CA.

Collins, R. L., *Vincent, P. C., Dermen, K.H., Vetter, C. J., Wilson, S. D., & Smith, J. M. (2010, June). A daily process approach to evaluating three brief motivation-based interventions to reduce young adults' alcohol use. In A. Cohn (Chair), Advancing alcohol treatment outcomes using daily data collection approaches: Current applications, methodological considerations, and future directions. Research Society on Alcoholism, San Antonio, TX.*

Kashdan, T.B., Zorbas, P., **Collins, R.L.,** & Muraven, M. (2009, November). Being better at describing and differentiating emotions as resilience to alcohol use and abuse: An ecological momentary assessment in underage social drinkers. In D.M. Fresco (Chair) *Reactivity: Toward a greater understanding of this universal process in relation to vulnerability and treatment durability.* Association for Behavior and Cognitive Therapies, New York, NY.

Collins, R. L., Vincent, P. C., Carlin-Menter, S., Dermen, K. H., & Bradizza, C. M. (2007, July). Exploring drinking and related outcomes in emerging adulthood: College vs. noncollege comparisons. In **R. L. Collins** and H. R. White (Co-Chairs), *Emerging adults' alcohol use: Broadening the focus.* Research Society on Alcoholism, Chicago, IL.

Dermen, K. H., **Collins, R. L.** & Magdol, L. (2005, August). Drinking restraint and the self-regulation of alcohol use. In M. Muraven (Chair), *Dynamic models of the role of self-regulation in addictive behavior.* American Psychological Association, Washington, DC.

Collins, R. L., Muraven, M., & Vetter, C. (2005, June). Methodological issues in using personal data assistants to self-monitor alcohol consumption. In D. J. Neal (Chair), *Capturing the moment: Innovative approaches to daily alcohol assessment.* Research Society on Alcoholism, Santa Barbara, CA.

Bradizza, C. M., **Collins, R. L.,** & Kubiak, A. J. (2004, November). Malt, marijuana, and menthols: 30-day use frequency among regular malt liquor drinkers. In T. F. Babor (Chair), *Abuse of malt liquor: Epidemiology and prevention.* American Public Health Association, Washington, DC.

Collins, R. L., Bradizza, C. M., Falco, D. L., Giles, E. M., & Vincent, P. C. (2003, June). *It does the job: Reasons, reactions, and beliefs about malt liquor.* In R. L. Collins (Moderator), *Alcohol and special populations.* Research Society on Alcoholism, Fort Lauderdale, FL.

Muraven, M., **Collins, R. L.,** & Kashdan, T. B. (2003, May). Drinking restraint, affect, and alcohol use: An EMA study of young adult drinkers. In L. M. Cooper (Chair), *Studying clinically relevant behaviors via daily experience methods: Getting at what we really want to know!* American Psychological Society, Atlanta, GA.

Collins, R. L., Quigley, B., & Leonard, K. E. (2000, July). Prediction of bar violence among young adults. In **R. L. Collins** (Chair), *Aggression in bars: Prediction and description of violent behavior in public drinking settings.* XIV World Meeting of the International Society for Research on Aggression. Valencia, Spain.

Parks, K. A., Miller, B. A., & **Collins, R. L.** (1996, September). Women's descriptions of drinking in bars: Reasons and risks. In **R. L. Collins** (Chair), *Risk taking, victimization, and alcohol/drug use: Developing integrative models.* American Psychological Association conference on Psychosocial and Behavioral Factors in Women's Health, Washington, DC.

Testa, M., & **Collins, R. L.** (1996, September). Childhood to adulthood victimization: Role of sexual activity and substance use. In **R. L. Collins** (Chair), *Risk taking, victimization, and alcohol/drug use: Developing integrative models.* American Psychological Association conference on Psychosocial and Behavioral Factors in Women's Health, Washington, DC.

Lapp, W. M., **Collins, R. L.,** Zywiak, W. H., & Izzo, C. V. (1992, August). Time-sense and subjective intoxication: A new balanced placebo design. In J. R. Glowa (Chair), *Psychopharmacology.* American Psychological Association, Washington, DC.

Lapp, W. M., **Collins, R. L.,** & Izzo, C. V. (1991, August). Effects of alcohol on an objective measure of creativity. In J. B. Juhasz (Chair), *Bacchus and Narcissus in the arts.* American Psychological Association, San Francisco, CA.

Lapp, W. M., **Collins, R. L.,** & Izzo, C. V. (1990, August). An alcohol compensation effect produced by expectations and not alcohol. In S. C. Fowler (Chair), *The psychopharmacology of alcohol.* American Psychological Association, Boston, MA.

Collins, R. L., Lapp, W. M., & George, W. H. (1989, August). Drinking restraint: Is it really a cognitive construct? In L. S. Bensley (Chair), *Restraint and bingeing: The role of intentional control in addictive behavior.* American Psychological Association, New Orleans, LA.

Jouriles, E. N., & **Collins, R. L.** (1988, November). Influences on observer reactions to remaining in an aggressive relationship. In **R. L. Collins** (Chair), *Victimization of women.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L. (1988, August). Health-related correlates and consequences of women's alcohol use. In J. G. Beck (Chair), *Current directions in women's health care.* American Psychological Association, Atlanta, GA.

Abrams, D. B., Binkoff, J. A., **Collins, R. L.,** Liepman, M. R., Monti, P. M.,Nirenberg, T. D., & Zwick, W. R. (l985, August). Cue reactivity in alcoholics, smokers, and controls. In **R. L. Collins** (Chair), *Multiple substance use and abuse.* American Psychological Association, Los Angeles, CA.

Binkoff, J. A., Abrams, D. B., **Collins, R. L.,** Liepman, M. R., Monti, P. M., Nirenberg, T. D., & Zwick, W. R. (l984, November). Exposure to alcohol cues: Impact on reactivity and drink refusal skills in problem and non-problem drinkers. In P.M. Monti (Chair), *Cue exposure and self-control: Implications for drinking, smoking, and eating disorders.* Association for Advancement of Behavior Therapy, Philadelphia, PA.

Poster Presentations at Scientific Meetings and Conferences

Haibach, J.P., Homish, G.G., **Collins, R.L.,** Ambrosone, C.B., & Giovino, G. A. (2015, February). *Moderation of the association between depressive symptomatology and cigarette smoking by fruit and vegetable consumption.* Society for Research on Nicotine and Tobacco, Philadelphia, PA.

Collins, R. L., Prince, M. A., Vincent, P. C., Wilson, S. D., Dermen, K. H. (2014, June). *Patterns of change in drinking: Results from brief interventions with young adult drinkers.* Research Society on Alcoholism, Bellevue, WA.

Schlauch, R. C., Christensen, R. L., Crane, C. A., Derrick, J. L., **Collins, R. L.**, & Lang, A. R. (2014, June). *Individual differences in approach and avoidance inclinations moderate the effect of self-control depletion on adlib drinking.* Research Society on Alcoholism, Bellevue, WA.

Wilson, S. D., Vincent, P.C., Insana, M., **Collins, R. L.,** Saltino, D. (2013, November). *Motives for marijuana use and problems among young adults.* American Public Health Association, Boston, MA.

Smith, P.H., Homish, G.G., Leonard, K. E., **Collins, R. L.** & Giovino, G. A. (2012, October). *Marijuana withdrawal associated with aggression in a nationally representative sample of marijuana users.* American Public Health Association, San Francisco, CA.

Collins R.L., Vincent, P.C., Hsieh, Y., Wilson, S.D., Smith, J.M., & Insana, M. (2012, June). *Drinking motives moderate the real-time association between episodic mood and drinking among substance-using young adults.* Research Society on Alcoholism, San Francisco, CA.

Smith, P.H., Homish, G.G., Leonard, K.E., **Collins, R.L.,** Giovino, G.A., White, H.R. (2012, June). *Illicit drug use and relationship aggression among newly married couples.* College on Problems of Drug Dependence. Palm Springs, CA.

Smith, P.H., Homish, G.G, Leonard, K.E., **Collins, R.L.**, Giovino, G.A. (2012, March). *Nicotine withdrawal and relationship aggression: Findings from NESARC.* Society for Research on Nicotine and Tobacco. Houston, TX.

Collins, R. L., Vincent, P.C., Hsieh, Y-P, Wilson, S.D., Smith, J. M., & Insana, M. (2011, June). *An episode-level analysis of alcohol and marijuana use among substance using young adults.* Research Society on Alcoholism, Atlanta, GA.

Robinson, H.R., Gonzalez, V. M., & **Collins, R. L.** (2011, June). An exploration of reasons for increased drinking among dieters. Research Society on Alcoholism, Atlanta, GA.

Wilson, S.D., Hsieh, Y-P, Vincent, P.C., Smith, J. M., & Insana, M. & **Collins, R. L.** (2011, June). *Cognitive and social factors associated with alcohol and marijuana use in the same versus separate episode.* Research Society on Alcoholism, Atlanta, GA.

Collins, R. L., Vincent, P.C., Epstein, L. H., Yu, J., Vetter, C.J., Lambiase, M., Insana, M., & Saltino, D. (2011, June). *Marijuana purchasing behavior among young-adult marijuana users.* College on Problems of Drug Dependence, Hollywood, FL.

Vincent, P.C., **Collins, R.L.** Hsieh, Y-P., Wilson, S.D., Smith, J. M., & Insana, M. (2011, June). *Marijuana users' social networks, marijuana use, and problems.* College on Problems of Drug Dependence, Hollywood, FL.

Collins, R. L., Vincent, P. C., Wilson, S. D., & Smith, J. M. (2010, June). *Cross-sectional versus episode specific motives for alcohol use among regular malt liquor drinkers.* Research Society on Alcoholism, San Antonio, TX.

Homish, G. G., Smith, P., Leonard, K. E., Cornelius, J. R., & **Collins, R. L**. (2010, June). *Alcohol use and smoking in the military: Findings from NESARC.* Research Society on Alcoholism, San Antonio, TX.

Lau-Barraco, C., & **Collins, R. L.** (2010, June). *Gender differences in the use of drinking control strategies in a community-based sample of heavy drinkers.* Research Society on Alcoholism, San Antonio, TX.

Vincent, P. C., **Collins, R. L.**, Smith, J. M., & Wilson, S. D. (2010, June). *Social networks and substance use among regular malt liquor and marijuana users.* Research Society on Alcoholism, San Antonio, TX.

Parks, K. A., **Collins, R. L**., Taggart, C., & Levoyan-Radloff, K. (2009, June). *Assessing women's experiences with sexual aggression using interactive voice technology: Lessons learned from two studies.* International Conference on Violence in Public Places and Institutions, University of Central Lancashire, Preston, United Kingdom.

Gonzalez, V. M., **Collins, R. L**. & Bradizza, C. M. (2009, June). *Effect of negative mood regulation expectancies on drinking to cope and suicidal ideation.* Research Society on Alcoholism, San Diego, CA.

Parks, K. A., Levonyan-Radloff, K., **Collins, R. L.,** & Taggart, C.A. (2009, June). *A qualitative analysis of risky sexual events reported by a sample of young women bar drinkers.* Research Society on Alcoholism, San Diego, CA.

Lau-Barraco, C., **Collins, R. L**., & Eiden, R. L. (2008, November). *Social anxiety and drinking behavior: The mediational role of alcohol expectancies, drinking motives, and negative affect.* Association for Behavioral and Cognitive Therapies, Orlando, FL.

Gonzalez, V. M., Bradizza, C. M., & Collins, R. L. (2008, June). *Solitary binge drinking among college drinkers with a history of suicidal ideation.* Research Society on Alcoholism, Washington, DC.

Parks, K. A., **Collins, R. L.,** Levonyan-Radloff, K., & Hsieh, Y-P (2008, June). *Preliminary evaluation of a multivariate model of risky sexual behavior among young women bar drinkers.* Research Society on Alcoholism, Washington, DC.

Lau-Barraco, C., Skewes, M.C., **Collins, R. L.** & Stasiewicz, P. R. (2007, November). *Gender differences in high-risk situations for drinking: Are they mediated by depressive symptoms?* Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Collins, R. L., Carlin-Menter, S., Vetter, C. J., Wilson, S. D., Smith, J. M., Smith, T. B., & Dermen, K. H. (July, 2007). *Situational mood and alcohol intake: An experimental test of young adult drinking.* Research Society on Alcoholism, Chicago, IL.

Gonzalez, V. M., Bradizza, C. M., & **Collins, R. L.** (2007, July). *Relationship of hopelessness and depression to alcohol use in college students.* Research Society on Alcoholism, Chicago, IL.

Gonzalez, V. M., Bradizza, C. M., & **Collins, R. L.** (2007, July). *Suicidal ideation and alcohol use in college students: Applying a motivational model.* Research Society on Alcoholism, Chicago, IL.

Hequembourg, A., Vetter, C., & **Collins, R. L.** (2007, July). *Alcohol and illicit drug use among heterosexual and lesbian/bisexual women.* Research Society on Alcoholism, Chicago, IL.

Parks, K. A., Hsieh, Y-P, **Collins, R. L.**, & Levonyan-Radloff, K. (2007, July). *The temporal relationship between heavy drinking and risky sexual behavior among young women.* Research Society on Alcoholism, Chicago, IL.

Barrick, C., **Collins, R. L.**, & Smyth, N. (2007, June). *Computer based knowledge exchange and skills training for addictions therapists.* College on Problems of Drug Dependence, Quebec City, Quebec, Canada.

Parks, K. A., King, P. L., Hsieh, Y-P., & **Collins, R. L.** (2006, November). *Predictors of risky sexual behavior with new and regular partners in a sample of women bar drinkers.* Association for Behavioral and Cognitive Therapies, Chicago, IL.

Gonzalez, V. M., **Collins, R. L.**, Muraven, M., & Kramer, N. K. (2005, November). *Drinking restraint, drinking problems and eating disorder symptoms in women with bulimic behavior.* Association for Behavioral and Cognitive Therapies (formerly AABT), Washington, DC.

Bradizza, C. M., **Collins, R. L.**, Vincent, P. C., Kubiak, A. J., & Falco, D. L. (2005, June). *Marijuana expectancies and use among regular malt liquor drinkers.* Research Society on Alcoholism, Santa Barbara, CA.

Collins, R. L., Bradizza, C. M., Vincent, P. C., Kubiak, A. J., & Falco, D. L. (2005, June). *Development of the Malt Liquor Expectancy Questionnaire.* Research Society on Alcoholism, Santa Barbara, CA.

Kashdan, T. B., **Collins, R. L.,** & Elhai, J. D. (2004, November). *Social interaction anxiety and positive outcome expectancies on risk-taking behaviors.* Association for Advancement of Behavior Therapy. New Orleans, LA.

Bradizza, C. M., **Collins, R. L.,** Kubiak, A. J., & Falco, D. L. (2004, July-August). *Polysubstance use among malt liquor drinkers.* American Psychological Association, Honolulu, HI.

Collins, R. L., Bradizza, C. M., Kubiak, A. J., & Falco, D. L. (2004, July-August). *Malt liquor drinkers: Prediction of psychological and physical aggression.* American Psychological Association, Honolulu, HI.

Quigley, B., Leonard, K. E., & **Collins, R. L.** (2004, July-August). *Threatened egotism and physical aggression in bars.* American Psychological Association, Honolulu, HI

Buddie, A. M., & **Collins, R. L.** (2004, June). *The role of alcohol in men's experiences of consenting to unwanted sex.* Research Society on Alcoholism, Vancouver, BC.

Collins, R. L., Bradizza, C. M., & Kubiak, A. J. (2004, June). *The who what and why of malt liquor consumption.* Research Society on Alcoholism, Vancouver, BC.

Homish, G. G., Leonard, K. E., Quigley, B. M., & **Collins, R. L.** (2004, June). *Context-related drinking assessment in a community sample.* Research Society on Alcoholism, Vancouver, BC.

Falco, D. L., **Collins, R. L.**, Bradizza, C. M., & Vincent, P. C. (2004, March). *Malt liquor and marijuana: Frequencies of use in college and noncollege populations.* Academy of Criminal Justice Sciences, Las Vegas, NV.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2004, January). *"Beer muscles": Self-presentation and intoxication in bar violence.* Society for Personality and Social Psychology, Austin, TX.

Kashdan, T. B., **Collins, R. L.,** & Muraven, M. (2003, November). *An ecological momentary assessment of the emotional topography of social anxiety.* Association for Advancement of Behavior Therapy, Boston, MA.

Muraven, M., **Collins, R. L.**, Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2003, September). *The reciprocal relationship between drinking and guilt. Studying processes over time using ecological momentary assessment.* The Science of Real-time Data Capture: Self-report in Heath Research Conference, Charleston, SC.

Collins, R. L., Kashdan, T. B., Koutsky, J. R., Morsheimer, E. T., Vetter, C. J., & Wilson, S. D. (2003, August). *A self-administered timeline follow-back measure of underage drinking.* American Psychological Association, Toronto, Ontario, Canada.

Collins, R. L., Bradizza, C. M., Falco, D. L., Giles, E. M., & Vincent, P. C. (2003, June). *It does the job: Reasons, reactions, and beliefs about malt liquor.* Research Society on Alcoholism, Fort Lauderdale, FL.

Buddie, A. M., Parks, K. A., & **Collins, R. L.** (2003, June). *Risky sexual behavior among a sample of young women who drink in bars.* Research Society on Alcoholism, Fort Lauderdale, FL.

Kashdan, T. B., Vetter, C. J., & **Collins, R. L.** (2002, November). *The use of licit and illicit drugs: Risk and resilience associated with personality and gender in underage social drinkers.* Association for Advancement of Behavior Therapy, Reno, NV.

Leonard, K. E., Quigley, B. M., & **Collins, R. L.,** (2002, June). *Contextual, personality, and drinking factors in barroom violence.* Research Society on Alcoholism, San Francisco, CA.

Muraven, M., **Collins, R. L.,** Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2002, June). *The morning after: Ecological momentary assessment of the limit violation effect.* Research Society on Alcoholism, San Francisco, CA.

Kashdan, T., **Collins, R. L.,** & Gollnisch, G. (2001, November). *Using cellular phones to self-monitor drinking: A feasibility pilot study.* Association for Advancement of Behavior Therapy, Philadelphia, PA.

Kashdan, T., **Collins, R. L.,** & Gollnisch, G. (2001, November). *The role of drinking restraint in drinking behavior and its affective consequences.* Association for Advancement of Behavior Therapy, Philadelphia, PA.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2001, August). *Social and environmental characteristics of violent bars.* American Psychological Association, San Francisco, CA.

Collins, R. L., Kashdan, T. B., Fals-Stewart, W., & Morsheimer, E.T. (2001, July). *The role of cognitive factors in binge drinking and drinking-related affect.* World Congress of Behavioral and Cognitive Therapies, Vancouver, BC, Canada.

Kashdan, T. B., **Collins, R. L.,** Fals-Stewart, W., & Morsheimer, E.T. (2001, July). *Positive and negative mood trends during the course of a behavioral drinking moderation program: An analysis of Ecological Momentary Assessment data.* World Congress of Behavioral and Cognitive Therapies, Vancouver, BC, Canada.

Collins, R. L., Quigley, B. M., & Leonard, K. E. (2001, June). *Bar violence experience, drinking, and personality.* Research Society on Alcoholism, Montreal, Quebec, Canada.

Quigley, B. M., **Collins, R. L.,** & Leonard, K. E. (2001, June). *Physical aggression at bars: An analysis of causes.* Research Society on Alcoholism, Montreal, Quebec, Canada.

MacLean, M. G., **Collins, R. L.,** & Morsheimer, E. T. (2001, April). *Predicting drinking-related problems in early adulthood using three different theories of drinking.* Society for Research in Child Development, Minneapolis, MN.

Collins, R. L., & Morsheimer, E. T. (2000, August). Electronic diaries for drinking assessment. In **R. L. Collins** (Chair), *The use of technology in addictions research and treatment.* American Psychological Association, Washington, D.C.

Collins, R. L., Quigley, B., & Leonard, K. E. (2000, June). *Violent locations: The role of alcohol use and gender.* Alcohol Policy XII Conference on Alcohol and Crime: Research and Practice for Prevention. Washington, D.C.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2000, February). *Effects of the Columbine shootings on attitudes toward violence.* Society for Personality and Social Psychology, Nashville, TN.

Collins, R. L., Koutsky, J. R., Morsheimer, E. T., & Izzo, C. V. (1999, November). *Restraint, locus of control, and alcohol-related outcomes.* Association for Advancement of Behavior Therapy, Toronto, Ontario, Canada.

MacLean, M. G., **Collins, R. L.,** Morsheimer, E. T., & Koutsky, J. R. (1999, November). *Depression, drinking to cope, and alcohol-related problems in young adults.* Association for Advancement of Behavior Therapy, Toronto, Ontario, Canada.

Collins, R. L., Morsheimer, E. T., MacLean, M. G., & Koutsky, J. R. (1999, June). *Drinking restraint and alcohol problems among underage drinkers.* Research Society on Alcoholism, Santa Barbara, CA.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (1999, June). *Prevalence of bar violence among those 18 to 30 years of age.* Research Society on Alcoholism, Santa Barbara, CA.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (1998, June). *Adolescents' social identities and cognitive competence: Predictors of alcohol use.* Research Society on Alcoholism, Hilton Head, SC.

Connors, G. J., **Collins, R. L.,** Dermen, K. H., & Koutsky, J. R. (1995, November). *Assessing substance use restraint among drug users.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1994, June). *Validity of the Temptation and Restraint Inventory (TRI).* Research Society on Alcoholism, Maui, HI.

Collins, R. L., Lapp, W. M., Shiffman, S., Paty, J., Gnys, M., & Morsheimer, E. T. (1994, June). *Drinking restraint and limit violation among social drinkers.* Research Society on Alcoholism, Maui, HI.

Lapp, W. M., & **Collins, R. L.** (1994, June). *The emergence and perception of drinking problems among restrained drinkers.* Research Society on Alcoholism, Maui, HI.

Collins, R. L., Gollnisch, G., Morsheimer, E. T., & Lapp, W. M. (1994, May). *Neuroticism's influence on drinking and its consequences.* Psychosocial and Behavioral Factors in Women's Health: Creating an Agenda for the 21st Century, Washington, DC.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1993, August). *Information seeking in the regulation of alcohol intake.* American Psychological Association, Toronto, Ontario, Canada.

Gollnisch, G., Morsheimer, E. T., & **Collins, R. L.** (1993, August). *Neuroticism's role in burnout and job satisfaction: A path analysis.* American Psychological Association, Toronto, Ontario, Canada.

Lapp, W. M., & **Collins, R. L.** (1993, August). *Healthy and neurotic selves in relation to action orientation.* American Psychological Association, Toronto, Ontario, Canada.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1992, November). *Monitoring limits alcohol consumption among restrained drinkers.* Association for Advancement of Behavior Therapy, Boston, MA.

Gollnisch, G., **Collins, R. L.,** Lapp, W. M., & Morsheimer, E. (1992, November). *Abstainers versus nonabstainers of substance use: Differences in women from a general population sample.* Association for Advancement of Behavior Therapy, Boston, MA.

Lapp, W. M., **Collins, R. L.,** Zywiak, W. H. (1992, November). *Private self-consciousness and reactance in the cognitive control of drinking.* Association for Advancement of Behavior Therapy, Boston, MA.

Collins, R. L., Gollnisch, G., Lapp, W. M., & Morsheimer, E. (1992, July). *Female nurses' smoking status as related to stress and use of licit substances.* Second International Congress of Behavioral Medicine, Hamburg, Germany.

Collins, R. L., Gollnisch, G., Lapp, W. M., & Morsheimer, E. (1991, November). *Health status and substance use indicators of neuroticism, stress, and coping.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L., & Lapp, W. M. (1991, November). *Self-punitiveness and drinking restraint predict negative affect.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L., Morsheimer, E., Lapp, W. M., & Gollnisch, G. (1991, November). *Nurses job satisfaction: Personality, work-family conflict, and stress.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1991, August). *Affective and behavioral aspects of the limit violation effect.* American Psychological Association, San Francisco, CA.

Collins, R. L., Gollnisch, G., Lapp, W. M., & Morsheimer, E. (1991, June). *Nurses' substance abuse: A test of social a learning model.* American Medical Association, International Conference on Physician Health. Toronto, Ontario, Canada.

Lapp, W. M., **Collins, R. L.,** & Izzo, C. V. (1990, November). *An interaction of the psychological and pharmacological effects of alcohol on speed of retrieval from episodic memory.* Association for Advancement of Behavior Therapy, San Francisco, CA.

Zywiak, W. H., **Collins, R. L.,** & Emont, S. L. (1990, November). *Understanding relapse: Problems during quitting as predictors of smoking status over time.* Association for Advancement of Behavior Therapy, San Francisco, CA.

Collins, R. L., Zywiak, W. H. & Emont, S.L. (1990, April). *Postquitting predictors of smoking cessation: A 1-year follow-up.* Society of Behavioral Medicine, Chicago, IL.

Collins, R. L., Zywiak, W. H. & Emont, S.L. (1990, April). *Motivation to stop smoking and partner influences on short-term smoking cessation.* Society of Behavioral Medicine, Chicago, IL.

Collins, R. L., George, W. H., & Lapp, W. M. (1989, November). *Alcohol expectancies and negative consequences of drinking in young women.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., & Lapp, W. M. (1989, November). *Restraint and attributions: Evidence of the Abstinence Violation Effect in drinking behavior.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., Lapp, W. M., & Emont, S. L. (1989, November). *Work-related predictors of negative affect in nurses.* Association for Advancement of Behavior Therapy, Washington, DC.

Lapp, W. M., & **Collins, R. L.** (1989, November). *Optimism and coping strategies in the prediction of depression.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., Emont, S. L., & Zywiak, W. H. (1988, November). *The role of social support in smoking cessation.* Association for Advancement of Behavior Therapy, New York, NY.

Mackay, P. W., **Collins, R. L.,** & Donovan, D. M. (1988, November). *Coping styles: A predictor of excessive anger and alcohol use.* Association for Advancement of Behavior Therapy, New York, NY.

Mackay, P. W., Donovan, D. M., & **Collins, R. L.** (1988, September). *Coping styles: Differential prediction of alcohol and anger severity.* World Congress on Behavior Therapy, Edinburgh, Scotland.

Collins, R. L., Lapp, W. M., Emmons, K. M., & Isaac, L. M. (1988, August). *Endorsement versus strength of alcohol expectancies.* American Psychological Association, Atlanta, GA.

Collins, R. L., Emont, S. L., Emmons, K. M., & Breedlove, L. (1988, April). *Partner support and smoking cessation.* Eastern Psychological Association, Buffalo, NY.

Emmons, K. M., Emont, S. L., **Collins, R. L.,** Weidner, G., & Foster, W. M. (1988, April). *Relapse prevention vs. broad spectrum approach to smoking cessation.* Society of Behavioral Medicine, Boston, MA.

Emmons, K. M., Weidner, G., & **Collins, R. L.** (1988, April). *Smoking cessation and cardiovascular reactivity to stress.* Society of Behavioral Medicine, Boston, MA.

Collins, R. L., & George, W. H. (1987, November). *Drinking restraint and expectancies as predictors of alcohol consumption.* Association for Advancement of Behavior Therapy, Boston, MA.

Mackay, P. W., & **Collins, R. L.** (1987, November). *Alcohol effects on reaction to acquaintance sexual assault.* Association for Advancement of Behavior Therapy, Boston, MA.

Emmons, K. M., Foster, W. M., **Collins, R. L.,** & Weidner, G. (1987, March). *Improvement in lung function following smoking cessation: Can it be utilized clinically?* Society of Behavioral Medicine, Washington, DC.

Emmons, K. M., Weidner, G., Foster, W. M., & **Collins, R. L.** (l986, November). *The effect of smoking cessation on cardiovascular reactivity to stress.* Association for Advancement of Behavior Therapy, Chicago, IL.

McNair, L. D., & **Collins, R. L.** (l986, November). *Stress and alcohol use in college women.* Association for Advancement of Behavior Therapy, Chicago, IL.

Binkoff, J. A., Abrams, D. B., **Collins, R. L.,** Monti, P., Nirenberg, T., Liepman, M. R., & Zwick, W. (1984, August). *Cue exposure and drink refusal skills in alcoholics.* American Psychological Association, Toronto, Ontario, Canada.

Collins, R. L., Wilson, G. T., & Rothblum, E. D. (l980, November). *The comparative efficacy of cognitive and behavioral approaches in weight reduction.* Association for Advancement of Behavior Therapy, New York, NY.

Rothblum, E. D., Green, L., & **Collins, R. L.** (l979, April). *A comparison of self-control and therapist control in the treatment of depression.* Eastern Psychological Association, Philadelphia, PA.

Teaching and Mentoring Experiences

University at Buffalo, School of Public Health and Health Professions
Department of Community Health and Health Behavior – Professor (2008 to present)

Mentor to NIH Career Development (K series - K01, K21) Awardees (reverse chronology)

2013 – 2018, Erin Bonar, PhD (University of Michigan, member of mentoring team)

2010 – 2015, Cathy Lau-Barraco PhD (Old Dominion University, member of mentoring team)

Doctoral Students

2013 – present, Sandy Wilson (academic and research advisor)

2011 – 2015, Tinuke Oluyomi Daniels (academic advisor; PhD conferred 2015)

Committee Member, Comprehensive Exam and Doctoral Dissertation

2012 – 2014, Erin Walsh-Ellis (PhD conferred 2014)

2011 – 2014, Jeff Haibach (PhD conferred 2014)

2010 – 2013, Phillip Smith (PhD conferred 2013)

University at Buffalo, Research Institute on Addictions
Senior Research Scientist (1986 – 2008), Affiliated Research Scientist (2008 – present)

Co-Director, RIA's NIAAA-funded Postdoctoral Training Program on *Alcohol Etiology and Treatment*, (2000-present)

Mentor to NIH Career Development (K series - K01, K21) Awardees (reverse chronology)

2006 – 2012, Amy Hequembourg (Co-mentor with Drs. Kathleen Parks and Michael Frone)

1997 – 2003, Kathleen Parks, PhD (Co-mentor with Brenda Miller, PhD)

1996 – 2002, Clara Bradizza, PhD (Co-mentor with Gerard Connors, PhD)

1995 – 2001, Gernot Gollnisch, PhD

1994 – 2000, Maria Testa, PhD

Mentor to Postdoctoral trainees (reverse chronology)

2014 – pres., Mark Prince, PhD (Co-mentor with Gerard Connors, PhD)

2010 – 2013, Ashley Levitt, PhD (Co-Mentor with Kenneth Leonard, PhD)

2006 – 2009, Cathy Lau-Barraco, PhD (Co-mentor with Jennifer Read, PhD)

2004 – 2007, Vivian Gonzalez, PhD (Co-mentor with Clara Bradizza, PhD)

2003 – 2006, Amy Hequembourg, PhD (Co-mentor with Kathleen Parks, PhD)

2001 – 2003, Amy Buddie, PhD (Co-mentor with Maria Testa, PhD)

1998 – 2000, Mark Muraven, PhD

Mentor to Project Directors (alphabetical order)

Shannon Carlin-Menter, PhD

Seth Emont, PhD

Diane L. Falco, M. A.

Gernot Gollnisch, PhD

Audrey Kubiak, M.A.

William Lapp, PhD

Elizabeth Morsheimer, M. S.

Brian Quigley, PhD (Co-mentor with Kenneth Leonard, PhD)

Charlene J. Vetter, M. S.

Paula C. Vincent, PhD

Graduate seminar: Cognitive/Behavioral Theories of Alcohol Use and Alcoholism (team taught with Drs. Gerard Connors, Kenneth Leonard, and John Welte).

Guest lectures at University at Buffalo, State University of New York: Department of Psychology and Department of Social and Preventive Medicine. Topics include: Women's Issues in Alcohol Abuse, Behavior Modification in Clinical Practice, Prevention of Addictive Behaviors in Adolescents, Cognitive Factors in Alcohol Use/Abuse, Alcohol Expectancies.

University of Washington, Department of Psychology - Visiting Lecturer (Fall 1991)

Graduate seminar: Women, the Family, and Alcohol Abuse

Practicum Training: Clinical Supervision

State University of New York at Stony Brook, Department of Psychology
Assistant Professor (1981 - 1986) - Adjunct Assistant Professor (1986-1987)

Undergraduate course: Abnormal Psychology (large, lecture format)

Graduate seminars: Addictive Behaviors
Principles of Clinical Psychology (co-taught with Edward Carr, PhD).

Practicum Training: Clinical Supervision (graduate students and psychology interns)

Doctoral Students/Dissertations - Research and Academic Supervision (chronological order)

1985, Jody A Binkoff; *Exposure and Reactivity to Alcohol Cues: Impact on Drink Refusal Skills of Problem Drinkers.*

1985, Karin Theurer; *Assessment of a Cognitive-Behavioral Alcohol Education Curriculum for the Prevention of Problem Drinking in Adolescents.*

1986, Patricia Baar; *Observed and Self-Reported Conflict Communication of Relationship Distressed and Nondistressed Lesbian Couples.*

1987, Sheryl J. Chomak; *Sex-Role Image Associated with Alcohol Use for Adolescent Females.*

1987, Karen M. Emmons; *Smoking Cessation and Change in Physiological Functioning.*

1987, Lisa M. Isaac; *The Effects of Strength of Beliefs, Alcohol Content, and Alcohol Instruction on Behavioral and Subjective Responses to Erotic Stimuli.*

1987, Lily D. McNair; *Alcohol Use and Stress in College Women.*

1988, Priscilla Wright Mackay; *Alcohol and Anger: Coping with Conflict.*

Research Supervision: Masters Theses

1983, Sheryl Chomak; *Relationships Between Sex Role Behaviors and Alcoholic Beverage Consumption in Males and Females.*

1984, Ernest Jouriles; *Variables Affecting the Justification and Tolerance of Relationship Violence.*

1984, Priscilla Wright; *Alcohol Effects on Victim Reaction to Acquaintance Sexual Assault.*

1985, Karen Emmons; *Spectral Analysis as an Assessment Technique for Identifying Smoker Subtypes.*

Rutgers University, Cook College
Department of Human Ecology and Social Sciences, Adjunct Instructor (1977 - 1978)

Introduction to Psychology

Rutgers University, Rutgers College
Department of Psychology, Teaching Assistant (1975 - 1977).

Introduction to Social Psychology
Advanced Social Psychology

R. Lorraine Collins, Ph.D. Dr. Collins is the Associate Dean for Research and Professor of Health Behavior in the School of Public Health and Health Professions at the University at Buffalo. She has served on several NIH review committees and on the NIH Advisory Councils of the National Institute on Drug Abuse and the Center for Scientific Review. Dr. Collins has mentored numerous graduate students, post-doctoral fellows, K-awardees, and junior faculty. From 1986 through 2008, she was a Senior Research Scientist at the Research Institute on Addictions (RIA) where she now is an Affiliated Research Scientist and continues to serve as the co-director of RIA's NIAAA-funded postdoctoral training program. Dr. Collins conducts research on cognitive and psychosocial factors in substance use among emerging and young adults. She has a well-established publication record in substance-use (mainly alcohol and marijuana) research and a 23-year history of NIH-funded research as a Principal Investigator (PI) or Co-Investigator. Her current research focuses on understanding young adults' marijuana use as well as the use of technology (e.g., a smartphone app) in interventions to help them to reduce their marijuana use.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Edward J. Cosgrove MD. | 3. Title: Class B member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of NotreDame	Notre Dame, Indiana 46556	1986	1990	BA English	5/1990
SUNY Buffalo School of Medicine	155 Biomedical Education Building University of Buffalo Buffalo, NY 14214-3013	1990	1994	M.D.	5/1994
SUNY Buffalo School of Law	John Lord O'Brian Hall University of Buffalo, North campus Buffalo, NY 14260-1100	1997	2000	J.D.	5/2000

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
M.D.	202079	NYS Dept of Education Office of Professions	1995	8/31/2017
Attorney	3927340	"	2000	9/30/2015

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

(OVC)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/19/2015
Notary Name: Nanci L. Pipo	Notary Registration Number: 01PI6052035
Notary (Notary Must Affix Stamp or Seal)	Date: 5/19/15

NANCI L. PIPO
NOTARY PUBLIC - STATE OF NY
QUALIFIED IN ERIE CO.
MY COMMISSION EXPIRES 12-11-18

CURRICULUM VITAE

Of

Edward J. Cosgrove M.D., J.D.

FAMILY

EDUCATION

SUNY Buffalo School of Law, Juris Doctor, 2000, Cum Laude

SUNY Buffalo School of Medicine and Biomedical Sciences, MD, 1994

University of Notre Dame, Bachelor of Arts/English and Preprofessional Studies, 1990

PROFFESSIONAL TRAINING AND CERTIFICATION

Diplomate of American Board of Internal Medicine, 1997, recertification 2007

Medical Review Officer Certification, 2005

Texas Medical License, 2010 (active)

Pennsylvania Medical License, 2008 (active)

New York Medical License, 1995 (active)

Residency in Internal Medicine, SUNY Buffalo Program A, 1994-1997, offered position of Chief Resident (declined)

Advanced Cardiac Life Support, current

Pediatric Advanced Life Support, current

Advanced Trauma Life Support, current

Admitted to the Practice of Law in New York, 2000

EMPLOYMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Professional and Personal References Available on Request

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: COSGROVE, EDWARD, JOSEPH
Address [redacted]

OCA:
Date Fingerprinted: 201[redacted]

Fingerprint Center: L071
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 071002

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: COSGROVE, EDWARD, JOSEPH
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L071
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 071002

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Karen L. Costa, CPA

3. Title: Director of Internal Audit

4. Briefly describe the role of this person or entity in the proposed registered organization:

To ensure that the company properly reports their financial information in accordance with Generally Accepted Accounting Principles (GAAP) and on an income tax basis in accordance with the U.S. Internal Revenue Code. Develop appropriate controls to monitor the finances of the company and operations in order ensure the proper reporting and regulatory compliance of the production and inventory control of the medical marijuana from seed to sale process. Coordinate internal audit processes and procedures related to dispensary revenue, excise tax reporting, payroll, accounts payable, fixed assets, inventory, ATM, treasury and cash management.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Canisius College	2001 Main Street Buffalo, NY 14208	9/1990	5/1994	BS Accounting	5/1994

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Certified Public Accountant	084258	The State of NY Education Dept 89 Washington Ave. Albany, NY 12234		2/28/18
		Office of Professions (518) 474-3817 op4info@nysed.gov		

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Karen L Castle	Date: 5/20/15
Notary Name: Tanithe R Birkman	Notary Registration Number: 01BI6145057
Notary (Notary Must Affix Stamp or Seal)	Date: 5/20/2015

TANITHE R. BIRKMAN
No. 01BI6145057
Notary Public, State of New York
Qualified in Erie County
My Commission Expires May 1, 20 18

Tanithe R Birkman

KAREN L. COSTA, CPA

[redacted]

[redacted]

PROFESSIONAL SUMMARY

Highly organized, detail-oriented, accomplished accounting professional with 20 years of experience and expertise in traditional and non-traditional accounting and management roles including:

- Organizational Leadership
- Strategic Planning
- Financial Risk Management
- Mergers & Acquisitions
- Operational Oversight
- Regulatory Compliance
- Financial Analysis & Reporting
- Human Resource Administration
- Employee Benefits Administration

PROFESSIONAL EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EDUCATION / PROFESSIONAL DEVELOPMENT & AFFILIATIONS

CANISIUS COLLEGE OF BUFFALO

Bachelor of Science Degree in Accounting – Cum Laude – May 1994
Canisius College Leadership Program for Women – Fall 2009
Member of the New York State Society of CPA's
National Energy Marketers Association former CFO Forum Co-Chair, Co-Chair of the FERC and North East Regional Advocacy Team
Beta Gamma Sigma Honor Society

CERTIFICATIONS

Certified Public Accountant – States of New York and North Carolina

ACCOUNTING SOFTWARE APPLICATIONS

SAP	Lawson
Navision	ADP
QuickBooks	Allscripts

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: COSTA, KAREN, LESLIE
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L052
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 052001

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: COSTA, KAREN, LESLIE
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L052
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 052001

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Diane L Cress, OD | 3. Title: member

4. Briefly describe the role of this person or entity in the proposed registered organization:

membership

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax:	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
[redacted]					
Buffalo State University College	1300 Elmwood Buffalo NY 14222	9/70	6/74	B.S.	6/74
Erie Comm. College	6205 Main Street, Williamsville NY 14221	9/78	6/80	AAS	6/80
SUNY - College of Optometry	33 W 42nd St New York, NY 10036	9/89	6/93	Doctor of Optometry	6/93

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
OPTOMETRIST	TUV005433-1	NYS Education Dept Dep't of Professions www.op.nysed.gov	8/93	10/31/16

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☒ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As a [redacted] optometrist I have committed to the best interests of my patients since 1995. Since 1999 I have been involved in a small medical mission, Jesse's Children, which delivers eye, dental, and health care to the poor of the Dominican Republic. I received the NYS optometric society public service award 2015 For this humanitarian volunteer work. As a member of Alternative Medicine Associates, LLC, I am past president and current board member of WNY Society of Optometri I would not be directly involved in operation

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: OD	Date: 05-14-15
Notary Name: Kim S. BARTO	Notary Registration Number: 01BA6166487
Notary (Notary Must Affix Stamp or Seal)	Date: 05/14/2015

S. BARTO
Kim ~~Sanderson~~
Notary Public, State of New York
Registration # 01BA6166487
Qualified in Niagara County
My Commission Expires May 21, 20 19

Kim S. Barto

Dr. Diane L. Cress
Optometrist
[redacted]

Professional Summary

Highly skilled career professional with over twenty years practical experience in office, health managed organizations, and federal government care environments.

Established in all fields of ocular health and ophthalmics including eye health assessment, counseling, education through public lectures and participation in wellness events.

Managed personnel and finances for my own business as well as performing optometric duties. Purchased all necessary equipment, instrumentation, dispensary necessities and business decisions for a staff of six.

Education

1989 to 1993 State University of New York – College of Optometry, New York, NY, Doctor of Optometry, OD degree.
1978 to 1980 Erie Community College, Williamsville NY, AAS,Ophthalmic Dispensing
1970 to 1974 State University of New York, College at Buffalo, Buffalo NY, BS, Human Development – Social Work

Credentials

License, State of New York, Therapeutics 1995
License, State of New York, Doctor of Optometry 1993
License, State of New York, Ophthalmic Dispensing and Contact Lens

Experience

[redacted]

[redacted]

Volunteer and Professional Affiliations

1999 to present	Jesse's Children – a volunteer organization serving the poor of the Dominican Republic through medical missions, micro lending programs, and nutritional assistance for children. Currently serving as President of the board.
1993 to present	WNYSO, the Optometric Society in the Buffalo area, presently on the board, served as president 2002-2004.
2004 to 2006	Bethel Head Start vision screening coordinator
1984-1986	Church World Service Crop Walk coordinator

Awards and Honors

2015	NYS Optometric Associations award for Public Service
1993	Sunsoft Corporation Contact Lens Achievement Award
1993	Silor Excellence in Ophthalmic Dispensing Award
1974	Who's Who in American Colleges and Universities
1970	Regent's Scholarship

Diane Marie Lakomy Cress

[redacted]

The first ten years of my career was spent as an optician, mostly fitting glasses and contact lenses at [redacted], with [redacted] who remains a friend today so many years later.

In 1987 my [redacted] discussed a return to optometry school. This was not an easy task since at the time I had a [redacted] with [redacted] SUNY-College of Optometry was located in New York City so commuting was an arduous chore. During the four years I attended optometry school I visited [redacted] and my [redacted] about twice a month. The conductors on the [redacted]

Almost immediately after graduating [redacted] What I found was that the amount of time spent in that practice rivaled the time spent away and by this time my [redacted] had [redacted] to [redacted]

In 1999 I became involved with a local medical group which donated time in the Dominican Republic. I quickly established a winter clinic in Bani, Dominican Republic, and have worked in that area for many years. In 2006 one of our members became quite ill. We realized that time is passing and we needed to work even harder to establish more permanent programs in the DR. We began micro lending, based on the principles of Mohammed Yunnas in his book Banker to the Poor. In addition we contribute to a nutrition program established for children aged 18 months through 4 years. We have worked diligently to complete our tasks in the Dominican Republic.

Throughout the time I have been an optometrist I have also been a member of the American Optometric Association, and its affiliates, the New York State Optometric Association and the Western New York Society of Optometrists. 2002 I became the first (and only) woman to be elected president of the WNYSO. I am still an active member of the professional organizations, receiving the New York State Optometric Association's 2015 Distinguished Achievement Award.

[redacted]

[redacted]

L-1 Enrollment Ser

New York State
EasyPath Netwo

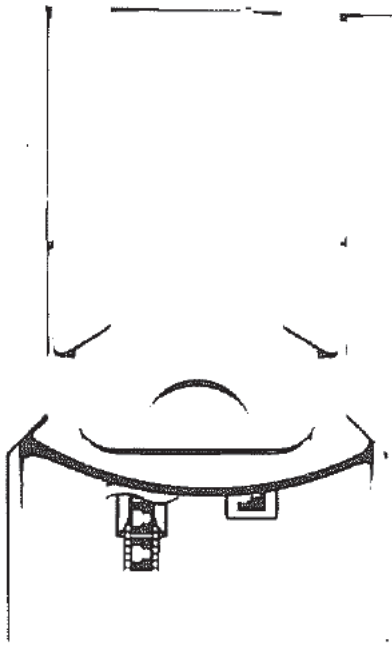
Applicant: CRESS, DIANE, LAKOMY
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Gregory Frank Daniel, MD, MBA

3. Title: CEO

4. Briefly describe the role of this person or entity in the proposed registered organization:

To manage the overall direction of the Organization and ensure compliance with all government regulations.
To direct the scientific and clinical purpose of the Organization

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ **Yes** ☐ **No**

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ **Yes** ☑ **No**

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Wisconsin-Madison	Madison, Wisconsin	8/75	5/78	BS/Biochemistry	6/1978
University of Wisconsin-Madison	Madison, Wisconsin	6/78	5/82	MD	6/1982
University of California-Irvine	Irvine, California	6/98	6/00	MBA	12/2000

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
MD	159276	New York Department of Health State Education Building, 2nd Floor, Albany, NY 12234	07/23/1984	05/31/2016
MD	200400481	North Carolina Medical Board 1203 Front Street, Raleigh, NC 27609-7533	05/20/2004	06/11/2015
MD	G88122	Medical Board of California 2005 Evergreen St., Suite 1200 Sacramento, CA 95815	08/24/2007	6/30/2015
MD	ME0079066	Florida Medical Association 1430 Piedmont Dr. E Tallahassee, FL 32308	09/23/1999	01/31/2017
DEA	[redacted]	Drug Enforcement Administration Office of Diversion Control/ ODR PO Box 2639, Springfield VA 22152	05/04/2012	06/30/2018

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

(3)

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

(A)

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date:
Notary Name: CARL F. SMUKALL	Notary Registration Number: 4981241
Notary (Notary Must Affix Stamp or Seal) CARL F. SMUKALL Notary Public, State of New York No. 4981241 Qualified in Genesee County Commission Expires May 6, 2017 Carl F. Smukall	Date: 5/28/15

Gregory F. Daniel, MD, MBA
Curriculum Vitae

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Born in the [redacted] of [redacted] and [redacted] Dr. Daniel earned his bachelor's degree in biochemistry and doctorate of medicine from the University of Wisconsin – Madison. Board Certified in Emergency Medicine, he is licensed to practice medicine in five states. Dr. Daniel earned his MBA from the University of California, Irvine, and was named "Best Leader" for his class.

Dr. Daniel has been actively involved in numerous professional organizations where he has taken leadership roles. For example, he was a [redacted] (now known as [redacted]) for 10 years, where he served on the negotiation and compensation and utilization committees. In addition to serving patients and his profession, Dr. Daniel served his country as a **flight surgeon in the U.S. Air Force Reserves retiring at the rank of Major.**

Dr. Daniel is also [redacted] of [redacted]. Dr. Daniel was honored to be the Keynote Speaker at the 2015 Georgia Minority Business Awards.

Greg Daniel has established a business model that provides a vision of growth for his many multifaceted companies. In addition to more than 32 years of experience as an emergency medicine physician, Dr. Daniel has a keen business sense fostered with both real-life experience and an MBA degree. It is the combination of those skills that built the successful model that continues to propel the growth of his former and current companies nationally.

Dr. Daniel unassumingly enjoys his many philanthropic pursuits. While passionate about assisting those less fortunate, Dr. Daniel shuns public recognition for his benevolent activities. [redacted]

With homes in [redacted], Dr. Daniel's true passion resides with his [redacted] and [redacted] at his [redacted] and [redacted] on [redacted] in [redacted]

EDUCATION

University of California, Irvine **MBA Graduate School of Management**	December 2000
Concentration in Health Care Management **Medical Review Officer Certified**	December 1997
Board Certified in Emergency Medicine/AAPS	1/94
General Surgery Residency State University of NY	7/83 - 6/86
Rotating Internship, Michigan State University	7/82 - 6/83
Doctor of Medicine, University of Wisconsin - Madison	May 1982
BS- Biochemistry, University of Wisconsin - Madison	May 1978

LEADERSHIP EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

CLINICAL EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

PROFESSIONAL ASSOCIATIONS

Member American College of Physician Executives	1989 - Present
Member American College of Managed Care Medicine	1999 - 2008
Chairman Emeritus Association of Emergency Physician	1989 - 2008

AWARDS

Elected Class Leader of Healthcare Executive MBA program graduating class 2000

2010 Buffalo Business First's Healthcare 50 List

2006 The Buffalo Niagara Partnership Business of the Year Award

LICENSURE

New York 159276

North Carolina 200400481

California G88122

Florida ME0079066

DEA [redacted]

MARC PANEPINTO
60TH SENATE DISTRICT

ALBANY OFFICE
ROOM 303
LEGISLATIVE OFFICE BUILDING
ALBANY, NEW YORK 12247
PHONE: (518) 455-2760
FAX: (518) 426-6769

DISTRICT OFFICE
ROOM 213 MAHONEY STATE OFFICE BLDG.
65 COURT STREET
BUFFALO, NEW YORK 14202
PHONE: (716) 854-8705
FAX: (716) 854-3051

THE SENATE
STATE OF NEW YORK
ALBANY

RANKING MINORITY MEMBER
AGRICULTURE
LOCAL GOVERNMENT
COMMITTEES:
CODES
HEALTH
HOUSING
INSURANCE
TRANSPORTATION
VETERANS, HOMELAND SECURITY & MILITARY AFFAIRS

April 28, 2015

Dr. Howard Zucker
Acting Commissioner of Health for New York State
Corning Tower, Empire State Plaza
Albany, New York 12237

Re: Support Letter for Alternative Medicine Associates

Dear Dr. Zucker:

My reason for writing today is to offer my support for Alternative Medicine Associates' (AMA) application for a license to cultivate, process and distribute medical marijuana.

The founder of Alternative Medicine Associates, Dr. Gregory Daniel, MD, MBA, is a respected physician and community leader whose background in both medicine and business uniquely qualifies him to undertake this endeavor. Dr. Daniel has already used his considerable talents to found a successful business.

[redacted]

An exciting feature of the AMA application is that it envisions the utilization of a former food processing plant in a low-income Buffalo neighborhood. The attendant jobs that would be created if this company were to be awarded a license would be a boon to our entire region. As you evaluate the various applications seeking a Medical Marijuana license, I hope you will consider the many positive aspects that make the AMA application an extraordinary option. Please feel free to contact me if you require any additional information.

Sincerely,

Marc Panepinto

Marc C. Panepinto
New York State Senator
60th Senate District

CRYSTAL D. PEOPLES-STOKES
141st Assembly District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Governmental Operations

COMMITTEES
Alcoholism and Drug Abuse
Environmental Conservation
Health
Higher Education
Insurance

April 16, 2015

Dr. Howard Zucker
Acting Commissioner of Health for New York State
Corning Tower
Empire State Plaza
Albany, NY 12237

Re: Medical Marijuana – Support Letter

Dear Dr. Zucker:

I would like to offer this support letter on behalf of Alternative Medicine Associates's (AMA) application for consideration as a licensee to cultivate, process and distribute medical marijuana. Alternative Medicine Associates's (AMA) is an organization developed by Dr. Gregory Daniel for the purpose of advancing medical and research objectives surrounding the use of medical marijuana.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

AMA's proposal reuses a shuttered food processing plant, formerly operated by Tyson foods, in a low-income and underserved Buffalo neighborhood. Plans call for transforming this *facility into a vibrant cultivation, processing and distribution center. The site will include cultivation space, processing machinery, an onsite laboratory and office space for administrative duties. AMA's redevelopment of this facility will bring 75 jobs in specialized fields to a site where 300 workers were previously put out of work at the plant.*

As a fellow community leader, I am happy to have the opportunity to support Dr. Daniel in his latest endeavor. I can confidently attest that he is more than capable of running a successful enterprise with the community's best interest in mind. I know Dr. Daniel to present a unique mix of skill, experience, leadership ability and a keen business sense to projects in which he is involved. He has proven his commitment to this region time and again and I commend his longstanding service and accomplishments.

ALBANY OFFICE:
Legislative Office Bldg Rm 625, Albany, NY 12248 * 518-455-5005 * 518-455-5471 FAX
DISTRICT OFFICE:
792 E. Delavan Avenue, Buffalo, NY 14215 * 716-897-9714 * 716-897-1154 FAX

Dr. Daniel has served the Buffalo community as a dedicated physician and successful entrepreneur for over 30 years. His commitment as a skilled practitioner and entrepreneur has left an enhanced impression on our region. Dr. Daniel is a distinguished trailblazer who has made significant contributions to the health care and business communities.

In closing, I highly recommend Dr. Daniel and Alternative Medicine Associates for a license to provide services within the NY medical cannabis marketplace. If I can be of any assistance, please feel free to contact my Buffalo District Office.

Sincerely,

Honorable Crystal D. Peoples-Stokes
Member, New York State Assembly
141st District

ALBANY OFFICE:
Legislative Office Bldg Rm 625, Albany, NY 12248 * 518-455-5005 * 518-455-5471 FAX
DISTRICT OFFICE:
792 E. Delavan Avenue, Buffalo, NY 14215 * 716-897-9714 * 716-897-1154 FAX

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: DANIEL GREGORY FRANK
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted
CONTROLLED SUBSTANCE

Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: DANIEL GREGORY FRANK
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted
CONTROLLED SUBSTANCE

Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Gregory F Daniel Jr | 3. Title: Third Party Liaison

4. Briefly describe the role of this person or entity in the proposed registered organization:

The liaison will be the point of contact for responsible for managing communication with the medical advisory board, university collaborating initiatives and research initiatives. Required to coordinate joint AMA department and third party proceedings. Maintain a working knowledge of Third Party activities and operational needs. The liaison will develop and maintain professional relationships with internal and external customers to provide comprehensive support to AMA initiatives. Facilitates information, education, and research activities for physicians and pharmacists regarding current and future therapies in development or commercialized by AMA. Works closely with other company personnel to ensure information, education, and research needs of AMA professionals are met and to ensure needs of collaborating organizations are identified and met. The liaison is r

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☑ Yes ☐ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of North Carolina - Chapel Hill	Jackson Hall 153A Country Club Road Chapel Hill, NC 27514	2003	2009	BA - Psychology	May 2009
University at Buffalo - SUNY	408 Capen Hall Buffalo, NY, USA 14260-1608	2013	2015	Masters of Business Administration	May 2015

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Driver License	[redacted]	New York State DMV	02/06/2015	05/19/2019

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
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Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

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City:	State:	Zip Code:
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Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/21/15
Notary Name: ROSEANN GALBRAITH	Notary Registration Number: 01 - GA6107024
Notary (Notary Must Affix Stamp or Seal)	Date:

ROSEANN GALBRAITH
Notary Public - State of New York
No. 01-GA6107024
Qualified in Erie County
My Commission Expires 3/15/2016

5/21/2015

Gregory F. Daniel Jr.
[redacted]

Education

University at Buffalo – Buffalo, NY
Master of Business Administration, May 2015

University of North Carolina – Chapel Hill, NC
BA Psychology, graduated May 2009

Professional Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Qualifications and Skills

Managing 3rd Party Vendor relationships with MedHost, Allscripts, Merge Health Care
Allscripts Practice Management System (Electronic Health Record System)
Allscripts Clinical Module (Electronic Health Record System)
Medhost (Electronic Health Record System)
Medhost Toolkit (Electronic Health Record System)
Omnicell (Medication Distribution System)
Flex-i-suite (Laboratory System)
Microsoft Office
High Level Customer Service
BAT Certification Completion 2010
OSHA Training Completion 2010
HIPAA Training Completion 2010
Change Management
Process Improvement
Strategic Planning

Professional Development

Executive Leadership for Healthcare Professionals, Cornell University, May 2011
National Association of Health Services Executives Conference
Kappa Leadership Program

Community Service & Committees

Big Brother Outreach
Generation U (Youth Outreach Public Television)
Refuge Temple of Christ Broadcast

Gregory Frank Daniel Jr

Bio

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Greg completed his Bachelor's Degree at University of North Carolina- Chapel Hill in 2009 and completed an MBA from University at Buffalo in May 2015.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Nancy Czyrny Ebling, DO

3. Title: Class B Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ◉ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Canisius College	Buffalo NY	1988	1992	BA	June 1992
SUNY Buffalo	Buffalo NY	1992	1994	masters work	
LECOM	Erie PA	1994	1998	DO	May 1998

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
NYS Physician-Medicine	219755	NYS office of the professions	current	09/30/2016
DEA	[redacted]	Drug enforcement agency	current	08/31/2015

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

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Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

NEW YORK STATE | Department of Health

Medical Marijuana Program
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a Registered Organization

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Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ◉ Yes ○ No

From:	Name and Address of Business: see attached list	
To:		
Business Type:	Office Held/Nature of Interest:	○ open ○ closed ○ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/21/15
Notary Name: Lisa Czerniejewski	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5/21/15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 10/2/18

EBLING, NANCY

[redacted]

EDUCATION

Canisius College
B.A. in Psychology
1988-1992

Lake Erie College of Osteopathic Medicine
Doctor of Osteopathic Medicine
National Honor Society **1994-1998**
Graduated top of class

SUNY Buffalo Internal Medicine Residency **1998-2001**
Board Certified in Internal Medicine
Re-certified in Hospitalist Medicine 2014

AWARDS

Arthur Vining Davis Award recipient **1989-1992**
Inducted into National Osteopathic Honor Society **2001**

EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

HOBBIES

[redacted]

CERTIFICATIONS

ACLS
Stroke Certified

LANGUAGES

[redacted]

MEMBERSHIPS

Society of Hospitalist Medicine
Western New York Osteopathic Society
Stuben County Medical Association
American Osteopathic Association

Dr. Nancy Ebling is a national leader of hospital based physicians. She manages hospital based patient care programs from California to the state of New York. She is also an Osteopathic physician trained and versed in holistic medicine. Osteopathic physicians understand and treat the entire patient. Osteopathic physicians, also known as DOs, work in partnership with their patients. They consider the impact that lifestyle and community have on the health of each individual, and they work to break down barriers to good health. Dr. Ebling appreciates the role alternative medicine can play in the health and well being of a patient. Throughout her career, she has been instrumental in the development and integration of many patient care and safety initiatives. She has been an advocate of palliative care in her community and has worked collaboratively to develop end of life programs in the facilities where she practices. She understands bringing alternative medicine to our community will improve her patients lives.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: EBLING, NANCY, CZYRNY
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L071
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 071002

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: EBLING, NANCY, CZYRNY
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L071
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 071002

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Richard Steven Elman	3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Case Western Reserve University	10900 Euclid Ave. Cleveland, OH 44106	09/70	05/74	B.A. in Biology	05/74
SUNY at Buffalo School of Medicine	155 Biomedical Education Building, SUNY UB, Buffalo, NY 14214	08/74	05/78	M.D.	05/78

Appendix A:
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16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
NYS Medical License	141975	State of New York	05/02/80	10/31/15
PA Medical License	MD435551	State of Pennsylvania	09/17/08	12/31/16
NY DEA License	[redacted]	State of New York	05/08/09	08/31/15
PA DEA License	[redacted]	Sate of Pennsylvania	09/22/14	08/31/17

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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Name of Employer:

Appendix A:
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Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ **Yes** ☐ **No**

From:	Name and Address of Business: *See attached sheet for list of businesses owned.	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A - Class B Member only.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Richard S El	Date: 5/21/15
Notary Name: Lisa Czerniejewska	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5/21/15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 10/2/18

CURRICULUM VITAE

RICHARD S. ELMAN, M.D., FACEP

[redacted]

EDUCATION:

Internship in Family Practice
University of Arizona Affiliated Hospitals
Tucson, Arizona
July 1978 to June 1979

Medical School – State University of New York at Buffalo
Buffalo, New York
August 1974 to May 1978
Degree: Doctor of Medicine

College – Case Western Reserve University
Cleveland, Ohio
September 1970 to May 1974
Degree: Bachelor of Arts in Biology
Honor: Magna Cum Laude

CREDENTIALS:

Board Certified in Emergency Medicine
Written Examination – November 1984
Oral Examination – January 1986
Recertified – December 1995, December 2004
Fellow American College of Emergency Physicians
September 1990, 1996, 2004
ATLS – 2011
PALS/ACLS – Exp 8/2016

APPOINTMENTS:

Clinical Assistant Professor
State University of New York at Buffalo
Department Emergency Medicine

LICENSURE:

New York State Medical License #141975
DEA [redacted]

WORK EXPERIENCE:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

WORK EXPERIENCE:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Commissioned Officer in the United States Public Health Service
Gallup Indian Medical Center
Gallup, New Mexico
July 1979 to July 1980
Responsibilities: Nine months of high trauma Emergency Room experience and three months of high-risk Obstetrics and Gynecology.

LECTURES:

Pediatric Resuscitation/Intraosseous Infusion
January 1993

Arrhythmia Recognition/Defibrillation
January 1993

ORGANIZATIONS:

American College of Emergency Physicians
New York State Medical Society
Erie County Medical Society

COMMUNITY SERVICE:

Western New York Regional Emergency Services Physician Advisory Board
March 1986- December 1995

Erie County Emergency Medical Services Advisory Board
June 1989 to April 1994

Western New York Trauma Council
Membership
December 1988 to December 1995

Buffalo Emergency Medical Services Board
Board Member
January 1992 to Present

Cheektowaga Emergency Medical Services Board
Board Member
January 1992 to December 1995

Medical Director of Lockport Fire Rescue
September 1984 to September 1987

Responsibilities: Overseeing EMT Level II activities in the field as well as on-going clinical instruction in the Emergency Department.

Medical Director for EMT Level I and II Courses
January 1984 to April 1984

January 1986 to April 1986

Responsibilities: Overseeing curriculum taught, lecturing and extensive clinical training of EMT's (Basic – Level II) in the Emergency Department

ADDITIONAL HOSPITAL AFFILIATIONS:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

REFERENCES: Reference Available Upon Request

Richard S. Elman MD Biography

Richard S. Elman MD is an Emergency Physician with over thirty years of clinical and administrative experience and expertise.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

He graduated Magna Cum Laude from Case Western Reserve University with a degree in biology. He graduated SUNY Buffalo School of Medicine in 1978. Following an internship in Family Medicine in 1979 he served a year as a commissioned officer in the United States Public Health Service. During this year he worked within the Indian Health Service on the Navajo Reservation in Gallup, New Mexico. He has practice Emergency Medicine in the Buffalo area since 1980.

He became one of the first American Board of Emergency Medicine board certified physicians in Western New York in 1986. Dr. Elman is currently board certified until 2024.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: ELMAN, RICHARD, STEVEN
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: ELMAN, RICHARD, STEVEN
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Asociates LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Maria Gambino	3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:	9. Fax:
10. Email:	
11. Residence Address:	

12. City:	13. State:	14. ZIP Code:

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Registered Nurse	454537	New York State Education Department Divsion of Professional Liscensing Services 89 Washington Avenue	1993	2017

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

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Appendix A:
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Name of Employer: Erie County Department of Health		
Type of Business: Goverment		
Street Address: 92 Franklin Street		
City: Buffalo	State: NY	Zip Code: 14202
Starting Date of Employment: 2/1999	Ending Date of Employment: 7/2008	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number: [redacted]	
Position/Responsibilities: Director of services Special Needs Division		
Reason For Departure [redacted]		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
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Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Maria Giampino	Date: 5/27/15
Notary Name: Peter M Bushman	Notary Registration Number: 01BU6271789
Notary (Notary Must Affix Stamp or Seal)	Date:

PETER M BUSHMAN
Lic. #01BU6271789
Notary Public-State of New York
Qualified In Erie County
My Commission Expires NOV 5, 2016

Peter M Bushman

05/27/2015

MARIA ANTONIA GAMBINO

[redacted] [redacted]

SUMMARY OF QUALIFICATIONS

Leadership~Management ~ Public Relations ~ Communications ~ Development

Enthusiastic and dedicated professional with over fifteen years of **leadership** experience. Highly **effective communicator** with a strong network established in the health and human service community throughout Western New York. Proven track record in managing all aspects of collaborating in the community.

PROFESSIONAL EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Erie County Department of Health, Buffalo, New York 1999 – July 2008

Director of Services- Special Needs Division

Oversee direction of $65 million budget and management of 55 member staff.

Develop a cost effective service delivery system maximizing reimbursement.

Plan, develop and coordinate implementation of case management delivery system for infants, toddlers and their families.

Acquire new clientele by developing marketing plan which includes public awareness campaign and outreach to physicians and health care facilities.

- Develop crisis messaging by working closely with transporters and agencies to address safety issues regarding our special needs children.
- Develop and compile case management policy and procedure manual.
- Create documents and provide training to promote teamwork concept.
- Serve as a community leader for families with disabled children, and to ensure the provision of necessary services to allow a child the opportunity to reach their full potential

Cultivate mutually beneficial relationships with local, state and federal contacts, community leaders, legislators, and agencies

[redacted]

New York State Department of Health, Buffalo, New York 1997-1999

Biologic Specimen Coordinator

Supervision of staff and provide oversight of the specimen collection for National Birth Defects Prevention Study.

Facilitator

Participated in decision making and cross functional teams that would require organizational assistance

[redacted]

EDUCATION

State University of New York at Buffalo, Buffalo, New York
Masters of Business Administration May 2008

Millard Fillmore School of Nursing, Buffalo, New York
Associate of Applied Science, Registered Nurse 1992

D'Youville College, Buffalo, New York
Bachelor of Science, Business Management, Minor Written Communication 1987

PROFESSIONAL DEVELOPMENT

Leadership Buffalo, Buffalo, New York
Certificate of Completion, 2003

AFFILIATIONS

Boy Scouts of America
Cub Master / Volunteer 2010 – 3013

St Louis Roman Catholic Church
Catechist 2010 – 2013

Compass House
Board Member / Volunteer 2000 – present

Bethel Head Start Strategic Planning Committee
January 2010- August 2011

Gilda's Club
Volunteer 2007-2012

Safe Transportation Advisory Council
Chair, 2000-2008
Address safety concerns and transportation protocol to ensure adherence to NYSED and Public Health Law for the disabled

Erie County Human Service Advisory Committee Public Benefit Committee
Participant/Member 2000-2006

United Way of Western New York
Child Care Committee –Fund Allocation, 2001 – 2004

Children's Place of Buffalo and Erie County
Treasurer, Fundraising Committee 2001 – 2006

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1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Douglas Hickox	3. Title: Class B Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ◉ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

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If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

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☐ Yes ◉ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below..

8. Phone: [redacted]		9. Fax:
10. Email: [redacted]		
11. Residence Address: [redacted]		
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Rochester	500 Joseph C. Wilson Blvd. Rochester, NY 14627	1986	1990	B.A. in Biology	05/1990
State University of New York at Buffalo School of Medicine	12 Capen Blvd. Buffalo, NY 14260	1991	1995	Doctor of Medicine (MD)	05/1995

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Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Medical	204790	New York State Education Department 89 Wasington Ave. Albany, NY 12234	10/29/1996	05/31/2016
Medical	438263	Bureau of Professional and Occupational Affairs 2601 N 3rd St. Harrisburg, PA 17110	08/25/2009	12/31/2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

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Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

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Name of Supervisor for Reference:	Supervisor Phone Number:	
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Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

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Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☉ Yes ☐ No

From:	Name and Address of Business: See attached	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

i have been working as an Attending Emergency Medicine Physician in Buffalo and other areas of New York State since 2001. I was also an active member in an Emergency Medicine/Physician partnership and currently I am involved with several Partnerships and LLCs including my own LLC.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5/21/15
Notary Name: Lisa Czerniejewski	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5-21-15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 10/2/18

Douglas Hickox, MD

[redacted]

Professional Summary

Experienced practicing physician in the specialty of Emergency Medicine. New York and Pennsylvania State licensed and boarded in Emergency Medicine. Assistant Clinical Professor of Emergency Medicine. Active member in multiple partnerships and LLCs and owner of an individual LLC.

Education

University of Rochester: Bachelor of Arts in Biology. Cum Laude 05/1990

SUNY at Buffalo School of Medicine: Doctor of Medicine (MD) 05/1995

Residency

SUNY at Buffalo Graduate Medical/Dental Education Consortium of Buffalo
General Surgery 1995-1997
Emergency Medicine 1998-2001

Professional Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Licenses And Certifications

Licensed in State of New York 1996-present

Licensed in State of Pennsylvania 2009-present

Certified, American Board of Emergency Medicine 2012-present

Professional Memberships

American Medical Association 1995-present

American College of Emergency Physicians 1998-present

Catholic Medical Partners 2007-present

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: HICKOX, DOUGLAS, J
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021003

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: HICKOX, DOUGLAS, J
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021003

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Chad Houston | 3. Title: Marketing Director

4. Briefly describe the role of this person or entity in the proposed registered organization:

Marketing Director/ Director of Outreach and Philanthropy will be responsible for communicating with community and ensuring AMA is not a burden on the local community. In this role, The Director of Community Outreach and Philanthropy will identify opportunities to provide both financial and in-kind resources to support appropriate causes in New York State. The Director of Outreach and Philanthropy will work with the Chief Operating Officer to ensure that AMA has built values-led practices into the foundation of company operations for the benefit of the employees and the greater community.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Howard University	2400 Sixth St NW, Washington, DC 20059	8/2002	5/2007	BS in Communications	5/2007
Canisius College	2001 Main St, Buffalo, NY 14208	8/2012	5/2014	Master in Business Administration	5/2014

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5-21-15
Notary Name: Lisa Czerniejewski	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5/21/15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 10/2/18

Chad W. Houston
[redacted]

Education

Richard J. Wehle School of Business
Canisius College; Buffalo, NY
Master's in Business Administration Program
Graduation Date: May 2013

John H. Johnson School of Communications
Howard University; Washington, DC
Communications: Major,
Graduation date: May 2007

Work Exnerience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

References furnished upon request

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: HOUSTON, CHAD, WESLEY
Address: [redacted]

OCA: [redacted]
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 99.70
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Daniel Humiston	3. Title: Director Government Affairs

4. Briefly describe the role of this person or entity in the proposed registered organization:

Work with government officials and agencies

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone [redacted]	9. Fax:
10. Email [redacted]	
11. Residence Address [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Muskingum University	163 Stormont Street New Concord, OH 43762	08/1981	05/1985	Bachelor	05/1985

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/22/15
Notary Name: Linda A. Dentice	Notary Registration Number: 01DE6126207
Notary (Notary Must Affix Stamp or Seal) LINDA A. DENTICE Notary Public - State of New York No. 01DE6126207 Qualified in Erie County My Commission Expires May 2, 2017	Date: 5/22/15

L-1 Enrollment Ser

New York State
EasyPath Netwo

Applicant: HUMISTON, DANIEL J
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS

Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

L-1 Enrollment Ser

New York State
EasyPath Netwo

Applicant: HUMISTON, DANIEL J
Address: [redacted]

OCA: [redacted]
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS

Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medical Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Christopher Jerzewski

3. Title: Chief Operating Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

This person will be responsible for the day to day business operations of both the cultivation of the product which includes entire process from seed to final product forms and then the dispensing of said product to the public.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax: [redacted]	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
[redacted]					
Potsdam University	44 Pierrepont Ave, Potsdam, NY 13676	1984	1989	BS Mathematics	June 1989
JL Kellogg School of Management Northwestern Univ	633 Clark St, Evanston, IL 60208	2001	2003	MBA	June 2003

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
N/A				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/21/15
Notary Name: Lisa Czerniejewski	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5-21-15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 10/2/18

CHRISTOPHER J. JERZEWSKI
[redacted]

PROFILE

A versatile operations and sales professional with over 20 years of experience supervising and organizing owners, managers and associates. Capable of thinking strategically, initializing innovative business processes and then building the infrastructure to support them. Expert at creating and analyzing financial and statistical reports, revising budgets and preparing business forecasts. Frequent interaction with owners, senior executives, and administrative personnel to facilitate the accomplishment of corporate goals. Areas of experience and expertise include:

Business Operations
Acquisitions and Contract Negotiating
Marketing
Business Relationship Management
Strategic Planning
Developing Business Plans, Policies and Procedures

PROFESSIONAL EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EDUCATION

Northwestern University - JL Kellogg School of Management **2003**
Masters of Business Administration

State University of New York at Potsdam **1989**
Bachelor of Science – Mathematics

Christopher Jerzewski, MBA – COO: Over the last 25 years, Mr. Jerzewski has acquired a diverse array of executive management experience which includes operations, sales, marketing, financial oversight, acquisition management, contract negotiations, and compliance control. This extensive background has allowed Mr. Jerzewski to excel in growing [redacted] Additionally, Mr. Jerzewski brings over 15 years of banking experience which included managing entire partnership programs that grew to over $1 billion in assets, creating and implementing corporate securitization strategies, and managing daily servicing operations for a mortgage business that generated over $5 billion in assets, per annum. Mr. Jerzewski received his BS in Mathematics from SUNY Potsdam in 1989 and his MBA from JL Kellogg School of Management at Northwest University in 2003.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: JERZEWSKI, CHRISTOPHER, JOSEPH
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L051
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 051001

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: JERZEWSKI, CHRISTOPHER, JOSEPH
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L051
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: ASHOK KAUSHAL | 3. Title: MEMBER

4. Briefly describe the role of this person or entity in the proposed registered organization:

CLASS B MEMBER

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
GOVERNMENT MEDICAL COLLEGE	PATIALA INDIA	JUL 72	Dec 76	M.B.B.S	Jan 77
DAV COLLEGE	JULLUNDUR INDIA	JUL 70	JUN 72	PRE MEDICAL	SEPT 72

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
MEDICINE	157200	NEW YORK STATE	1983	UNRESTRICTED

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Appendix A:
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Scanned by CamScanner

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and [illegible]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
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Appendix A:
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NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
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NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
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NEW YORK STATE | Department of Health

Medical Marijuana Program
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Appendix A:
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date:
Notary Name: CARL F. SMUKALL	Notary Registration Number: 4981241
Notary (Notary Must Affix Stamp or Seal) CARL F. SMUKALL Notary Public, State of New York No. 4981241 Qualified in Genesee County Commission Expires May 6, 2019 [signature]	Date: 5/29/15

Ashok Kaushal, M.D.,

[redacted]

PERSONAL

[redacted]

PROFESSIONAL EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ACADEMIC POSITIONS

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EDUCATION

Medical School

7/1972 – 12/1976	Government Medical College Patiala, India

Post-Graduate Education

7/1987 – 8/1995	Fellowship – Plastic Surgery Mercy Hospital; Buffalo, New York
7/1985 – 6/1986	PGY4 – Residency Plastic Surgery Mercy Hospital; Buffalo, New York
1/1983 – 12/1983	PGY3 – Residency Surgery Buffalo General Hospital; Buffalo, New York
7/1980 – 6/1982	PGY1 & 2 – Residency Surgery Methodist Hospital; Brooklyn, New York
1/1979 – 7/1979	Fellowship OB/GYN Government Medical College; Amritsar, India
1/1978 – 12/1978	House Surgeon Resident Cival Hospital; Jullundur, India
1/1977 – 12/1977	Internship – SBLS Cival Hospital; Jullundur, India

CERTIFICATIONS

6/1995	Board Certifications American Board of Emergency Medicine
	Professional Certifications Advanced Trauma Life Support Advanced Cardiac Life Support Basic Life Support
	Continuing Education Courses (CME) Up-to-date as per requisites of the AMA and hospital per year.

PROFESSIONAL MEMBERSHIPS

Fellow	American College of Emergency Physicians
Member	American Medical Association
Member	Medical Society of Erie County
Member	Medical Society of New York State
Member	Asian American Physician Association

COMMITTEE MEMBERSHIPS

3/2003 – Present	Member; Board of Governors of Buffalo Emergency Associates Member; Compliance Committee of Buffalo Emergency Associates
1/2003 – Present	Member & Partner; Buffalo Emergency Associates Chairing; Formation Function of fast track at Buffalo Mercy Hospital
5/2000 – 7/2003	Member; Medical Executive Committee; Mercy Hospital
	Member; Credential Committee; Mercy Hospital
	Member; Performance Improvement Committee; Mercy Hospital
1997 – 6/2000	Member; Western Regional Emergency Medicine Systems, Inc. (WREMS)
1996 – 1997	Member; Utilization Review Committee; Mercy Hospital
1996 – 1997	Member; MACC Task Force Committee; Mercy Hospital

COMMITTEE MEMBERSHIPS (Cont'd)

1/1996 – 3/2001	Member; Medical Records Committee; Mercy Hospital
9/1995 – Present	Member; Department of Emergency Medicine Quality Improvements; Mercy Hospital

PAPERS AND PRESENTATIONS

6/1986	"Use of Cartilage Graft in Aesthetic Rhinplasty" John O'Brien Research Symposium; Buffalo Mercy Hospital

MEDICAL LICENSE

New York State

*** References Available Upon Request ***

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: KAUSHAL, ASHOK.
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L071
Agency: NYS Dept of Health Bur Narcotic Enforcemen
Reason Fingerprinted:
CONTROLLED SUBSTANCE

Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 071002

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: CHRISTIAN M. KRAWCZYK | 3. Title: CLASS B MEMBER

4. Briefly describe the role of this person or entity in the proposed registered organization:

CLASS B MEMBER

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ■ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ■ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

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Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
UNIVERSITY OF ROCHESTER	500 JOSEPH C. WILSON BLVD. ROCHESTER, NY 14627	9/86	5/90	B.S.	5/90
SUNY AT BUFFALO ROSWELL PARK GRADUATE DIVISION	402 CAPEN HALL BUFFALO, NY 14260	9/90	7/92	M.S.	7/92
CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE AT MIDWESTERN UNIVERSITY	555 31ST STREET DOWNERS GROVE, IL 60515	9/97	5/01	D.O.	5/2001
SUNY AT BUFFALO HOSPITAL CONSORTIUM DEPT. OF EMERGENCY MEDICINE	100 HIGH STREET BUFFALO, NY 14203	6/01	6/04	RESIDENCY TRAINING IN EMERGENCY MEDICINE	6/04

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
NYS MEDICAL LICENSE	228690		4/31/15	4/31/17
DEA LICENSE	[redacted]			ACTIVE

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, *Principal Stakeholders, Directors, and Members*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

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Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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NEW YORK STATE | Department of Health

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Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a *statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not* be limited to, any relevant community/volunteer background and experience.

I HAVE SERVED AND AM STILL THE ACTIVE MEDICAL DIRECTOR OF THE TOWN OF GRAND ISLAND PARAMEDIC PROGRAM AND THE TOWN OF TONAWANDA PARAMEDIC UNIT. RESPONSIBLE FOR OVERSIGHT OF PERSONNEL IN A MEDICAL CAPACITY AND THE LICENSING OF ADVANCED LIFE SUPPORT MEDICATIONS WHICH INCLUDE CONTROLLED SUBSTANCES.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5/19/15
Notary Name:	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) [signature] MOHAMMED RAHEEMUDDIN No. 01RA6098329 Notary Public, State of New York Qualified in Erie County My Commission Expires 09/08/2015	Date: 05/19/15

Christian M. Krawczyk

[redacted]

Education and Training

American Board of Emergency Medicine (ABEM), Board Certified Emergency Physician, 2005

State University of NY at Buffalo Hospital Consortium, Department of Emergency Medicine, Buffalo, NY
Residency Training 2001-2004

Chicago College of Osteopathic Medicine of Midwestern University, Downers Grove, IL
Doctor of Osteopathy (D.O.), 2001

State University of NY at Buffalo, Roswell Park Graduate Division, Buffalo, NY
Master of Science (M.S.), 1992 - Natural Sciences, Immunopharmacology concentration

University of Rochester, College of Arts and Sciences, Rochester, NY
Bachelor of Science (B.S.), 1990 - Microbiology

Experience

Town of Tonawanda Police Department, Tonawanda, New York
March 2014 to Present

Medical Director, Town of Tonawanda Paramedic Unit

- Medical oversight and education of Town of Tonawanda Paramedics Advanced Life Support Unit
- Licensing of Advanced Life Support medications, including controlled substances
- Licensing of all Town of Tonawanda public Automatic External Defibrillation (AED) units

Redacted pursuant to N.Y. Public Officers Law, Art. 6

City of Buffalo, Fire Department, IAFF Local 282, Buffalo, New York
September 1996 to August 1998

Firefighter

- 9-1-1 emergency responder in the City of Buffalo for structure fire suppression, rescue, basic level emergency medical service, and public relations.
- *Familiar with chain of command hierarchy system and coordination of fire response for urban fire suppression.*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

State University of New York at Buffalo, Department of Anesthesiology, Buffalo, New York
April 1993 to August 1995

Research Technician

- Independent research investigating the immunomodulatory and cardiogenic effects of volatile anesthetics in humans and animal models.
- Training and guidance of rotating physicians performing independent research in the lab environment.
- Data analysis and presentation at periodic meetings.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Activities and Accomplishments

- [redacted]
- Vice-president, CCOM Student Chapter of the American College of Osteopathic Emergency Physicians
- Member, Sigma Sigma Phi, Osteopathic Honor Society
- President, SUNY at Buffalo Natural Sciences Graduate Student Association
- Vice-President, University of Rochester Undergraduate Microbiology Society
- Recipient of the Benjamin A. Savage Scholarship
- Recipient of the University of Rochester Alumni Scholarship
- Recipient of the David Haller Jr Memorial Scholarship
- Recipient of the GIBCo Scholarship for Biological Sciences.

Summary of Clinical Experience

I have 10 years experience working in a community based emergency room that serves 28,000 patients per year. In a community based hospital the physician has the entire responsibility of running the emergency room, which includes all patient management, procedural facets of the job, oversight of midlevel providers, and daily interaction with EMS crews from a cross section of the community. My daily work challenges me to manage a wide array of non-urgent to life threatening emergency problems while facilitating the simultaneous care of multiple patients.

I am a graduate of the Chicago College of Osteopathic Medicine of Midwestern University in Downers Grove, IL. My clinical experiences took me through many hospitals in the City of Chicago and throughout the Chicago metropolitan area. I was fortunate enough to work rotations in the emergency room at the well known Cook County Hospital, famous for spawning the television series "ER". Upon graduation I trained at the University of Buffalo Department of Emergency medicine before joining a private group and becoming a [redacted]

The origins of my career in emergency medicine date back to my sophomore year in college while attending the University of Rochester when I became employed as a [redacted] The experience sparked piqued my interest in the action oriented field, and I became a certified EMT and further training as a Paramedic. After college [redacted] In the Fall of 1996 I changed gears and took an appointment with the Buffalo Fire Department where my work in the emergency services continued and I fostered an understanding of the chain of command system and the coordinated team efforts involved in modern urban firefighting. I found out later that year that my application to medical school, which started a year earlier, was accepted. I deferred the admission one year to stay on with the fire department.

Summary of Research Experience

My research experiences ran parallel to my involvement in EMS from [redacted] Later, I was a graduate student and during this time I acquired an understanding of laboratory techniques, research experiment design and execution, and the

fundamentals of pharmacology and immunotherapy as applied in experimental oncology. Our lab focussed on experimental therapeutics, focussing on immunomodulatory agents that would boost the immune system to fight cancer. I have coauthored 8 research publications during my tenure working in the lab. The results of my graduate thesis were published in the International Journal of Cancer by my mentor in 1995.
In April 1993 I worked for the University of Buffalo Anesthesia department performing research on the effects of volatile anesthetics, including halothane and isoflurane, on cardiac muscle contractility. I left the field of scientific research in 1995 to fully pursue my career in the emergency services and emergency medicine.

Academic Publications

J.Borton, C. Connery, C.M. Krawczyk. An Assessment of Preparedness of Volunteer Firefighters for Weapons of Mass Destruction Incidents. American College of Emergency Physicians (ACEP) Conference, San Francisco, CA, 2004.

M.J. Ehrke, S. Verstovsek, C. Krawczyk, P. Ujhazy, G. Zaleskis, D. Maccubbin, E. Mihich. Cyclophosphamide plus Tumor Necrosis Factor-alpha Chemoimmunotherapy Cured Mice: Life-long Immunity and Rejection of Primary Re-implanted Lymphoma. Int. J. Cancer 63(3):463, 1995.

R.L.X. Ho, D. Maccubbin, G. Zaleskis, C. Krawczyk, K. Wing, E. Mihich, M.J. Ehrke. Development of a Safe and Effective Adriamycin plus Interleukin-2 Therapy Against Adriamycin-sensitive and Adriamycin-resistant Lymphomas. Onc. Res. 5(9):373, 1993.

C.Krawczyk, K. Wing, D. Maccubbin, E. Mihich, M.J. Ehrke. Thymic and Splenic Specific Anti-tumor Responses in Long-term Survivors Induced by Combination Therapy with Cyclophosphamide plus Tumor Necrosis Factor-alpha. Proceedings of the AACR 33:348, 1992.

S.Pocchiari, C. Krawczyk, R.L.X. Ho, E. Mihich, M.J. Ehrke. Stimulation of Thymocyte Proliferation by Interleukin-1, Tumor Necrosis Factor-alpha, and a Synthetic Tumor Necrosis Factor Peptide. Abs. Soc. Biol. Therapy 4:17, 1991.

C.Krawczyk, M.J. Ehrke, D. Maccubbin, E. Mihich. Therapeutic Efficacy of Cyclophosphamide and Tumor Necrosis Factor-alpha in a Murine Tumor Model: The Possible Role of Specific Thymic CTL Activity. Abs. Third Int'l Workshop on Cytokines. 3:488, 1991.

M.J. Ehrke, D. Maccubbin, C.Krawczyk, P.Ujhazy, E.Mihich. Therapeutic Efficacy of Moderate Dose Adriamycin combined with Tumor Necrosis Factor in a Murine Tumor Model: The Importance of Schedule and Host Defense. Abs. Int'l Soc. Immunopharmacology 5:93, 1991.

R.L.X. Ho, C. Krawczyk, M.J. Ehrke, E. Mihich, K. Hori. Induction of Thymocyte Proliferation by Tumor Necrosis Factor and Interleukin-1: Biphasic Synergy and Species Specificity. Proceedings of the AACR 30:329, 1989.

References

Available upon Request

Biographical Career Summary: Christian M. Krawczyk

I have 10 years experience working in a community based emergency room that serves 28,000 patients per year. In a community based hospital the physician has the entire responsibility of running the emergency room, which includes all patient management, procedural facets of the job, oversight of midlevel providers, and daily interaction with EMS crews from a cross section of the community. My daily work challenges me to manage a wide array of non-urgent to life threatening emergency problems while facilitating the simultaneous care of multiple patients.

I am a graduate of the Chicago College of Osteopathic Medicine of Midwestern University in Downers Grove, IL. My clinical experiences took me through many hospitals in the City of Chicago and throughout the Chicago metropolitan area. I was fortunate enough to work rotations in the emergency room at the well known Cook County Hospital, famous for spawning the television series "ER". Upon graduation I trained at the University of Buffalo Department of Emergency medicine [redacted]

The origins of my career in emergency medicine date back to my sophomore year in college while attending the University of Rochester when I became employed as a patient care technician at [redacted] The experience sparked my interest in the action oriented field, and I became a certified EMT and then as a Paramedic. After college I had a [redacted] from [redacted] In the Fall of 1996 I changed gears and took an appointment with the Buffalo Fire Department where my work in the emergency services continued and I fostered an understanding of the chain of command system and the coordinated team efforts involved in modern urban firefighting. I found out later that year that my application to medical school, which started a year earlier, was accepted. I deferred the admission one year to stay on with the fire department. At this time I serve as the Medical Director for both the Town of Tonawanda Paramedic Unit and the Town of Grand Island Fire Company Paramedics. I am responsible for medical oversight and training, as well as the licensing of Advanced Life Support medications, which include controlled substances.

My research experiences ran parallel to my involvement in EMS from [redacted] Later, I was a graduate student and during this time I acquired an understanding of laboratory techniques, research experiment design and execution, and the fundamentals of pharmacology and immunotherapy as applied in experimental oncology. Our lab focussed on experimental therapeutics, focussing on immunomodulatory agents that would boost the immune system to fight cancer. I have coauthored 8 research publications during my tenure working in the lab. The results of my graduate thesis were published in the International Journal of Cancer by my mentor in 1995.

In April 1993 I worked for the University of Buffalo Anesthesia department performing research on the effects of volatile anesthetics, including halothane and isoflurane, on cardiac muscle contractility. I left the field of scientific research in 1995 to fully pursue my career in the emergency services and emergency medicine.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: KRAWCZYK, CHRISTIAN, MICHAEL
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: KRAWCZYK, CHRISTIAN, MICHAEL
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medical Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: M + K Tibbetts Group, LLC | 3. Title: Class B member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the *procedures established by Division of Criminal Justice Services and submission of the applicable fee.* Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax [redacted]	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Canisius College	2001 Main ST Buffalo, NY 14208	1982	1986	BA	6/1986
SUNY at Buffalo medical School	Main ST Buffalo, NY 14215	1986	1990	MD	6/1990

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
medical	188748	NYS - University of State of NY Education Dept Office of Professions Albany, NY	1992	2016
medical	9044	New Hampshire Board of Registration in Medicine 2 Industrial Park Drive Concord, NH 03301	1993	1997

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
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Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☑ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☑ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5/20/15
Notary Name: Christa A. Kenney	Notary Registration Number: 01KE8023824
Notary (Notary Must Affix Stamp or Seal)	Date:

CHRISTA A. KENNEY
NOTARY PUBLIC, STATE OF NEW YORK
REGISTRATION No. 01KE8023824
QUALIFIED IN NIAGARA COUNTY
My Commission Expires 4/26/2019

[signature]

5/20/2015

Marc K. Klementowski, M.D.

[redacted]

Professional Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Education

1991 – 1993	Residency, Family Medicine, State University of New York at Buffalo Consortium, Buffalo, NY
1990 – 1991	Internship, Family Medicine, State University of New York at Buffalo Consortium, Buffalo, NY
1986 – 1990	M.D., State University of New York at Buffalo School of Medicine and Biomedical Sciences, Buffalo, NY
1982 - 1986	B.A. in Biology, Canisius College, Buffalo, NY

Professional Memberships

Association of Emergency Physicians
American Academy of Family Physicians
New York State Academy of Family Physicians
American Association of Physician Specialists

Accreditations

Board Certified Emergency Physician by ABPS, 2006, 2015
Board Certified in Family Medicine by ABFM, 1993, 2000, 2007
ATLS, ACLS, PALS
AMA Physician's Recognition Award, 2006, 2009
Primary Training in Hyperbaric Medicine Certificate

Dr. Marc Klementowski is an emergency physician a [redacted] He grew up in [redacted] attended Canisius College, and then graduated from SUNY at Buffalo Medical School. After finishing residency in Buffalo, he and his [redacted] moved to [redacted] for a few years before returning to be around [redacted] Dr. Klementowski also has specialized training for wound care and works at The [redacted] As both an emergency physician and wound care specialist, he sees a need for alternative treatments and medications to help certain people. Dr. Klementowski has seen how the specialized understanding and treatment of wound care has changed people's lives that primary physicians are unable to perform. When he is not caring for patients, he spends time with his [redacted] He enjoys [redacted]

L-1 Enrollment Ser

New York State
EasyPath Netwo

Applicant: KLEMENTOWSKI, MARC
Address: [redacted]

OCA: [redacted]
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Margaret Kuchy

3. Title: Chief Information Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

Chief Information Officer - oversight of technology infrasctructure

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax:	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Florida International University	Miami, Fl	1999	2003	MS Computer Science	2003
Ithaca College	Ithaca NY	1969	1973	BS Management Information Systems	1973

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Margaret A. Tracey	Date: 5/18/2015
Notary Name: Joyce B Blesi	Notary Registration Number: 936720
Notary (Notary Must Affix Stamp or Seal)	Date: 5/18/15

OFFICIAL STAMP
JOYCE STANS BLESI
NOTARY PUBLIC - OREGON
COMMISSION NO. 936720
MY COMMISSION EXPIRES FEBRUARY 24, 2019

Margaret Kuchy

[redacted]

IT EXECUTIVE – 25 Years Experience

Information systems executive with successful track record as a consultant and chief information technology officer. Acknowledged strengths in management/administration, driving standardization and curbing costs as Executive focused on long-term viability. A pragmatic goal-oriented CIO whose focus is to ensure alignment of technology initiatives with business objectives. Well-rounded leader with broad industry experience base, supported by an array of technical skills.

AREAS OF EXPERTISE

- Executive Management and Administration
- Multi-Million Dollar Project Lifecycle Management Project Management
- Standards, Controls, Metrics
- Strategic Systems Planning
- Business Process Reengineering
- Software Development / Implementation
- Outsource Relationship Management
- Business Development
- Change Management
- Capacity Planning & Cost Control
- Security / Disaster Planning

EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Career Note: Additional experience:

[redacted]

EDUCATION & TRAINING

M.S. Computer Science Florida International University.
B.S. Computer Science Ithaca College

Additional

- Change Management Leadership Development Program, Being First, Inc.
- Leading Transformation, Being First, Inc.
- Leadership through People Skills, Dimensional Management Training
- Fundamentals of Strategic Planning, American Management Association
- Planning and Managing Organizational Change, American Management Association
- Overview of Lean, Strategos, Inc.
- Business Process Reengineering, R. Michael Donovan & Co.
- Teamwork, Empowerment and Organizational Dynamics, Being First, Inc.
- Planning, Leading and Managing, Strategos, Inc.
- Optimizing ROI, Being First, Inc.
- Certified Information Executive

L-1 Enrollment Ser

New York Stat
EasyPath Netwo

Applicant: KUCHY, MARGARET ANN
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Dr. Vijay Kumar	3. Title: Director of Research

4. Briefly describe the role of this person or entity in the proposed registered organization:

Director of Research at Alternative Medicine Associates, LLC. Oversee the prospect and research functions, supervise the research staff and work closely with AMA to achieve research goals.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University at Buffalo (SUNY)	Buffalo, NY 14214	1969	1973	Ph.D.	1973
Panjab University	Chandigarh, India	1966	1968	M.Sc. (Hons.)	1966
Panjab university	Chandigarh, India	1963	1966	B.Sc. (Hons.)	1968
Panjab university	Chandigarh, India	1960	1963	Pre-Med	1963

[redacted]

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
ABMLI		American Board of Clinical Laboratory immunology	1980	2012
ABMM	689	American Board of Medical Microbiology	1980	2012
Laboratory Director		NYS Department of Health	1977	2011
Clinical Chemist		National Registry of Certified Chemists	1976	2011

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

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Appendix A:
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From: 2011 To: Present	Name and Address of Business: Asian Indian Community Foundation of WNY, PO Box 901, Williamsville, NY 14221	
Business Type: NGO	Office Held/Nature of Interest: Chair-Board of Directors	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: NA		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: VIJAY KUMAR	Date: 5/15/2015
Notary Name: Michael J. Rhodes	Notary Registration Number: 01RH6223931
Notary (Notary Must Affix Stamp or Seal) Michael J. Rhodes MICHAEL J. RHODES Notary Public - State of New York No. 01RH6223931 Qualified in Niagara County My Commission Expires June 21, 20 18	Date: 5/15/15

Vijay Kumar, Ph.D.

[redacted]

Professional Summary

Innovative, hands on hard working, highly motivated, multi tasking experienced with demonstrated ability to deliver results on timely fashion. Established research investigator , discovery of new biomarkers for disease diagnosis. Publications in leading journals, book editor, graduate student adviser. Teaching Medical, Dental and Graduate students. Presentation at various scientific meetings with recognition as the best speaker.

Successful entrepreneur, served as [redacted] and [redacted] of [redacted] company. Integrated R&D with health care. Established standard operating procedures, quality control, regulatory compliance, FDA submissions.

Organized national and international meetings and served on various committees and boards.

Skill Highlights

Project planning & management
Leadership/communication skills
Product development
New product delivery
Employee relations
Self-motivated
Customer-oriented
Small business development
Personal and professional integrity

Accomplishments

Identified new biomarkers for autoimmune diseases such as Celiac disease.
Organized conferences at the national and international levels.
Recognized as an outstanding speaker
Served on Credentials committees.
Served on the Deans Advisery Council
Recognized by US Small business administrator as the exporter of the year.
Teaching Medical, Dental& Graduate students.
Advisor to many graduate students
Recipient of several patents
Fogarty International Fellow
Leaders in Health Care 50 in Medical Field
Board certified in clinical immunology (ABMLI); Microbiology (ABMM) & Clinical Chemistry (NRCC)

EDUCATION

Panjab University, Chandigarh, India, B.Sc. (Hons.)
Panjab University, Chandigarh, India, M.Sc.(Hons.)
State University of New York at Buffalo, Buffalo, New York, Ph.D.
State University of New York, Buffalo NY, Enterprenurial program 1994

EXPERIENCES

[redacted]

1986 - present	Research Associate Professor, Department of Microbiology, University at Buffalo, Buffalo, New York
1983 - Present	Research Associate Professor, Department of Dermatology, SUNY at Buffalo, Buffalo, New York
1980 - Present	Member, The Ernest Witebsky Center for Immunology, Department of Microbiology & Immunology, University at Buffalo, New York
1978 - Present	Clinical Associate Professor, Department of Laboratory Sciences, SUNY at Buffalo, Buffalo, New York
1988 - 1993	Assistant Director, Ernest Witebsky Center for Immunology, Department of Microbiology, SUNY at Buffalo, Buffalo, New York
1976 - 1988	Assistant Director, IMMCO Diagnostics, Inc, Buffalo, N.Y.
1980 - 1986	Assistant Professor, Department of Microbiology, SUNY at Buffalo, Buffalo, New York
1976 - 1980	Clinical Assistant Professor, Department of Microbiology, SUNY at Buffalo, Buffalo, New York
1974 - 1976	Postdoctoral Fellow, Department of Microbiology and Immunology, Erie County Laboratory, Buffalo, New York
1974 - 1976	Clinical Instructor, Department of Microbiology, SUNY at Buffalo, Buffalo, New York
1973 - 1974	Research Associate, Department of Microbiology, E.J. Meyer Memorial Hospital, Buffalo, New York
1969 - 1973	Research Assistant, Department of Biochemistry, SUNY at Buffalo, Buffalo, New York

[redacted]

Board Certifications

Clinical Chemist - National Registry in Clinical Chemistry
Diplomate - American Board of Medical Laboratory Immunology (ABMLI)
Diplomate - American Board of Medical Microbiology

ACCREDITATIONS

Immunologist - New York State Department of Health	1980
Clinical Laboratory Director - American Board of Bioanalysis	1983

Fogarty International Fellowship	1985
Fellow - Academy of Clinical Biochemistry	1992
Member, Professional Advisory Panel, MLO/Medical laboratory Observer	1988-90
Best Teacher Award, American Society for Clinical Chemistry	1995
Abstract reviewer for the annual AACC Meeting 1999, 2000.	
Leaders in Health Care 50 in Medical Field , Business First , Buffalo,	2006
Outstanding speaker Award, AACC	2002, 2005
Key Note Speaker, India Association of Buffalo	2008 .

PROFESSIONAL AFFILIATIONS

American Association for Clinical Chemistry (AACC)
Association of Medical Laboratory Immunologists (AMLI)
Clinical Immunology Society (CIS)

Patents

Immunological assay for detection of antibodies in Celiac disease (6,703,208)
Automated Diagnostic workstation (WO2010011931A2)
Compositions and methods for determinign Celiac disease (WO2011/112792A1)

COMMITTEES

Organizing Committee - Methods of immunologic research and diagnosis	1980, 1982, 1986
Organizing Committee - Seventh International Conference on Defined Immunofluorescence, Immmoenzyme Studies and Related Labeling Techniques	1981, 1983, 1985
Faculty Council - Departmental Representative	
Member, By-Laws Committee, School of Medicine	1985-1986
Clinical & Diagnostic Immunology Division, AACC	1995-99
NIH Review Committee	1999
AACC Immunology Division	2001-03
Board Member-CUBRIC	2002-2005
Board Member-Health Care Industries Association, Buffalo	2004-2007
Board Member-Dean's Advisory Council, School of Arts and Sciences, University at Buffalo,	2005-
Board Member-Word Trade Center, Buffalo, NY	2007-2009
Chairperson-Board of Directors, $AICF_{wny}$	2011-

EDITORIAL BOARDS

Expert Opinion on Medical Diagnostics	2007-2010
Immunological Communications	1992-94

STUDENT RESEARCH

Supervised and guided the research of six Ph.D students from the department of Microbiology, two master students from the Department of Medical Laboratory Sciences, and several post-doctoral fellows, Medical residents, and undergraduate students.

GRANTS

Principal Investigator. CTL2 ELISA: A Diagnostic Test for Autoimmune Hearing Loss, NIH 2007-8.

Principal Investigator. A novel ELISA method for accessing the risks of developing insulin dependent or type 1 Diabetes (IDDM). Contract No. N43-DK-6-2223 Phase 1 1996; Phase II 1998-2000.
Principal Investigator . BSRG grant - Immunology of Vesiculo-bullous diseases. 1981-1982

Co-Investigator. Standardization of assays for antibodies for islet cells. SBIR Grant R44 DK38246-03 Phase ! and II. 1988-1990.
Co-Principal Investigator. NIDR contract - Prepration of reagents for the detection of oral

microorganism. - 1977-1979

Co-Investigator. Studies related to endoglycosidases, NIH. GM24392 1979-1982.

RESEARCH INTERESTS

Autoimmunity-clinical immunology and immunopathology to study the mechanism of various autoimmune disorders, identification of new biomarkers, immunoassays for the detection and diagnosis of autoimmune disorders.

CONFERENCES

96th general meeting, American Society For Microbiology,

AACC Upstate NY Section, Fall meeting, 1989, 1990, 1994.

American College of Rheumatology, October 11-15, 1992.

Society for Investigative Dermatology, 1989, 1990, 1992.

Annual Meeting, American Association for Clinical Chemistry, 1989, 1992-1998.

9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.
American Association for Clinical Chemistry, Chicago July 29-Aug 1, 2001
Australian Institute of Medical Scientists, Melbourne, Australia, September 4-7, 2001.
Shaping Tomorrow's laboratory, SQBC-CSCC 2003 Sympoisa, St-Sauveur, Quebec, Canada June 2-5,2003.
55th Annual AACC Meeting, Philadelphia, PA. July 20-24, 2003.
11th International Symposium on Coeliac Disease, 28-30 April, 2004, Belfast, UK
NIH Consensus Development Conference on Celiac Disease. June 28-29, 2004, NIH, Bathesda, MD
56th Annual AACC Meeting, Los Angeles, CA. July 25-29, 2004.
XIX International Congress of clinical chemistry. Orlando, FL. July 23-28, 2005
Annual AACC Meeting, Chicago, Il, July 2006..
Discovery2Diagnostics, IBC, Boston, MA September 25-27, 2006.
Federation of Clinical Immunology Socieities, Sheraton San Diego, June 7-11, 2007
40th Annual Oak Ridge Conference, AACC Breakthrough Technologies for Clinical Diagnsotics April 17, 18, 2008, San Jose, CA
Bio-Harmony: A life sciences breakfast seminar. May 15, 2008, Buffalo, NY
American Medical Laboratory Immunology (AMLI): August 7-10, 2009 Boston, MA
Annual AACC Meeting, 2007, 2008, 2009, 2010, 2011, 2012.
AACC Upstate NY Spring 2011 meeting Niagara Falls, ONT, Canada. May 5-6, 2011

COURSES AND SYMPOSIUMS

Methods of Immunologic Research and Diagnosis. The Ernest Witebsky Center for Immunolgy. June 1-13, 1981.

Sexually Transmissible Diseases. American Society for Microbiology. May 1, 1981.

Medical Laboratory Immunology Symposium, Clearwater, Fl. Nov 6-9, 1983.

Immunohistochemistry Expo, AMLI, Clearwater, FL. Oct 13-14, 1984.

Ninth International Convocation on Immunology. School of Medicine, SUNY, Buffalo, June 25-28, 1984.

Ist ASM Conference on Biotechnology. March 21-23, 1986.

International Symposium on Psoriasis. Stanford University Medical Center, July 6-11, 1986.

International Symposium on the immunology of the gastrointestinal tract and liver. Jerusalem, Israel. March 22-27, 1987.

Basic techniques in recombinant nucleic acid technology and sequencing. Miami Beach, FL. May 7-8, 1988.

Immunolgy and Immunopathology of the Alimentary Canal, School of Medicine, June 19989

Methods of Immunologic Research and Diagnosis. The Ernest Witebsky Center for Immunolgy. June 1-13, 1989.

Immune complex mediated diseases. SUNY, Buffalo. Nov, 9, 1989.

Role of Cyclosporine, SUNY, Buffalo. April, 21, 1990.

Summer Immunology Program, School of Medicine and Biomedical Sciences, June 2-14, 1991.

Complete DOS. Erie Community College, May 9, 1992.

Recombinant DNA Methadology. Exon-Intron, Inc, Maryland. June 15-19, 1992.

Advanced Urinalysis workshop, National Laboratory Training Network Eastern Area Resource Office, October 21, 1992.

Doing it right the first time in one minute, American Association for clinical chemistry, July 18, 1995

Buying or Selling a business program. School of Management, SUNY, Buffalo, Nov-Dec, 1994

Standards of laboratory practice: Guidelines for the diagnosis and monitoring of thyroid disease, July14-15, 1995.

International Symposium on Clinical Immunology, Clinical Immunology Society and IUIS, San Francisco, July 21-23, 1995.

7th International Symposium on Antiphospholipid Antibodies, New Orleans, LA Oct9-13, 1996

The mystery golden key-early diagnosis of celiac disease. Mount Sinai Medical Center, New York, 9th November, 1996.

Nutrition Chemistry, American Association for clinical chemistry, July 19, 1997.

Fourth International Symposium on Clinical Immunology, European Immunology Meetin, Amsterdam, June 19-22, 1997.

Strategic Mapping Consortium. Technology Development Center. April –December 1998.

4th Dresden Symposium on Autonatibodies, Dresden, Germany. October 21-24, 1998.

Celiac disease serodiagnosis conference/workshop, Marina Del Rey, California, Feb 27-28, 1999.

2nd International Congress on Autoimmunity. TelAviv, Israel. March 7-12, 1999.

Autoimmunologia La Diagnostica Di Laboratorio, X Convegno Annuale di Studio. Chioggia, Italy. September 23-24, 1999.

Symposium: New treatment for Meniere's disease and autoimmune inner ear disorders; Courses Autoimmune inner ear disease; Hereditary hearing loss: The cutting edge. AAO-HNSF Annual Meeting, September 27-28,1999.

NIH Review Committee-Prevalence of celiac disease, Bathesda, MD, Nov 19, 1999

Inventing and Patenting Workshop. Office of Technology Transfer & Licensing, SUNY, Buffalo. May 1, 2000.

Immunology 2000 Meeting, May 12-16,2000. Seattle, WAS

5th Dresden Symposium on Autonatibodies, Dresden, Germany. October 18-21, 2000.

Federation of Cliniical Immunology Societies (FOCIS) 1st Annual Meeting, Boston, MA May 4-7,2001.

Spring research Festival, University at Buffalo, May 15-16,2001.

Fifth workshop of the australian ANCA study group. September 3, 2001, Howard Florey institute, University of

Melbourne. Melbourne, Australia.

Immunology workshop-Standardization interpretation and emerging technologies of autoimmune testing.

Australian Institute of Medical Scientists, Melbourne, Australia.

10th International Vasculitis & ANCA workshop. April 25-28, 2002. Cleveland, Ohio.

Aggiornament nella Diagnostica delle Patologie Autoimmuni, Parma, Italy, 22 May 2002.

5th European conference on Systemic lupus erythematosus. Athens, Greece, 26-30th May 2002.

Autoimmunity of Cochlea 2002 update: Biology of hearing and hearing loss in autoimmune ear disease. University of Genoa. Genoa, Italy Nov 1-2, 2002.

Autoimmunity and Autoimmune Diseases. First Roamnian Symposium with International participation. April 22-24, 2003, Poiana Brasov, Romania.

Free Radicals-The –Pros and Cons of Anti-Oxidants. National Institute of Health, Bathesda, MD. June 26-27, 2003.

Technology Advances for Medical and Health Informatics. University at Buffalo, January 13, 2004

Grifols User Group Meeting, Arden Hotel, June 16-17, 2004, Birmingham, UK

NIH Consensus Development Conference on Celiac Disease, June 28-30, 2004. NIH, Bathesda, MD.

Annual AACC Meeting, Los Angeles, CA, July 25-29, 2004.

Annual AACC Meeting, Orlando, FL, July 23-27, 2005.

Ion Channel Targets, September 20-21, 2005, Waltham, MA

Developing New Standards for Antibody Measurement:bringing Metrology to serology, NIST Gaithersburg, MD February 21-22. 2006.

39th Annual Oak Ridge Conference: Harnessing New Technology for clincial diagnostics. St. Louis, Mo April 19-20, 2007.

NIDCD Workshop on Immune mediated Ear Disorders/Hearing loss. Bathesda, MD July 22-23, 2008.

High quality plates for immunoassay ELISA, Webinar Greiner March 13,2013

Improvements in Microplate Technology and Its Impact on Your Efficiency, Webinar Lab Manager March 28, 2013.

TEACHING

Participated in the teaching of the following courses to the medical, dental and graduate students.

Medical and Dental Microbiolgy and Immunology

Immunochemistry

Autoimmunity

Immunopathology

PRESENTATIONS

Serological diagnosis of celiac disease. WNY Gluten-free diet support group. Mercy Hospital, Buffalo, September 14, 1991.

Overview of the endomysial antibody test. 16th Annual Conference, Celiac Sprue Association, Oct 8th, 1993, Hyatt Regency Hotel, Buffalo, NY.

Serology of Celiac disease, Canadian Celiac Association, June 4, 1994.

Antiendomysial and antigliadin antibodies in the diagnosis of celiac disese. Department of Pediatrics, McMaster University, Hamilton, Ontario, canada, September 29th, 1994.

Research directions and how celiacs can help. WNY Gluten-free diet support group. Millard Fillmore Suburban Hospital, Buffalo, NY, October 8, 1994.

Serological Aspects of Celiac dises diagnosis. Rochester Celiac Support Grooup, May,10, 1995.

Celiac diseases. serological methods for diagnosing gluten sensitive enteropathy. Hotel Juan Carlos I, Barcelona, Spain, November 15, 1994.

Advances in the diagnosis of celiac syndrome-clinical and laboratory importance. Dr Calvo Mackenna Hospital, Santiago, Chile, September 27, 1995

Advances in the diagnosis of celiac syndrome-clinical and laboratory importance. Hospital Regional de Conception,Chile. September 28, 1995.

Updates on serological markers of celiac disease. St. Joseph Hospital, Buffalo, NY Sept 12, 1998.

Autoimmunity and Sensorineural hearing loss. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.

Role of serum antibody studies towards the diagnosis of celiac disease. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.

Immunopathology of Vesiculo-bullous disorders. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.

Autoantigens andautoantibodies of primary biliary cirrhosis (PBC) and autoimmune hepatitis. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.

Teleconference- Laboratory technology issues:Autoimmunity and autoimmune disease. December 8, 1998.

Sensitivity, specificity and predictive value of current serologic assays for celiac disease and dermatitis herpetiformis. Celiac disease conference/workshop, Marina Del Rey, California, Feb 26, 1999.

Are serum antibody tests effective in celiac disease diagnosis? 2nd International Congress on Autoimmunity. Tel Aviv, Israel. March 11, 1999.

Autoimmune Disease Seminar, Pharmatrade, Tel Aviv, Israel. March 14th, 1999.

Immunology of Vesiculo-bullous disorders. Department of Dermatology, SUNY, Buffalo. May 17, 1999.

Anti-oxidized LDL antibodies and their significance. Autoimmunologia La Diagnostica Di Laboratorio, X Convegno Annuale di Studio. Chioggia, Italy. September 23, 1999.

Western immunoblot method of detecting anti-68kD antibodies associated with autoimmune hearing loss. 5th Dresden Symposium on Autonatibodies, Dresden, Germany. October 19th, 2000.

Immunological aspects of Celiac disease. Celiac Society chapter Hamilton, Canada. March 28, 2001.

Autoimmune Disorders-Current & Future Impact on the clinical Lab August 1, 2001, Chicago, IL

Immunology and Immunopathology of Vesciculo-bullous disorders. Australian Institute of Medical Scientists (AIMS) National Scietific meeting September 5, 2001, Sydney, Australia.

Immunological assays of diagnosiing Celiac Disease. Roundtable 54th Annual AACC Meeting Orlando, FL July 29th, 2002.

Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Roundtable 54th Annual AACC Meeting Orlando, FL July 30th, 2002.

Serological effectiveness towards the diagnosis of Celiac Disease. Westchester Celiac Sprue Support Group. Phelps Memorial Hospital. White Plains, NY March 9th, 2003.

Immunology of Vesciculo-bullous disorders, Autoimmunity and Autoimmune Diseases, Poiana Brasov, Romania. April 23, 2003.

Immunodiagnostics aspects of celiac disease. Autoimmunity and Autoimmune Diseases, Poiana Brasov, Romania. April 24, 2003.

Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Annual AACC Meeting, Philadelphia, PA, July 21, 2003.

Immunological Assays of Diagnosing Celiac Disease. AACC Meeting, Philadelphia, PA, July 22, 2003.

Are the serological methods of diagnosing celiac disease as effective as you think? 26th CSA Meeting, Buffalo, NY October 10, 2003

Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Roundtable, Annual AACC Meeting, Los Angeles, CA, July 28, 2004.

Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Roundtable Annual AACC Meeting, Orlando, Fl,July 25, 2005.

Edutrack "Autoimmune Disorders: Diagnostic Dilemmas, Annual AACC Meeting, Orlando, Fl,July 26, 2005.

Celiac Disease: A consensus Presented at Annual AACC Meeting, Orlando, Fl,July 26, 2005.

Autoimmune Gastritis; Federation of Clinical Immunology Socieities, Sheraton San Diego, June 10, 2007.

Laboratory Testing For Celiac Disease; AACC Annual meeting, Chicago, ILL, July 20, 2009
Laboratory Methods of Diagnosing Celiac Disease. 32 Annual CSA conference. Erie, PA October 30th, 2009.

Laboratory methods of diagnosing celiac disease. AACC Expert Access, January 7,2010

Autoimmune Disease Diagnosis and its impact on Public health. International conference on Technological cahallanges in developing affordable in-vitro molecular diagnsotics. Mumbai, India. 11-14 March, 2012.

PUBLICATIONS

Kumar V, Kumar A. Immunological Aspects of Corneal Transplant. Immunol. Invest. 2014; 43:888-901.

LW Solomon, PC Stark, L Winter, V Kumar, S Sinha. ELISA test for p63 antibodies in chronic ulcerative Stomatitis. Oral Diseases 2010;16: 151-55.

Bansal AK, Lindemann MJ, Ramsperger V, Kumar V. Celiac G+ antibody assay for the detection of autoantibodies in celiac disease. Ann N Y Acad Sci. 2009;1173:36-40.

Solomon LW, Neiders ME, Zwick MG, Kirkwood KL, Kumar V. Autoimmunity to deltaNp63alpha in chronic Ulcerative Stomatitis. J Dent Res. 2007;86:826-31

Suresh L, Kumar V. Significance of IgG4 in the diagnosis of mucous membrane pemphigoid. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2007;104:359-62

Kumar V. Pernicious anemia. MLO Med Lab Obs. 2007;39:28,30-1.

Shen L, Zhang C, Wang T, Brooks S, Ford RJ, Lin-Lee YC, Kasianowicz A, Kumar V, Martin L, Liang P, Cowell J, Ambrus JL Jr. Development of Autoimmunity in IL-14{alpha}-Transgenic Mice. J Immunol. 2006 Oct 15;177(8):5676-86

Espay A, Kumar V, Sarpel G Anti-Hu-associated paraneoplastic limbic encephalitis presenting as rapidly progressive non-convulsive status epilepticus. J. Neurological Sciences 246:149-152, 2006

Solomon LW, Aguirre A, Neiders M, Costales-Spindler A, Jividen GJ Jr, Zwick MG, Kumar V. Recurrent recalcitrant gingival hyperplasia and plasminogen deficiency: a case report. J Periodontol.74:1508-13, 2003.

Soloman L, Aguirre A, Neiders V, Costales-Spindler J, Zwick M, Kumar V. Chronic ulcerative stomatitis: Clinical, histopathologic and immunopathologic finindgs. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 96:718-26, 2003.
V. Kumar, M. Jarzabek-Chorzelska, J. Sulej, Krystyna Karnewska, T. Farrell, and S. Jablonska Celiac Disease and IgA deficiency:How effective are the serological methods of diagnosis? Clinical diagnostic lab Immunology 9:1295-1300, 2002.

Musa NJ, Kumar V, Humphreys L, Aguirre A, Neiders M. Oral pemphigoid masquerading as necrotizing ulcerative gingivitis in a child. J Periodontol. **73**:657-663, 2002.

Aktay AN, Lee PC, Kumar V, Parton E, Wyatt DT, Werlin S. The prevalence and clinical charachetristics of celiac disease in juvenile diabetes in Wisconsin. J Pediatr Gastroenterol Nutr 33:462-465,2001.

Kumar, V. Rajadhyaksha, M. Wortsman J. Celiac disease associated autoimmune endocrinopathies. Clinical Diagnostic Lab. Immunology **8**:678-685, 2001.

Kumar, M. Jarzabek-Chorzelska, J Sulej, M Rajadhyaksha, S Jablonska. Tissue Transglutaminase and Endomysial Antibodies - Diagnostic Markers of Gluten Sensitive Enteropathy in DH. Clinical Immunol **98**:378-382, 2001.

Kumar V. Sensorineural hearing loss:laboratory diagnosis of autoimmune diseases. Lab Medicine 3:23-28, 2000.

Rinaggio J, Neiders ME, Aguirre A, , Kumar V. Using immunofluorescence in the diagnosis of chronic ulcerative lesions of the oral mucosa. Compendium **20**:943-962, 1999.

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Rajadhyaksha M, Kumar V. Autoimmune markers of Insulin dependent diabetes (type 1) diabetes mellitus. Immunotes **14**: 4-7, 1999.

Kumar V, Rajadhyaksha M. Tissue immunofluorescence Microscopy in Clinical Diagnostic Immunology eds. Nakamura RM, Burek CL, Cook L, Folds JD, Sever JL. Blackwell Science Publ. MA, 1998, pp168-177.

Kovaleski CR, Jaliman D, Kumar V, Valeski JE. Dermatitis herpetiformis following gastric surgery. Arch Dermatol. **133**:113-114, 1997.

Kumar V, Valeski JE, Chorzelski TP, Jablonska S. Significance of IgG-subclass antibody determination in bullous pemphigoid. J Clin lab Analysis. **10**:432-434, 1996.

Kumar V, Valeski JE, Wortsman J. Celiac disease and hypoparathyroidism: Cross reaction of endomysial antibodies and parathyroid tissue. Clin Diagnostic Immunol. **3**:143-146: 1996.

Kumar V. Immunological markers of polymyositis/dermatomyositis. Immunotes **10**:5-6, 1996.

Kumar V, Jandreski MA. Antinuclear antibody testing. Clin Lab News **21**:6-8, 1995.

Pacht A, Sinai N, Hornstein L, Kumar V, Ish-shalom N, Lerner A. The diagnostic reliability of anti-endomysial antibody in celiac disease: The north Israel experience. Isr J Med Sci 312:218-220, 1995.

Wortsman J, Kumar V. Case report: Idiopathic hypoparathyroidism co-existing with celiac disease: immunologic studies. Am J Med Sci 307:420-427, 1994.

Kumar V. Immunofluorescence and enzyme immunomicroscopy methods. in Immunochemistry. van Oss CJ, van Ragenmortel MHV eds. Marcel Dekker, New York, 1994; pp 829-847.

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Valeski JE, Kumar V, Mattina G, Jarzbek-Chorzelska M, Chorzelski TP, Jablonska S. Significance of in vivo pepper-dot epidermal nuclear reactions: Correlation with anticentromere antibodies and CREST syndrome. J Am Acad Dermatol 30:280-283, 1994.

Lerner A, Kumar V, Iancu TC. Immunological diagnosis of celiac disease: comparison between antiglaiadin, antireticulin and antiendomysial antibodies. Clin Exp Immunol 95:78-82, 1994.

Rossi TM, Albini CH, Kumar V. Incidence of celiac disease identified by the presence of serum endomysial antibodies in children with chronic diarrhea, short stature, or insulin dependent diabetes. J Pediatrics 123:262-264, 1993.

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Jablonska S, Blasczyk M, Chorzelski TP, Jarzabek-Chorzelska M, Kumar V, Beutner EH. Clinical relevance of immunologic findings in scleroderma Clin Dermatol 10: 407-421, 1993

Blaszczyk M, Jablonska S, Chorzelski TP, Jarzabek-Chorzelska M, Beutner EH, Kumar V. Clinical relevance of immunologic findings in cutaneous lupus erythematosus. Clinic Dermatol 10:399-406, 1992.

Jablonska S, Chorzelski TP, Blaszczyk M, Jarzabek-Chorzelska M, Kumar V, Beutner EH. Scleroderma/polymyositis overlap syndromes and their immunologic markers Clini Dermatol 10:452-72, 1992.

Kumar V, Zane H, Kaul N. Serological markers of gluten sensitive enteropathy in bullous diseases. Arch Dermatol 128:1474-1478, 1992.

Rostami R, Beutner EH and Kumar V. Quantitative studies of immunofluorescent staining. Quantitative reference standard slide for standardization of fluorescence microsccpes. Int Arch Aller Appl Immunol 98:200-204, 1992.

Valeski JE, Kumar V, Forman AB, Beutner EH and Chorzelski TP. A Characteristic cutaneous direct immunofluorescence pattern associated with Ro(SS-A) antibodies in subacute cutaneous lupus erythematosus. J Am Acad Dermatol 27:194-198, 1992.

Beutner EH, Chorzelski TP, Reunala T and Kumar V. Immopathology of dermatitis herpatiformis. Clinics in Dermatol 9:295-311, 1992.

Qutaishat S, Kumar V, Beutner EH, Jablonska S. A distinct stratum corneum antigen in psoriasis and its reactions with stratum corneum autoantibodies. APMIS 100:341-346, 1992.

Valeski JE, Kumar V, Beutner EH, Cartone C, Kasprzyk K. Differentiation of bullous pemphigoid from epidermolysis bullosa acquista on frozen skin biopsies. Int J Dermatol 31:37-41, 1992.

Beutner EH, Chorzelski TP, Parodi A, Schosser R, Guin J, Cardo D, Maciejowska E, Valeski J, Kumar V. Ten cases of chronic ulcerative stomatitis with stratified specific antinuclear antibody. J Am Acad Dermatol 24:781-782, 1991.

Kumar V, Bartholomew W, Shieh MT, Pierce C and Kaul N. Standardization of ELISA for the detection of anti-cardiolipin antibodies - effect of non-specific IgG binding. Immun Invest 20:583-593, 1991.

Koelle M, Kumar V, Beutner EH, Chorzelski TP. In vivo epidermal nuclear reactions: A selective process. Br J Dermatol 12a:48-52, 1991.

Beutner EH, Blaszczyk M, Jablonska S, Chorzelski TP, Kumar V, Wolska H. Studies on criteria of the European Academy of Dermatology and Venerology for the classification of cutaneous lupus erythematosus. I. Selection of clinical groups and study factors. Int J Dermatol 3Q:411-417, 1991.

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Valeski JE, Kumar V, Beutner EH, Lerner A, Chorzelski TP. Immunology of celiac disease. Tissue and species specificity of endomysial and reticulin antibodies. ArchAllergy and Appl Immunol 93:1-7, 1990.

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Beutner EH, Chorzelski TP, Kumar V, Valesi JE, Rossi T Role of autoimmunity in gluten sensitive enteropathy. In: Serologic Diagnosis of Celiac Disease, Chorzelski TP, Beutner EH, Kumar V, Zalewski TK (eds.), CRC Press, Boca Raton, FL, pp. 143-164 1990.

Chorzelski TP, Beutner EH, Hallstrom 0, Kumar V, Reunala T. Relative sensitivity and specificity of serodiagnostic tests for gluten sensitive enteropathy - Comments. In: Serologic Diagnosis of Celiac Disease, Chorzelski TP, Beutner EH, Kumar V, Zalewski TK (eds.), CRC Press, Boca Raton, FL, pp. 141-142, 1990.

Kumar V, Lerner A, Valeski JE, Beutner EH, Chorzelski TP, Kowalewski C. Relative sensitivity and specificity of serodiagnostic tests for gluten sensitive enteropathy Comparative studies of IgA-class endomysial (IgA-EMA) and IgA-class antireticulin antibodies (IgA-ARA) in celiac disease. In: Serologic Diagnosis of Celiac Disease, Chorzelski TP, Beutner EH, Kumar V, Zalewski TK (eds.), CRC Press, Boca Raton, FL, pp. 127-136, 1990.

Chorzelski TP, Beutner EH, Maciejowska E, Kumar V, Rosinska D, Sulej J. Seodiagnostic tests in dermatitis herpatiformis - IgA-class endomysial antibodies in dermatitis herpatiformis. In: Serologic Diagnosis of Celiac Disease, Chorzelski TP, Beutner EH, Kumar V, Zalewski TK (eds.), CRC Press, Boca Raton, FL, pp. 105-118, 1990.

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Beutner EH, Chorzelski TP, Wilson RM, Kumar V, Michel B, Helm F and Jablonska S. IgA pemphigus foliaceus. A report on two cases and a review of the literature. J Am Acad Dermatol. 20: 89-97, 1989.

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relatives detected by IgA-EMA tests. In: Cellular, Molecular and Genetic Approaches to Immunodiagnosis and Immunotherapy". Proceedings of the VIIIth International Conference on Labeled Antibodies. K. Kano, S. Mori, T. Sugisaki and M. Torisu (eds.), pp. 471-474, University of Tokyo Press, Tokyo, 1987.

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Kumar, V., Hemedinger, E., Chorzelski, T.P., Beutner, E.H., Valeski, J.E. and Kowalewski, C. Reticulin and endomysial antibodies in bullous diseases - Comparison of specificity and sensitivity. Arch. Dermatol. 123: 1179-1182, 1987.

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Deng J-S and Kumar V. Extractable nuclear antigens: Preparation, standardization and method for detecting anti-ENA antibodies, Chapter 32, pp. 533-553.

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Kumar V, Schwartz J, Ramsperger V, Rajadhyaksha M. Anti-tissue transglutaminase antibody ELISA for accurate diagnosis of celiac disease. Clinical Immunology Society, Seattle, WA. May 16, 2000.

Rajadhyaksha M, Hsu C, Cook N, Kumar V, Western immunoblot method of detecting anti-68 KD antibodies associated with autoimmune hearing loss. Clinical Immunology Society, Seattle, WA. May 16, 2000.

Aktay A, PC Lee, Kumar V, Partone E, Wyatt D and Werlin SL. The prevalence and clinical characheteristics of celiac disease in juvenile diabetes in Wisconsin. World Congress of Pediatric Gastroenterology and Nutrition. Boston August 2000.

Kumar V, Zhu C, Cook N, Rajadhyaksha M. Western immunoblot method of detecting anti-68kD antibodies associated with autoimmune hearing loss. 5th Dresden Symposium on Autonatibodies, Dresden, Germany. October 19th, 2000.

Kumar V, Schwartz J, Ramsperger V, Rajadhyaksha M. An enzyme immunoassay for the detection of antibodies to oxidized low density lipoproteins. Western immunoblot method of detecting anti-68kD antibodies associated with autoimmune hearing loss. 5th Dresden Symposium on Autonatibodies, Dresden, Germany. October 19th, 2000.

Kumar V, Jarzabek-Chorzelska M, Sulez J, Rajadhyaksha M, Jablonska S. Tissue transglutaminase antibodies-Diagnostic markers of gluten sensitive enteropathy in dermatitis herpetiformis. Federation of Clinical Immunology Societies (FOCIS) 1st Annual meeting, Boston, MA May 6, 2001. Clinical Immunol. 99: 150, 2001.

Rajadhyaksha M, Schwartz J, King G, Kumar V. Epitope specific ELISA for the diagnosis of LKM autoantibodies in autoimmune hepatitis. Federation of Clinical Immunology Societies (FOCIS) 1st Annual meeting, Boston, MA May 6, 2001. Clinical Immunol. 99: 156, 2001.

Rajadhyaksha M, Schwartz J, King G, Kumar V, Humbel R. Epitope specific ELISA for the diagnosis of LKM autoantibodies in autoimmune hepatitis 53 Annual AACC Meeting. Clin Chem. **47:**A48, 2001.

Kumar V, Jarzabek-Chorzelska M, Sulez J, Rajadhyaksha M, Jablonska S. Tissue transglutaminase antibodies-Diagnostic markers of gluten sensitive enteropathy in dermatitis herpetiformis. 53 Annual AACC Meeting. Clin Chem. 47:A48, 2001.

Musa N, Aguirre A, McCall W, Kumar V, Neiders M, The role of clinical, histological and immunofluorescent techniques in the diagnosis of oral lichen planus. 32nd Annual AADR meeting, San Antonio. J Dental Res 82 (special issue A) 0068,2003.

Yerke L, Farrell P, Kumar, Solomon L. Differentaion of autoimmune subepithelial bullous diseases using confocal microscopy. 83rd IADR/AADR/CADR meeting, Baltimore, MD, J Dental Res 84)special issue A) 59746, 2005.

Significance of IgG4 in the diagnosis of mucous membrane pemphigoid , Cin Immunol 123; S51, 2007.

Exocrine Pancreas Antibody (ExPA) in Inflammatory Bowel Disease, Clin Chemistry, 2007

Intrinsic Factor Autoantibodies in Pernicious Anemia. Clin Chemistry, 2007.

V. Ramsperger, M. Lindemann, V. Kumar. Do We Need Immunofluorescence Tests For PM/SCL Antibody Detection? AACC 2010.

M. Lindemann, V. Ramsperger, V. Kumar. Utility of international reference antibody controls in standardizing immunoassays for anti-cardiolipin antibodies. AMLI, 2010.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Steve Lakomy, MD

3. Title: Chief Medical Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

The CMO provides medical oversight, expertise and leadership to ensure the delivery of quality services. The CMO's responsibilities also include the strategy, development and implementation of innovative clinical programs that include collaboration with strategic business partners.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone [redacted] 9. Fax [redacted]

10. Email [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
S.U.N.Y. at Buffalo	15 Capen hall, Buffalo, NY 142	09/72	05/76	Bachelor of Arts Psychology/ Biology Cum Laude	5/76
St. Georges University School of Medicine	Grenada, West Indies	01/77	12/78	No Degree	N/A
Creighton University School of Medicine	2500 California St., Omaha NE, 68178	09-79	05/81	MD Degree	05/81
Creighton University School of Medicine	2500 California St., Omaha NE, 68178	07/81	06/82	Internal Medicine Internship	06/82
Allegheny General Hospital	320 E. North St., Pittsburgh, PA, 15212	07/82	12/84	Emergency Medicine Residency	12/84

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Controlled Substance DEA	[redacted]	US Department of Justice	03/13/2013	03/13/2016
Physician	174087-1	NYS Department of Education	1988	08/31/2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5/13/15
Notary Name: Jayne K. Rand	Notary Registration Number: 01RA4832936
Notary (Notary Must Affix Stamp or Seal): Jayne K. Rand Notary Public State of New York Erie County My Commission Expires 3/30/19	Date: 5/13/15

17 & 18

17. Employment for past 10 years

Steven Lakomy, MD

Redacted pursuant to N.Y. Public Officers Law, Art. 6

15.

Steve Lakomy, MD

EDUCATION. TRAINING

Education:

S.U.N.Y. at Buffalo — 9/72 - 5/76
15 Capen Hall, Buffalo, NY 14260
Bachelor of Arts degree, Psychology/Biology, Cum Laude

St. George's University School of Medicine — 1-77 to 12-78
Grenada, West Indies
Basic Medical Sciences, no degree

Creighton University School of Medicine — 9-79 to 5/16/81
2500 California St., Omaha NE, 68178
Clinical Sciences, MD degree, Cum Laude, AOA

Internship:

Creighton University School of Medicine — 7-81 to 6-82
2500 California St., Omaha NE 68178
Internal Medicine/Psychiatry

Residency:

Allegheny General Hospital — 7-82 to 12-84
320 E. North St., Pittsburgh, PA 15212
Emergency Medicine
Chairperson: Emily Jean Lucid, MD

Steve Lakomy

Dr. Steve Lakomy has made significant strides in the Western New York medical community as a Board Certified emergency medicine physician at. With over 33 years' of clinical experience, Dr. Lakomy excels in providing exceptional patient care while sustaining charitable commitments to the community.

Dr. Lakomy graduated cum laude from Creighton University School of Medicine Clinical Services, where he earned a degree in medicine. Prior to attending Creighton University, Dr. Lakomy attended St. George's University School of Medicine, earning his degree in Basic Medical Sciences.

Over his career, Dr. Lakomy has served as a staff physician in the emergency departments of [redacted] Erie County Medical Center and [redacted] of the [redacted]

Dr. Lakomy played a key role as a [redacted]

Dr. Lakomy has served on several internal committees including the Critical Care Committee, the Cardiovascular Committee and the Medical Executive Committee for [redacted] in New York. In addition, Dr. Lakomy served on the Bylaws, Library, Ethics and Medical Executive committees while serving as a chairman for the [redacted] at [redacted] in New York. Dr. Lakomy volunteers as a medical director for several local firehouses, police dispatch centers and emergency transport services. He also is very involved with charity work offering his time and financial resources to various community initiatives.

As a respected member of the national medical community, Dr. Lakomy is a member of several clinical associations including the American Medical Association, Medical College of Emergency Physicians, Alpha Omega Alpha Honor Medical Society and Physicians for Social Responsibility.

Jayne K. Rand
[redacted]

To whom it may concern:

Please allow this letter to serve as a character reference for Steve Lakomy, MD. During the span of my professional career, I have served as a Director to the boards of 2 separate publicly traded companies; Rand Capital Corp., SBIC (NASDAQ RAND) and The Jamestown Savings Bank, which was acquired by Northwest Savings Bank. Therefore, I fully recognize the role a character reference can play in the selection of a key employee or associate.

A[redacted] in 2005 launched my close friendship with Steve Lakomy and his [redacted]. Although we were not successful in the tournament that year, we have enjoyed a close friendship,[redacted] for more than a decade. It has been a pleasure to get to know this accomplished, intelligent, sincere, and caring man.

Steve's professional accomplishments are many. As a leader in his specialization, 30 years ago Steve was the first residency-trained, board certified emergency physician in WNY.[redacted] He continues to be an expert case reviewer for possible improper medical care by physicians. Being a respected physician with strong opinions related to healthcare, Steve has been asked to publicly testify on the medical use of marijuana.

In my capacity as a [redacted] for nearly 25 years, I have had quite a few financial dealings with Steve. His financial savvy goes beyond the numerous community boards he serves on. Steve is capable and innovative in his approach to investing and financial management. He works with smart advisors and the results demonstrate just how accomplished he is.

Shortly after we first met, Steve and [redacted] purchased a [redacted] from my [redacted] and Steve is both admired and beloved in our [redacted]. He is always willing to help out. He and [redacted] regularly open their home to [redacted] and, as you can imagine, our [redacted] benefits from having a ER doctor on the street. We all love Steve and hope they never move. In addition to our [redacted] Steve is very involved with many community groups and he serves on several boards. Personally, I know he is an especially committed Board member of the SENSES organization whose mission is to help prepare underprivileged children in Buffalo's inner city for school and business. When Steve isn't at work, he and [redacted] are fixtures at virtually every fundraiser they can get tickets to. This shows how caring Steve is for both the community as a whole and our neighbors that live here.

It is an honor that Steve asked me to testify to his character. I can honestly and enthusiastically tell you that Steve is a capable Doctor, a [redacted], an honorable community citizen, a smart businessman and a very good friend.

Sincerely,

Jayne K. Rand
February 10, 2015

M&T Bank NMLS #467411

Jayne K. Rand
Vice President

Mortgage Division
80 Holtz Drive, 2nd Floor
Cheektowaga, NY 14225
CELL 716 574 6749 FAX 855 705 2704
jrand@mtb.com

L-1 Enrollment Ser

New York Stat
EasyPath Netwo

Applicant: LAKOMY, STEVEN, ANDR
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency NYS Dept of Health Bur Na
Reason Fingerprinted
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members**.** For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: FRANK LEE | 3. Title: MD

4. Briefly describe the role of this person or entity in the proposed registered organization:

INVESTOR

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax:	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNY @ Buffalo	Buffalo, NY	1989	1993	BA in Biology	1993
SUNY @ Buffalo Medical	Buffalo, NY	1993	1997	MD	1997
SUNY @ Buffalo Emergency Medicine	Buffalo, NY	1997	2000	ABEM Certification	2001

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
MD	213144	NYSED OFFICE OF THE PROFESSIONS	2001	2017

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
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Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/21/15
Notary Name: Lisa Czerniejewski	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5-21-15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 10/2/18

[redacted]

FRANK MICHAEL LEE

EDUCATION

1997 - 2000 SUNY @ Buffalo School of Medicine Buffalo, NY
Emergency Medicine Residency

1993 - 1997 SUNY @ Buffalo School of Medicine Buffalo, NY
Medical Doctorate

1989 - 1993 SUNY at Buffalo Buffalo, NY
Bachelor of Arts, Biological Sciences – Summa Cum Laude

BOARD CERTIFICATION

New York State License (#213144) February 1999

American Board of Emergency Medicine board certified on June 15, 2001 (#200759)

RESEARCH

1997 – 2000 Subinvestigator for GUSTO IV AMI at [redacted]

Primary investigator for Informed Consent study (GUSTO IV)

1990 – 1991 Isolation of blood factors from Fiddler Crabs under the supervision of Dr. Herreid in the Biology Department at SUNY at Buffalo

RESIDENCY

EMRA representative
BLS, ACLS, PALS, ATLS certified
Completed emergency vehicle operation course (EVOC)
SMART (Specialized medical assistance response team) member
Credentialed in ED bedside ultrasound
Experience with Telemedicine
Extensive experience in Level 1 trauma center (ECMC)
Extensive experience with Pediatrics (CHOB)
Grand Rounds Lecture on Inflammatory Bowel Disease 2/17/98, Brain abscess 10/27/98 and Thrombolytics/GIIb-IIIa inhibitors 8/21/99
Lectured Local Chapter of the FBI on ballistics and field survival tips
Lectured Twin City Paramedics on Carbon Monoxide Poisoning
Instructor for the Western Regional Emergency Medicine Service Base Station Course

WORK EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

HONORS AND AWARDS AND INVOLVEMENTS

Current

Awarded [redacted] *Caritas Award in 2006*
Awarded EPIC Inaugural Advantage Award in 2012
[redacted] Foundation Board of Director
Physician leader of the St.Joseph RENAISSANCE Project
[redacted] Medical Executive Committee
[redacted]

Medical School

University Medical Alumni Scholarship
Dean's Letter of Commendation for 1st and 2nd year

Undergraduate

Phi Beta Kappa
Samuel P. Capen Award
Grace W. Capen Memorial Award
Dean's List all 4 years
University Honors Program
Phi Eta Sigma (freshmen honors)
Golden Key National Honor Society
Empire State and Regents Scholarship

EXTRACURRICULAR ACTIVITIES

[redacted]

Bio

Dr. Frank Lee, M.D., FAAEM, FACEP has been [redacted] of [redacted] He excels at identifying process improvement opportunities, analysis of processes, and has thorough knowledge in the implementation of electronic medical records systems. Board certified in emergency medicine, Dr. Lee was named [redacted] to focus on the national book of business. He spearheaded an initiative [redacted] called Project Renaissance, which has been met with high praise in the medical community. Project Renaissance was the genesis of redesign and rebuilding of all the emergency departments within CHS in WNY and the implementation of EMR within the departments. He also led the design of the hospital's new emergency department, which won the small business design award in healthcare. [redacted] recently honored Dr. Lee with the Caritas Award that recognizes outstanding service and dedication along with support to the community. He also serves on the hospital foundation's board of directors. Dr. Lee is a frequent lecturer to medical staffs and organizations on a range of topics related to emergency medicine. He is also certified in ultrasound. Dr. Lee continues to practice emergency medicine at [redacted] and [redacted] He is also an assistant clinical professor. He completed his residency at the University at Buffalo's School of Medicine, earning his medical doctorate along with a Bachelor's degree in Biological Sciences from the University at Buffalo.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: LEE, FRANK, MICHAEL
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: LEE, FRANK, MICHAEL
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Henry Lee | 3. Title: MD

4. Briefly describe the role of this person or entity in the proposed registered organization:

Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNY at Buffalo	Buffalo NY	1991	1995	BA	1995
SUNY @ Buffalo Medical School	Buffalo. NY	1995	1999	MD	1999
Northwestern University	Chicago, IL	1999	2000	Prelim yr	2000
Wills Eye Hospital	Philadelphia, PA	2000	2003	Ophthalmology Residency	2003
Washington University	St. Louis, Mo	2003	2005	Retina-Uveitis Fellowship	2005

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
MD	235834	New York State Educate-Dept Office of Professions 89 Washington Ave Albany, NY 12234	4/2005	10/2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☒ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Investor - N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/23/2015
Notary Name: Tabitha Golding	Notary Registration Number: 01GO6313606
Notary (Notary Must Affix Stamp or Seal)	Date: 5/23/15

TABITHA L GOLDING
Notary Public - State of New York
No. 01GO6313606
Qualified in Erie County
My Commission Expires Oct. 20, 2018

Redacted pursuant to N.Y. Public Officers Law, Art. 6

HENRY CHRISTOPHER LEE

EMPLOYMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EDUCATION

2003 - 2005 Barnes Retina Institute St. Louis, MO
Retina Fellowship

2000 - 2003 Wills Eye Hospital Philadelphia, PA
Ophthalmology Residency

1999 - 2000 Northwestern University Chicago, IL
Preliminary Medicine

1995 - 1999 SUNY at Buffalo Medical School Buffalo, NY
Medical Doctorate – Cum Laude

1991 - 1995 SUNY at Buffalo Buffalo, NY
Bachelor of Arts, Biological Sciences – Summa Cum Laude

PRESENTATIONS AND PUBLICATIONS

Lee HC, Holekamp M. "The Surgical Management of Submacular Hemorrhage." Retina (3 Volume Set). Ed. Ryan SJ, 4th Edition, 2006.

Lee HC, Shah GK. "Intravitreal Triamcinolone as Primary Treatment for Cystoid Macular Edema Secondary to Branch Retinal Vein Occlusion." Retina 2005 Jul-Aug; 25(5):551-5.

Shah GK, Lee H. "Intravitreal Triamcinolone as Primary Treatment for Cystoid Macular Edema Secondary to Branch Retinal Vein Occlusion." American Society of Retinal Specialists 2004 Annual Meeting, Poster.

Lee HC, Liu M, Ho AC. "Idiopathic Juxtafoveal Telangiectasis in Association with Celiac Sprue." Arch Ophthalmol. 2004 Mar; 122(3):411-3.

Liu M, Lee HC, Hertle RW, Ho AC. "Retinal Detachment From Inadvertent Intraocular Injection of Botulinum Toxin A." Am J Ophthalmol. 2004 Jan; 137(1):201-2.

Lee HC, Rosenblatt BJ, Kaiser RS. "Retinal Redetachments in Patients Following Scleral Buckling Procedures." The Association for Research in Vision and Ophthalmology 2002 Annual Meeting, Poster.

Lee HC, Ho AC. "Photodynamic Therapy in Patients Less than 50 Years Old." Wills Eye Conference 2002, Presentation.

Rosenblatt BJ, Lee HC, Kaiser RS. "Redetachments after Scleral Buckling Procedures." Wills Eye Conference 2002, Presentation.

Ho AC, Lee HC. "Macular Holes." Chapter 23A, Duane's Clinical Ophthalmology 2002 ed.

Olitsky SE, Kelly C, Lee H, Nelson LB. "Unilateral Rectus Resection in the Treatment of Undercorrected or Recurrent Strabismus." J Pediatr Ophthalmol Strabismus. 2001 Nov-Dec; 38(6):349-53.

RESEARCH EXPERIENCE

8/1998 – 5/1999: Conducted research on strabismus, and the efficacy of corrective surgery. S. E. Olitsky, M.D.– Adviser.

5/1996 – 8/1996: Awarded Dept. of Neurosurgery Research Grant to design and develop a novel method for analyzing the geometry of carotid arteries, via 2-D carotid angiograms. L. R. Guterman, M.D. – Adviser.

5-8/1992, 5-8/1993: Investigated the role of gap junction communication in the transformation of cancer cells. B. Nicholson Ph.D. – Adviser.

AWARDS RECEIVED

Medical School

Cum Laude Graduate
Alpha Omega Alpha Honor Society
University Medical Alumni Scholarship (4 years)
Donald W. Rennie, M.D. Award – highest grade in Physiology, Year 1
Edward J. Curvish Award – highest grade in Biochemistry, Year 1
James A. Gibson Anatomical Society, Year 1
Ernest Witebsky Memorial Award – highest grade in Microbiology, Year 2
Pathology Honor Society, Year 2
Dean's Letter of Commendation – Year 1 and Year 2

Undergraduate

Summa Cum Laude Graduate
Presidential Honors Program Scholarship (4 years)
Phi Beta Kappa – Samuel P. Capen Award
Grace W. Capen Memorial Award
CRC Press Freshman Chemistry Achievement Award
Merck Index Award For Excellence in Organic Chemistry
Golden Key National Honor Society
Phi Eta Sigma Freshman Honor Society

PROFESSIONAL SOCIETIES/ASSOCIATIONS

American Academy of Ophthalmology

Henry C. Lee, MD Bio

Henry C. Lee, MD, is a board certified, fellowship trained vitreo-retinal specialist. He treats all medical and surgical diseases of the retina and vitreous. He has a special interest in age-related macular degeneration, vascular occlusions, epiretinal membranes, and macular holes.

Dr. Henry Lee grew up in the [redacted] area, and received his undergraduate education at SUNY at Buffalo, and earned his medical degree from the UB School of Medicine and Biomedical Sciences. He completed his ophthalmology residency at the Wills Eye Hospital in Philadelphia. Dr. Henry Lee then completed a vitreo-retinal fellowship at Washington University, in St. Louis. He returned to Buffalo in 2005.

Dr. Henry Lee has participated in clinical research studies and has been published in scientific journals and retinal textbooks. He is a member of many professional organizations, including the American Academy of Ophthalmology, the Medical Society of the State of New York, and the Buffalo Ophthalmology Society.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: LEE, HENRY, C
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088006

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: LEE, HENRY, C
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088006

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: RAQUEL G. MARTIN | 3. Title: CLASS B MEMBER

4. Briefly describe the role of this person or entity in the proposed registered organization:

CLASS B MEMBER

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax [redacted]		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Canisius College	2001 Main Street Buffalo, NY	9/1975	6/1979	BA	6/1979
Midwestern University	Chicago, Illinois	9/1979	5/1983	D.O.	
Cleveland Clinic Foundation	9500 Euclid Ave Cleveland, Ohio	7/83	6/87	residency in Internal Medicine	

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
NY State Medical	157556	NYS Education Department Division of Professional Licensing 89 Washington St Albany, NY 12234		3/31/2017
N.C. Medical License	32140	N.C. Medical Board P.O. Box 20007 Raleigh, N.C. 27619		4/17/2016
Ohio Medical License	3782	State Medical Board of Ohio 30 E Broad Street Columbus, Ohio 43215		7/1/2016
Virginia Medical License	0102076887	Department of Health Professions 9960 Maylend Drive, Suite 300 Richmond, VA 23233		4/30/16
Florida Medical License	0006537	Florida Dept. of Professional Regulation 1940 N. Monroe Street Tallahassee, Florida		3/31/2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
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Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Ryan Schmidt 5/20/15

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Gale S. O'Neill	Date: 5/20/15
Notary Name: GALE S. O'NEILL	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:

GALE S ONEILL
No. 01ON6185762
Notary Public, State of New York
Qualified in Erie County
My Commission Expires April 21, 2018

CURRICULUM VITAE

Raquel G. Martin, D. O., FACEP, FACP

HOME ADDRESS
[redacted]

OFFICE ADDRESS
Emergency Department
Kenmore Mercy Hospital
2950 Elmwood Avenue
Kenmore, New York 14227

I. **EDUCATION:**

	DATES:	DEGREE/TITLE:
Canisius College, Buffalo, NY	1975-1979	BA Magna Cum Laude
Midwestern University	1979-1983	D. O.

POST-DOCTORAL TRAINING:

Cleveland Clinic Foundation	1983-1984	Intern, Internal Medicine
Cleveland, Ohio	1984-1986	Resident, Internal Medicine
	1986-1987	Chief Medical Resident

BOARD CERTIFICATION:

Diplomate of American Board of Internal Medicine	Certificate No. 110953 - 8/15/89
Diplomate of American Board of Emergency Medicine	Certificate No. 920743 - 6/02/94
	Certificate No. 920743 12//29/03-12/31/2013
	Certificate No.920743 1/2014-12/31/2023

II. **ACADEMIC & PROFESSIONAL APPOINTMENTS:**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Clinical Instructor of Medicine	State University of New York at Buffalo School of Medicine & Biomedical Sciences

Assistant Professor, Emergency Medicine — State University of New York at Buffalo
School of Medicine & Biomedical Sciences

II. **ACADEMIC & PROFESSIONAL APPOINTMENTS cont'd:**

Director — Emergency Department
Wythe County Community Hospital
Wytheville, VA 24382
June, 1987-November, 1988

Redacted pursuant to N.Y. Public Officers Law, Art. 6

III. **PROFESSIONAL CERTIFICATION:**

National Faculty American Heart Association - ACLS
Advanced Cardiac Life Support Instructor
Pediatric Advanced Life Support Instructor
Basic Cardiac Life Support Instructor
Advanced Trauma Life Support Provider

IV. **LICENSURE:**

New York	#157556	exp. 3/31/2017
North Carolina	#32140	exp. 4/17/2016
Ohio	#3782	exp. 7/01/2016
Virginia	#0102036887	exp. 4/30/2016
Florida	#0006537	exp. 3/31/2016

V. **EMPLOYMENT HISTORY:**

[redacted]

Wythe County Community Hospital, Wytheville, Virginia
June, 1987-July, 1989

Smyth County Community Hospital, Marion, Virginia
October, 1987-November, 1988

[redacted]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

VI. **HONORS & AWARDS:**

National Delta Omega Scholastic and Service Award 1983
Who's Who in Health Medical Services 1991
Fellow of the American College of Emergency Physicians -- 1994.
Who's Who in the East -- 1995/1996.
Women in Medicine 2000- Kaleida Health
Who's Who among Executives and Professionals 2010
Sister Mary Mechtilde Memorial Award 2012
Woman of Distinction in WNY 2013
Who's Who in Health Care by Business First 2014
Medical Director of the Year by Team Health in 2014

VII. **SERVICE:**

A. **INTRAMURAL**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

2. **Service:**

Course Director ACLS
-- 3-5 Courses/Year at Kaleida Health, Erie County Community College
ACLS Instructor for University Incoming Residents at SUNYAB School of Medicine
--each July since 1989
BLS Instructor for University Incoming Residents at SUNYAB School of Medicine
--each June since 1992
PALS Instructor -- 2-3 Courses/Year at SUNYAB
Emergency Medicine Grand Rounds -- 2-3 Times/Year
Internal Medicine Outpatient Clinic at MFH Gates Circle -- 7/89 – 7/90
Coordination of Family Practice & Internal Medicine, Emergency Medicine Residents through
MFSH Emergency Department and Teaching on Daily Basis -- 11/88 – present

VII. **SERVICE cont'd:**

B. **EXTRAMURAL**

Professional Memberships:

ECC National Faculty American Heart Association	--6/99 –4/2003
NYS Regional ECC Committee American Heart Association	--7/1/98 – 7/2003
Chair of American Heart Association ACLS Forum - Western Division	
Chair of American Heart Association, Area I Task Force	-- 1998 –12/2003
Member of PALS/PILS Forum	-- 1997 – 2009
Member of State Emergency Medical Advisory Committee (SEMAC)	-- 1998 –2009
Member of State Emergency Medical Advisory Committee Medical Standards Committee	--1998 -2009
Member of State Emergency Medical Advisory Committee QI/QA Evaluation Committee	-- 1998-2009
Chair of QI/QA Evaluation Committee State EMS Council	-- 1997 – 1999
Medical Society of State of NY Committee on Emergency Medical Services	-- 2/1998 –2/2002
Chair-Elect New York State EMS Council	-- 1998 – 1999
Treasurer of State Emergency Medical Services Council	-- 1996 – 1997
Vice President of Emergency Medical Services Council	-- 1997 – 1998
Chair of ACLS Implementation Committee, American Heart Association	-- 1997 – 12/2003
Secretary of New York State EMS Council	-- 1997 – 1998
Board of WREMS	-- 1996 – 1998
Chairman, Wyoming Erie Regional EMS Council	-- 1/96 –1/2000
Chairman-Elect of Wyoming Erie Regional EMS Council	-- 1/93 - 1/96
Member of New York State EMS Council	-- 1/94 - 2/99
Member of Medical Standards Committee of NYS EMS Council	-- 1/94
Member of Education & Training Committee of NYS EMS Council	-- 1/94 - 1/99
Public Health Committee of the Medical Society of the County of Erie	-- 6/91 – 6/94
Alternate Delegate to the Medical Society of the State of New York	-- 5/91 – 5/93
Regional Emergency Medicine Advisory Committee (REMAC)	-- since 6/91
Chair of QI/QA Sub-Committee of REMAC	-- 1996-2009
Chair of Public Access Defibrillator Sub-Committee of REMAC	
Member of Wyoming and Erie Regional EMS Council	-- since 2/91
Community Relations Committee of the Medical Society of the County of Erie	-- 6/90 – 6/93
Member of ACLS Implementation Committee of American Heart Association	-- 3/90 – 12/2003
Medical Society of the State of New York	-- since 9/89
Medical Society of the County of Erie	-- since 9/89
American College of Emergency Physicians (ACEP)	-- since 9/87
New York Chapter of ACEP	-- since 11/87
American College of Physicians	-- since 7/83
American Medical Association	-- since 7/83
Member of Catholic IPA	-- 2005-2009

Community Service:

Medical Director of Amherst Police PAD Program	-- 7/2000-8/2003
Member of Town of Amherst & Ambulance Board	-- 1995- 8/2003
Member of American Heart Association Operation Stroke	-- 1/2000 – present
Member of American Heart Association Operation Heartbeat	-- 7/1999 – present

Medical Director of Amherst Fire Control Emergency Medical Dispatch	-- 1995-8/2003
Board of Directors of Amherst Senior Citizens	-- 1997 – 1999
Volunteer Physician at Empire State Games, Buffalo, NY	-- summer'96
Volunteer Physician at World Veterans Games, Buffalo, NY	-- summer'95
Volunteer Physician at World University Games, Buffalo, NY	-- summer'93
Associate Director MFSH LaSalle Paramedic Program	-- 1991 - 1995
Volunteer Lancaster Volunteer Ambulance Corps	-- 6/91 - 1994
Medical Director AEMT-I Program for: Lancaster Volunteer Ambulance Corps, East Amherst Fire Company, Baird Point, Town-Line	-- 6/94 -8/2003
Co-host on 'WBEN-AM Radio' "FYI"--Talking for 1 Hr and Fielding Questions on Chest Pain	-- 08/09/90
Medical Director EMT-D Program for: Harris Hill Fire Company, Alden Fire Company, Lancaster Volunteer Ambulance Corps, Town-Line, Bowmansville, Newstead, Swormsville, Snyder, Clarence Center, Rapids, Williamsville	-- since 8/90
'Health Matters Live Line'-- Prime Time Television Program Sponsored by the Medical Society of the County of Erie and WGRZ-TV2	-- 06/05/90
Community Relations Committee of Medical Society of the County of Erie	-- 6/90 -6/92
Member of Implementation Committee of American Heart Association	-- since 3/90
Erie County Hazardous Material Response Team	-- since 1/90
Member of Western Regional EMS Medical Advisory Board	-- since 11/88
Member of Williamsville - Rotary Emergency Medical Services Council	-- since 11/88
Associate Medical Director, Town's Ambulance	-- 11/88 - 12/90
Medical Director of PAD Program Sweet Home Central Schools	-- since 2000

VIII. **PUBLICATIONS:**

1. Becker R, Martin R: Penicillamine-induced insulin antibodies (letter). Annals of Internal Medicine 1986;104:127.

2. Martin R, Becker R: Hypergastrinemia secondary to reserpine and calcium (letter). American Journal of Medicine 1986;81:749.

3. Becker RC, Martin RG, Underwood DA: Right-sided endocardial lesions and flow directed pulmonary artery catheters. Cleveland Clinic Journal of Medicine 1987;54:384.

4. Martin R, Becker R, Underwood D: Atrial infarction: a clinicopathologic study. Submitted, American Heart Journal.

5. Kozachuk WE, Martin RG, Wilke W,: CNS toxoplasmosis in dermatomyositis, submitted, Arch Int Med, 1991.

6. Kozachuk WE, Martin RG: Ergotism, submitted.

7. Kozachuk WE, Martin RG, Toole JF: Cerebral Fat Embolism: an MRI study, submitted, J of Neurol Sci, 1991.

8. Chapter on 12 Lead EKG -- "Bedside Diagnostic Testing" --Little Brown Marvin--submitted, 1995.

IX. **RESEARCH**

Principal Investigator, Millard Fillmore Hospitals for
GUSTO: Global Utilization of Streptokinase and t-PA

cvmar.doc
RGM/san
4/30/15

PERSONAL BIO

Raquel G. Martin D.O., FACEP, FACP

Originally from [redacted], having graduated valedictorian from [redacted] and then magna cum Laude with a BA in Biology from Canisius College, she pursued her medical degree from Midwestern University in Chicago, Illinois and then completed a residency in Internal Medicine at Cleveland Clinic Foundation in Cleveland, Ohio as well as a year as Chief Medical Resident. She later moved to Virginia and was Director of the Emergency Department at Wythe County Community Hospital before returning to [redacted] to take a position as [redacted] at [redacted] Dr. Martin has been very active in the American Heart Association serving in many leadership roles as well as national Faculty Advanced Cardiac Life Support. She has also helped shape prehospital care as it exists today being active locally as well as at the State level. Dr. Martin also volunteered her time and expertise in 1992 when she provided on site medical care to assist with the relief effort in Florida after Hurricane Andrew. Dr. Martin holds dual appointments at SUNYAB School of Medicine in Internal Medicine and Emergency Medicine and is a fellow in the American College of Physicians as well as the American College of Emergency Medicine. She was named to Who's Who among Executives and Professionals in 2010, was awarded the coveted Sister Mary Mechtilde Memorial Award in 2012, and named a Woman of Distinction in WNY in 2013 and to Who's Who in Health Care by Business First in August 2014 as well as Medical Director of the Year by Team health in 2014.

Her other interests include [redacted] She is [redacted] to a [redacted] and they have a [redacted]

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: MARTIN, RAQUEL, G
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L052
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 052001

(A[illegible]ncy Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Gregory T. Miller | 3. Title: Member CLASS B

4. Briefly describe the role of this person or entity in the proposed registered organization:

Investor – CLASS B MEMBER

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Bowling Green State University	110 McFall Center Bowling Green, OH 43403	8/88	5/92	BS in Education	May 9, 1992
SUNY at Buffalo School of Law	John Lord O'Brian Hall Buffalo, NY 14260	8/94	5/97	Juris Doctor	June 1, 1997

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law License - State of New York	285997	NYS Office of Court Administration 25 Beaver Street, Room 852 New York, NY 1004	2/18/1998	11/04/2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: 5/2010 To: Present	Name and Address of Business: Serometrix, LLC 732 Pittsford Victor Rd, Pittsford, NY 14534	
Business Type: Pharmaceutical	Office Held/Nature of Interest: Investor - Member of LLC	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects

Signature:	Date: May 20, 2015
Notary Name: JOEL J. JAVA, JR.	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: MAY 20, 2015

JOEL J. JAVA, JR.
Notary Public, State of New York
Qualified in Erie County
My Commission Expires June 14, 2019

GREGORY TYLER MILLER, ESQ.

Home Address: [redacted]

Phone:

Work Address: [redacted]

Phone:

EDUCATION

State University of New York at Buffalo School of Law — *Juris Doctor 1997*

- Editor, Buffalo Law Review — 1995-1997
- Member, Buffalo Moot Court Board — 1996-1997
- President, Student Chapter American Trial Lawyers Association — 1996-1997

Bowling Green State University (OH) — *Bachelor of Science 1992*

- College of Undergraduate Education
- Secondary Education - Social Studies
  - Concentrations:
    - World History
    - Political Science
    - Geography

LICENSURE

Admitted to New York State Bar	1998
Admitted to District Court for the Western District of New York	1998
Admitted to Bankruptcy Court for the Western District of New York	2002
Admitted to District Court for the Northern District of New York	2009

Teaching Certificates:

State of New York	1992-1995
State of Ohio	1992-1995

EXPERIENCE

[redacted]

FOCUS OF PRACTICE

Engaged in the Defense of Medical Providers and Hospitals in Medical Malpractice Actions
Represent Medical Providers before the Office of Professional Medical Conduct
Represent Medical Providers before Health Insurance Boards of Review
Represent Medical Institutions in proceedings before the NYS Department of Health
Represent Individuals before the Office of Professions
Prosecute and Defend Insureds in Declaratory Judgment Actions
Provide Defense for Products Liability and General Negligence Lawsuits
Represent Lenders, Sellers and Purchasers in Residential and Commercial Real Estate Transactions

MEMBERSHIPS

Member, Association of Defense Trial Attorneys	2006 - Present
Member, Defense Research Institute	2006 - Present
Member, Bar Association of Erie County (BAEC)	1997 - Present
Member, American Bar Association Advisory Committee	1997 - Present
Secretary, Mid-Day Club Board of Governors	2001 - 2004
Member, Judiciary Rating Committee, BAEC	2010-2012
Deputy Treasurer and Member of Executive Committee, BAEC	2013-2014
Treasurer and Member of Executive Committee, BAEC	2014-2015
Member, Health Care Law Committee, Medical Society of Erie County	2013-Present

PUBLICATIONS AND LECTURES

Comment: *Behind the Battle Lines: A Comparative Analysis of the Necessity to Enact Comprehensive Federal Products Liability Reforms*, published 45 BFLR 241 (Winter, 1997)

Lecturer: *The Anatomy of a Medical Malpractice Lawsuit*, Erie County Medical Society Symposium (2000)

Lecturer: *Jury Selection,* Continuing Legal Education for Lawyers and Paralegals (2001)

Lecturer: *Medical Malpractice Primer for Residents*, SUNY at Buffalo School of Medicine, Residency Programs (2002-2007).

Lecture: *Defending Yourself at Office of Professional Medical Conduct Hearings*, Erie County Medical Society Symposium (2003).

Lecturer: *Discovery in Medical Malpractice Lawsuits from the Defendant's Perspective* (2008; 2012)

Lecturer: *Recent Trends in Jury Verdicts in Medical Malpractice Lawsuits* (2013; 2014)

Lecturer: *Lessons in Medical Malpractice for Medical Students* (2012-2015)

AWARDS AND RECOGNITIONS

Upstate New York *SuperLawyers*	2011 - Present
New York Business Edition *SuperLawyers*	2012 - Present
US News and World Report - *Best Lawyers*	2012 - Present
US News and World Report - *Best Law Firms*	2010 - Present
Top 1% Medical Malpractice Lawyers (New York)	2012 - 2014
A.M. Best Directory - *Best Law Firms*	2005 - Present

Greg [redacted] Since his admission to the bar, he also has significant experience in the defense of corporations and other entities in federal and state-based products liability litigation. For the past five years, he has been named to the Best Lawyers in America and a Superlawyer in the field of malpractice defense.

Following graduation from Bowling Green in 1992 with a degree in Social Studies Education, he taught school and also worked [redacted] until entering the University at Buffalo School of Law in 1994. While there, he served as an editor of the *Buffalo Law Review*, and authored an article on the prospect of federal products liability tort reform which was published by the Law Review in 1997.

Throughout his years of practice, he has collaborated with the Erie County Medical Society and the SUNY at Buffalo School of Medicine, where he has given presentations to medical students, residents, physicians and other attorneys on a wide variety of medico-legal topics. He is a member of the Association of Defense Trial Attorneys, the Defense Research Institute, the American Bar Association, the New York State Bar Association and the Bar Association of Erie County. In 2013, he was elected Deputy Treasurer of the Bar Association, and, for the past two years has served as an Officer, member of the Audit and Finance Committee, and Board Liaison to both the Negligence Committee and the Health Care Law Committee. Prior to serving on the Board, he was appointed to the Judiciary Committee from 2011-2013.

He, his [redacted] – a [redacted] at [redacted] – and their [redacted] reside in [redacted] where he served on the Public Safety Committee from 2007-2012. Additionally, he remains involved in youth baseball in the town and beyond, and is active at Nativity of Our Lord School, where, among other duties, he has served as a coach for both the JV and Varsity baseball and basketball teams.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: MILLER, GREGORY, TYLER
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: MILLER, GREGORY, TYLER
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Moniave Mirshak MD | 3. Title: Class B member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Canisius College	2001 Main Street Buffalo, NY 14208	8/97	5/2001	Bachelor of Science	5/2001
Upstate Medical University	750 East Adams St Syracuse, NY 13210	8/2001	5/2005	Medical Doctor	5/2005

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Medical license	248875	NYS Department of Health 89 Washington Ave Albany, NY 12234	8/2008	10-31-2015
DEA license	[redacted]	US Department of Justice 8701 Morissette Drive Springfield, VA 22152	12.30.2013	1-31-2017

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☒ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5/21/2015
Notary Name: Christa Kenney	Notary Registration Number: 01KE8023824
Notary (Notary Must Affix Stamp or Seal)	Date:

CHRISTA A. KENNEY
NOTARY PUBLIC, STATE OF NEW YORK
REGISTRATION No. 01KE8023824
QUALIFIED IN NIAGARA COUNTY
My Commission Expires 4/26/2019

5/21/2015

Monique Mirshak, MD

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EMPLYOMENT

[redacted]

TRAINING

2005-2008 **The Ohio State University, Columbus, OH**

- Emergency Medicine Resident
- Ultrasound training in accordance to ACEP 2001 guidelines
- Hyperbaric and Wound Care Medicine training
- ACLS, ATLS, BLS, PALS certified
- Participation in local EMS and medical student education and teaching

EDUCATION

2001-2005 **SUNY Upstate Medical University, Syracuse, NY**

- Doctor of Medicine

1997-2001 **Canisius College, Buffalo, NY**

- Bachelor of Science, *Cum Laude*
- University Honors Scholar

CERTIFICATION AND LICENSURE

2009 American Board of Emergency Medicine

RESEARCH

2004-2005 **Research Assistant**

- Callahan JC, Wojcik S, Boyle M. Clinical Decision Rules for Identifying Children at Low Risk and High Risk for Traumatic Head Injuries after Mild Blunt Head Trauma. (In Progress)

PRESENTATIONS

May 2008 **SAEM National Meeting Poster Presentation.** Acute Onset of Abdominal Pain and Distention

March 2008 **Emergency Medicine Grand Rounds.** Common Radiographic Imaging and Interpretation

November 2007 **Emergency Medicine Grand Rounds.** Right Upper Quadrant Pathology

February 2007 **Toxicology Grand Rounds.** Body Packing & Stuffers: Gastrointestinal Decontamination

December 2006 **Emergency Medicine Grand Rounds.** Congenital Heart Disease

WORK EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

HONORS/DISTINCTIONS

2001-2005 **SUNY Upstate Medical University**

- Society of Academic Emergency Medicine (SAEM) Medical Student Excellence Award
- Alpha Omega Alpha Nominee
- Student Clinician Award Nominee for Excellence in Humanism and Professionalism
- Scaife Family Foundation Scholarship Recipient, Betty Ford Summer Institute, Rancho Mirage, CA

Monique Mirshak, MD

[redacted]

1997-2001 **Canisius College**

- 2001 Student Commencement Speaker: selected by students, faculty and administration
- 2001 Outstanding Graduating Senior: awarded to the top five graduating seniors
- Dean's Academic Scholarship
- Tribeta: biological honor society
- DiGamma: academic and service honor society

PROFESSIONAL MEMBERSHIPS

2015-Present **Canisius College Medical Advisory Board**

2001-Present **Medical Associations**

- American College of Emergency Physicians
- Emergency Medicine Resident Association
- American Medical Association
- American Academy of Emergency Medicine

VOLUNTEER EXPERIENCE

1998 Project Mexico International Service Mission, Mexico City, Mexico

April 1998, 1999 Habitat for Humanity, The Appalachian Trail, Salyersville, KY

REFERENCES

Available upon request

To whom it may concern:

My name is Monique Mirshak and I am [redacted] I am originally from [redacted] I pursued my undergraduate degree at Canisius College and received my medical degree from Upstate Medical University. I was then fortunate enough to attend The Ohio State University for my residency training. [redacted] I am a member of multiple medical societies. Thank for your consideration and attention to the above.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Jose Perez-Brache MD

3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

INVESTOR/OWNER IN Medical Marijuana

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☐ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax: [redacted]	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State [redacted]	14. ZIP Code: [redacted]	
15. Formal Education MD	Dates Attended	Degree	

Institution	Address	From	To	Degree Received	Date Received
UNIVERSIDAD AUTONOMA de SANTO DOMINGO	Ciudad UNIVERSITARIA SANTO DOMINGO DOMINICAN Rep	1976	1983	MD	1983

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
NYS MD	60-172187	NYS Dept of Health	Since 1984	to 2016
DEA #	[redacted]	US	"	2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

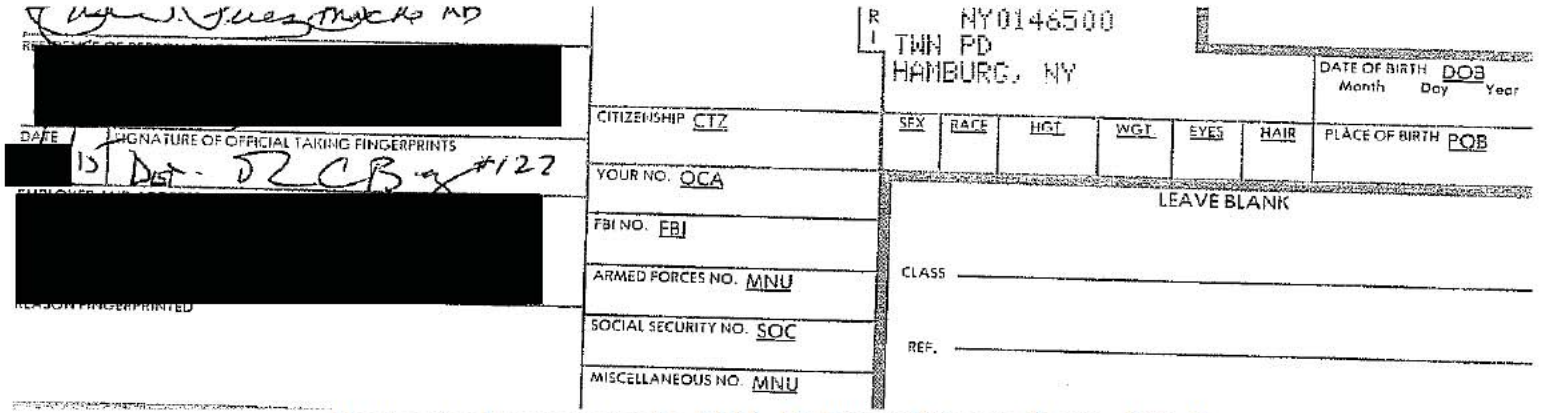
19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an Emergency Dept Physician boarded in Internal medicine / Nephrology I see the value of medical marijuana use for seizure control and Hospice settings. This medication has been proven and a a tri Boarded physician am well qualified to regulate it.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5/26/15
Notary Name: [signature]	Notary Registration Number: 01LU4846442
Notary (Notary Must Affix Stamp or Seal) URMAS LUPKIN Notary Public, State of New York Qualified in Erie County My Commission Expires 6/30/18	Date: 5/20/15



Redacted pursuant to N.Y. Public Officers Law, Art. 6

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Erin P. Peterson | 3. Title: Class B Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax:	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]		13. State [redacted]	14. ZIP Code [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Rochester	500 Wilson Blvd Rochester, NY 14627	9/79	5/83	B.S.	5/83
NY College of Osteopathic Medicine	PO Box 8000 Old Westbury NY 11568	8/83	6/87	D.O.	6/83

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Medicine	174771	NYS Education Dept Office of the Professions Albany NY 12234-1000	8/1/14	7/31/16

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☒ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/20/15
Notary Name: Denise Roberts	Notary Registration Number: 01R06121942
Notary (Notary Must Affix Stamp or Seal)	Date: 5-20-15

DENISE M ROBERTS
Lic. #01R06121942
Notary Public-State of New York
Qualified In Erie
My Commission Expires 02/07/17

Erik P. Peterson, D.O.

[redacted]

PERSONAL

[redacted]

EDUCATION

Residency: SUNY at Buffalo, Family Medicine, Chief Resident, 1990
Internship: Metropolitan Hospital-Central Division, Philadelphia, PA 1988
Medical School: New York College of Osteopathic Medicine, Old Westbury, NY, 1987
Undergraduate: University of Rochester, Rochester, NY, BS Neuroscience, 1983

EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

TEACHING EXPERIENCE

[redacted]

PROFESSIONAL ORGANIZATIONS

American Academy of Family Physicians
American College of Emergency Physicians

BOARD CERTIFICATION

American Board of Family Medicine 1990-2015
American Board of Physician Specialties, Emergency Medicine 2014-2022

Erik P. Peterson, D.O. (Bio)

I am a [redacted] native who attended the University of Rochester and subsequently the New York College of Osteopathic Medicine. I completed my residency at SUNY Buffalo in 1990. I served four years active duty with the United States Army at Fort Drum New York. During my military time, I was deployed to Somalia in 1993 during Operation Restore Hope. After separating from the Army, I returned to [redacted] and have been working in local emergency departments. [redacted]

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: PETERSON, ERIK, PAUL
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: PETERSON, ERIK, PAUL
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By [redacted]

Operator ID: 088004

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Mark Podlas	3. Title:

4. Briefly describe the role of this person or entity in the proposed registered organization:

CLASS B INVESTOR

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☒ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

N/A

8. Phone: [redacted]		9. Fax:			
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
CANISIUS COLLEGE	2001 MAIN ST BUFFALO N.Y. 14208	9/'77	5/'81	BA HISTORY	6/'81
UNIV. AUTONOMOUS OF GUADALAJARA	LOMAS DEL VALLE GUADALAJARA, JALISCO, MEXICO	7/'81	6/'85	M.D. MEDICINE/ SURGERY	6/'85
SUNY/BUFFALO SISTERS OF CHARITY HOSP.	2157 MAIN ST BUFFALO, N.Y. 14214	7/'86	7/'89	RESIDENCY PROGRAM IN INTERNAL MEDICINE	7/'89
LUTHERAN MEDICAL CENTER (DOWNSTATE)		7/'85	6/'86	FIFTH PATHWAY CERTIFICATE	6/6/'86

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
MEDICINE/ SURGERY	175742		8/8/88	ACTIVE

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☒ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

[redacted]

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [redacted] M.D.	Date: ~~5/15/15~~ 5/21/15
Notary Name: Lisa Czerniejewski	Notary Registration Number: 01CZ6153377
Notary (Notary Must Affix Stamp or Seal)	Date: 5/21/15

LISA CZERNIEJEWSKI
Notary Public - State of New York
NO. 01CZ6153377
Qualified in Erie County
My Commission Expires 6/2/18

Mark R. Podlas, M.D.

[redacted]

EDUCATION

Downstate Medical Center/Lutheran Hospital, Brooklyn, New York
Certificate of Completion of 5th Pathway, 1985-1986

University Autonamous of Guadalajara, Jalisco, Mexico
Medical School, 1981-1985

Canisius College, Buffalo, New York
Bachelor of Arts, History, May 1981

PROFESSIONAL EMPLOYMENT

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EMPLOYMENT HISTORY

Sisters of Charity Hospital, Buffalo, New York
PGY III, Internal Medicine, 1988-1989

Sisters of Charity Hospital, Buffalo, New York
PGY II, Internal Medicine, 1987-1988

Sisters of Charity Hospital, Buffalo, New York
PGY I, Internal Medicine, 1986-1987

[redacted]

AWARDS & HONORS

Austin Flint Award, Voted Best Medical Resident, June 1989
Appointed Chief Medical Resident: Internal Medicine, January – June 1989
Certificate of Academic Achievement, Canisius College, May 1979 and December 1978
Graduated Top 20%, Canisius High School, May 1977

PROFESSIONAL MEMBERSHIPS & ACTIVITIES

Certified in Pediatric Advanced Life Support (PALS), 2012 – Present
Member of Erie County and New York State Medical Society, 1990 – Present
Certified in Advanced Cardiac Life Support (ACLS), 1990 – Present
Certified in Advanced Trauma Life Support (ATLS), 1990 – Present
Clinical Instructor of Medicine, State University of New York at Buffalo, 1986 – Present
Member of Phi Delta Epsilon National Medical Fraternity, State University of New York at Buffalo, 1986 – Present
President: Medical Staff, Sisters of Charity Hospital / St. Joseph Hospital, April 2014 – April 2015
Vice President: Medical Staff, Sisters of Charity Hospital / St. Joseph Hospital, April 2013 – April 2014
Treasurer: Medical Staff, Sisters of Charity Hospital / St. Joseph Hospital, April 2012 – April 2013
Secretary: Medical Staff, Sisters of Charity Hospital / St. Joseph Hospital, April 2011 – April 2012

[redacted]

Associate Member of American Medical Association, 1988
Associate Member of American College of Physicians, 1987

LICENSURE

New York State, 175742, 1988

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: PODLAS, MARK, ROBERT
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: PODLAS, MARK, ROBERT
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: ~~AA~~ Mark Prior

3. Title: Pharmacist

4. Briefly describe the role of this person or entity in the proposed registered organization:

Coming on board with Alternative Medicine Associates LLC as a lea

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☒**Yes** ☐**No**

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐**Yes** ☒**No**

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐Yes ☒No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax:

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Stat University of New York at Buffalo	12 Capen Hall Buffalo NY 14260	2003	2007	Doctor of Pharmacy	2007
Palmer College of Chiropractic	1000 Brady St Davenport Iowa 52803	1996	2000	Bachelor of Science	2000
Palmer College of Chiropractic	1000 Brady St Davenport Iowa 52803	1996	2000	Doctor of Chiropractic	2000

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
New York Pharmacist	051950	New York	8-25-2007	9-30-2015
New York Chiropractor	010264 ~~[illegible]~~	New York	11-16-01	9-30-2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Mark C. Prior

[redacted]

OCCUPATIONAL DIRECTION

Pursuing a long term position in your facility.

ASSIGNMENT OPTIONS

PHARMACIST
EDUCATION/INSTRUCTION, HEALTH CARE
PHARMACY MANAGEMENT
OTHER AREAS OF WELLNESS CARE

QUALIFICATION

Doctor of Pharmacy Degree: **Completion: May 2007.**
Doctor of Chiropractic Degree: **Completion: October 2000.**

BACKGROUND SUMMARY

I have a variety of experience including high volume pharmacy dispensing, education, acute and chronic care management, immunization and all aspects of clinical administration as the owner/operator of Buffalo Chiropractic Center since 2003.

SPECIAL STRENGTHS

PROVEN INSTRUCTIONAL CAPABILITIES
QUALITY PHARMACY EXPERIENCES
ABILITY TO COMMUNICATE EFFECTIVELY AT EVERY LEVEL
HIGHLY ORGANIZED AND STRUCTURED; FUNCTION WELL IN CRISIS SITUATIONS
DRIVEN TO CONTINUE MY PATTERN OF SUCCESS
CAN WORK WITH INDEPENDENCE, OR CONTRIBUTE IN A TEAM ENVIRONMENT
SUPERVISORY EXPERIENCE AND COMPETENCIES

HEALTH CARE EXPERIENCES

Redacted pursuant to N.Y. Public Officers Law, Art. 6

1999 **CHARITY MISSION AND ADMINISTRATION OF ALL LEVELS OF HEALTHCARE AND EDUCATION TO 30,000+ CITIZENS OF POOR AREAS IN NEPAL**

COMPETENCIES AND TASKS

Based upon experience, I have the ability to assist your organization on a long-term basis as a Pharmacist in a variety of capacities.

Instructional and Leadership Exposures:

LEADERSHIP: [redacted]

EDUCATION: Management of all levels of acute and chronic healthcare. Implementation of wellness and preventative care. Immunization and counseling on all aspects of healthcare
ORGANIZATION: competent in the organization and control of clinical experiences; highly structured
EVALUATIONS: complete formal performance evaluations on employees; correct performance errors
COMMUNICATION: maintain communication with staff and patients
PROBLEM SOLVING: responsible for correctly identifying and swiftly resolving patient health care and other concerns; research, test and implement improved operational systems

Pharmacy Related Exposures:

ASSESSMENTS: possess valuable exposures to the assessment of patients' specific requirements
PLANS: assist in the development of carefully conceived treatment plans
MEDICATIONS: thorough knowledge of all medications (prescription and over-the-counter)
TREATMENTS: skilled in the implementation of a wide range of medical treatments; continually evaluate the effectiveness of medications and treatments; adjust as required
INFECTION CONTROL: very aware of biohazard control issues
CONSULTATION: work closely with physicians, other healthcare professionals and a variety of specialists
DOCUMENTATION: precise and accurate in recording documentation, and maintaining files
VERSATILITY: competent to oversee a wide variety of concurrent daily pharmacy/clinical work tasks
ADAPTABILITY: able to properly orient toward a diversified range of activities and responsibilities

COLLEGE TRAINING AND ADDITIONAL EDUCATION

DOCTOR OF PHARMACY DEGREE:
State University of New York at Buffalo, Buffalo, NY (Spring 2007)
DOCTOR OF CHIROPRACTIC DEGREE:
Palmer College, Davenport, Iowa (Fall 2000)

I have completed a wide range of seminars and other in-services appropriate to the pharmacy specialty. Very willing to accept new and ongoing training in order to maintain and expand upon my skills.

PERSONAL DATA

[redacted]

Licensure: Valid New York State
Registration for Pharmacy/Immunization
Licensure: Valid New York State
Registration for Licensed Chiropractor

REFERENCES

Redacted pursuant to N.Y. Public
Officers Law, Art. 6

Dr. Prior has embarked on a lifelong mission to deliver health and wellness care wherever he goes. For over a decade he has brought the direct application of care as well as education and immunizations to thousands of people from Iowa to Nepal. With the ability to combine Eastern and Western medicine traditions through a broad educational background, he is always looking towards new frontiers in healthcare. His personal interests take him to the [redacted] as often as possible and he is the pitmaster of the New York State championship BBQ team competing nationally at numerous charity events.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: PRIOR, MARK, CHRISTOPHER
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: PRIOR, MARK, CHRISTOPHER
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Michelle Rainville | 3. Title: MD. Class B

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax:	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	
15. Formal Education	Dates Attended	Degree MD	

Institution	Address	From	To	Degree Received	Date Received
Upstate Medical College.	Syracuse. NY	1990	1994	MD.	June 1994
Syracuse University	Syracuse, NY	1986	1990	BS.	June 1990.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Medical Doctor	231407	NYS Office of the Professions State Education Bldg. 2nd Floor Albany, NY 12234	2/ 2015	2/ 2017

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☒ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Michelle Mancelle MD.	Date: 5/19/15
Notary Name: Denise R. Lis	Notary Registration Number: 01LI5075761
Notary (Notary Must Affix Stamp or Seal) DENISE R. LIS Notary Public, State of New York Reg. No. 01LI5075761 Qualified in Niagara County Commission Expires April 7, 2019	Date:

Michelle Rainville, MD

[redacted]

WORK EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EDUCATION

Residency, Emergency Medicine — July, 1995 — June, 1998
Medical College of Pennsylvania, Drexel University

Internship, Internal Medicine — July, 1994 — June, 1995
Thomas Jefferson University Hospital

Medical Doctorate — August, 1990 — May, 1994
Upstate Medical Center

Bachelors of Science, Psychology — August, 1986 — May, 1990
Syracuse University

BOARD CERTIFICATION

Board Certified, Emergency Medicine 1999
Recertification, 2009

MEMBERSHIPS

Diplomat, American Academy of Emergency Medicine

CERTIFICATIONS

Advanced Cardiac Life Support
Pediatric Advanced Life Support

Michelle Rainville, MD
May 19, 2015

I have been working as an [redacted]

I am residency trained and board certified in Emergency Medicine. Prior to the position I currently hold, [redacted]

I am an active Diplomat of the American Academy of Emergency Medicine.

L-1 Enrollment Ser

New York Stat
EasyPath Netwo

Applicant: RAINVILLE, MICHELLE, E
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: David W. Shucard, Ph.D., FAASM	3. Title: Researcher in MAB

4. Briefly describe the role of this person or entity in the proposed registered organization:

Helping to implement and lead the Medical Marijuana Advisory Board. The research I will be involved in may enhance the clinical efficacy of medical marijuana for clinical use in various diseases.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax:
10. Email: dshucard@buffalo.edu	
11. Residence Address: UB Sherman Hall , Room 114A	
12. City: Buffalo	13. State: NY / 14. ZIP Code: 14214

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Colorado	Boulder ,CO		1962	BS/ Zoology, Chemistry	1962
University of Denver	Denver, CO		1967	MS Zoology	1967
University of Denver	Denver, CO		1969	Ph.D.	1969

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer: State University of Buffalo

Type of Business: Education

Street Address: UB, Sherman Hall, Room 114

City: Buffalo | State: NY | Zip Code: 14214

Starting Date of Employment: August1985 | Ending Date of Employment: Present

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number: [redacted]

Position/Responsibilities:

Director of Division of Cognitive and Behavioral Neurosciences, Department of Neurology, Professor of Neurology, Pediatrics and Psychology. Performed Research, Direct and Teach Students, Admisinstration of the Division.

Reason For Departure: NA

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☑ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 05-10-2015
Notary Name: Lisa Rastelli	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 5/18/15

LISA RASTELLI
Notary Public-State of New York
Qualified in ERIE COUNTY
COMM. EXP. 3/23/18

May, 2015

David William Shucard, M.S., Ph.D., FAASM
dshucard@buffalo.edu

Personal

Mailing Address: Department of Neurology
Division of Cognitive and Behavioral Neurosciences
The State University of NY School of Medicine and Biomedical Sciences
Sherman Hall, Room 114A
Buffalo, NY 14214

Telephone Numbers: [redacted]
716-829-2099 or 5987 (work)

Education

B.A. University of Colorado, 1962
Distributed major - Zoology, Chemistry, Literature

M.S. Department of Zoology, University of Denver, 1967
Thesis: The Effects of Unilateral Vagotomy on the Heart and Respiratory Rates of the Albino Rat.

Ph.D. Department of Psychology, University of Denver, 1969
Dissertation: Relationship Among Measures of the Cortical Evoked Potential and Abilities Comprising Human Intelligence.
Major Professor: Dr. John L. Horn

Postdoctoral Education: 1969 - 1971
NIMH Postdoctoral Fellow
University of California
Langley Porter Neuropsychiatric Institute and
Stanford University

Board Certification Diplomate, American Board of Sleep Medicine

Present Position and Academic Appointments

Founder/Director, Division of Developmental (Now Cognitive) and Behavioral Neurosciences, Department of Neurology, The State University of NY at Buffalo School of Medicine and Biomedical Sciences

Professor, Departments of Neurology and Pediatrics, The State University of NY at Buffalo School of Medicine and Biomedical Sciences, Buffalo, NY
(August 1985 - present)

Professor, Department of Psychology, State University of NY at Buffalo, Buffalo, NY (September 1989 - present)

[redacted]

Director, Center for the Study of the Biobehavioral and Social Aspects of Health, State University of NY at Buffalo, Buffalo, NY (1992 -1996)

[redacted]

Professor, Department of Psychiatry, University of Colorado School of Medicine, Denver, CO
(March 1984 - June 30, 1985)

Associate Professor, Department of Psychiatry, University of Colorado School of Medicine, Denver, CO
(January 1978 - March 1984)

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Assistant Professor, Department of Psychiatry, University of Colorado School of Medicine, Denver, CO (September 1971 - 1976)

[redacted]

Teaching and Training

Topics of courses taught and/or lectures for courses

(a) General experimental psychology
(b) Psychophysiology
(c) Learning
(d) General Statistics
(e) Neuroanatomy and neurophysiology
(f) Clinical electroencephalography and neurophysiology
(g) Neuropsychology
(h) Neurolinguistics
(i) Developmental Neurobiology

Supervisor and major professor of undergraduate honors students, medical students, medical residents, masters and doctoral graduate students and postdoctoral fellows (M.D.s and Ph.D.s) from a number of disciplines that include Speech Pathology, Professional and Clinical Psychology, Experimental Psychology, Linguistics, Behavioral Neurosciences, Neuroscience. **Currently in laboratory:** 3 Undergrads (1 visiting from UB Singapore), 5 Masters (3 Psych, 1 Neuroscience, 1 Counseling and Ed Psych), 1 Ph.D. (Neuroscience).

Clinical Duties

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Administrative Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Founder and Director of The Division of Developmental and Behavioral Neurosciences and The Neurodiagnostic Laboratory (see above), Department of Neurology, SUNY at Buffalo School of Medicine and [redacted] in 1985. Administrative responsibilities are similar to 1-6 above, and included:

(7) Development and Administration of Intraoperative Monitoring
(8) Interfacing of electrophysiological methodologies with brain imaging technology at SUNY PET Center

Director of the Center for the Study of Biobehavioral and Social Aspects of Health, one of the 17 University supported centers of excellence for multidisciplinary research activities, April 1992 - 1996.

Honors and Professional Societies

NASA Predoctoral Fellow, University of Denver, 1965 - 1967
NIMH Postdoctoral Fellowship, University of California Medical Center and Langley Porter Neuropsychiatric Institute, San Francisco, 1969 - 1971
Phi Sigma Society (National Biological Honor Society)
Sigma Xi (Member) (National Scientific Honor Society)
Psi Chi (Psychological Honor Society)-President of Denver Chapter, 1967 - 1968
Fellow: American Psychological Association, Division 6: Behavioral Neuroscience and Comparative Psychology (1997 – present)
Fellow: American Psychological Association, Division 7: Developmental Psychology (1999 - present)
Fellow: American Psychological Association, Division 40: Clinical Neuropsychology (1997- present)
Society for Psychophysiological Research (Member)
American Institute for Biological Sciences (Member)
American Association for the Advancement of Science (Member)
American Electroencephalographic Society (Member)
American Epilepsy Society (Member)
Fellow: American Academy of Sleep Medicine (formerly American Sleep Disorders Association)
Society for Neuroscience (Member)
British Brain Research Association (Honorary Member)
Clinical Sleep Society (Member)
European Brain and Behavior Society (Honorary Member)
Developmental Psychobiology Research Group, University of Colorado School of Medicine (Member, 1972-1985)
International Neuropsychological Society (Member)
New York Academy of Sciences (Member)

Research Interests

Overall research interest is in the cognitive and behavioral neurosciences and the relationships between behavioral and biological variables, with an emphasis on the neurophysiology of the brain as the dependent measure: study of the neurophysiology associated with cognitive processes, such as working memory and attention; information processing; intellectual abilities; learning disorders; intellectual/cognitive development; language development; psychological disorders; drug effects; and immunological reactions. This research focuses on the study of the nervous systems of both animals and humans. Electrophysiological, behavioral, neuropsychological, immunological, biochemical, and neuroimaging techniques are used in this work. Some of the research involves the development of new techniques and paradigms in cognitive/behavioral neuroscience and applying these to clinical problems. Current clinical projects address cognitive disturbances in Multiple Sclerosis, Systemic Lupus Erythematosus, and PTSD.

Committees

Society for Psychophysiological Research - Chairman, Membership Committee (1980 - 1983), Membership Committee (1979 - 1980)
Animal Care Committee - NJHRC (1976 - 1984)
Education Committee - NJHRC (1976 - 1978)
Biomedical Research Support Committee - NJHRC (1976 - 1984)
Developmental Psychobiology Research Group Planning Committee, University of Colorado School of Medicine (1979 - 1980)
Developmental Psychobiology Research Group Executive Committee, University of Colorado School of Medicine (1980 - 1983)
MacArthur Foundation Network for Transition from Infancy to Early Childhood, Colorado Node Executive Committee (1983 - 1985)
Gerontology Long Range Planning Committee, University of Colorado School of Medicine (1984)
Neuroscience Planning Committee, Co-Chairman, SUNYAB School of Medicine (1987 - 1989)
Medical Computing Committee, SUNYAB School of Medicine (1986 - 1989)
Institutional Animal Care and Use Committee, SUNY at Buffalo (1991-1993)
Institutional Review Board, Buffalo General Hospital (1987 - 1999)
Buswell Fellowship Committee, SUNY at Buffalo School of Medicine and Biomedical Sciences (1993 - 1999)
Hospital Research Committee, Buffalo General Hospital (1994 - 1999)
Advisory Committee on Academic Personnel, Department of Neurology, SUNYAB School of Medicine (1986 - present)
Research Committee, Department of Neurology, SUNYAB School of Medicine (1986 - 2000)
Search Committee, Department of Neurology, SUNYAB School of Medicine (1986 - 2000)
Advisory Committee, Center for the Study of Behavioral and Social Aspects of Health, SUNYAB (1987 - 1992)
Budget Committee, Faculty Council, SUNY at Buffalo (1988 - 1990)
Steering Committee - GRI in Cognitive and Linguistic Sciences (1988 - 1989)
Scientific Advisory Committee for the Research Institute on Alcoholism (1987 - 1991)
Steering Committee, Center for Cognitive Science, SUNY at Buffalo (1989 - 1994)
Cognitive Science Search Committee, SUNY at Buffalo (1989 - 1990)
Cognitive Psychology Search Committee, Dept. of Psychology, SUNY at Buffalo (1989 - 1990)
Neuroscience Task Force Subcommittee on Research, SUNY at Buffalo (1990)
Neuroscience Planning Committee (1987 - 2000)
Medical Ethics Committee, Buffalo General Hospital (1994 - 2001)
Medical Ethics Committee, Kaleida Health (2001-2011)
Joint Center/University Clinical Education Committee, SUNY at Buffalo (1994 - 2000)
Center for Clinical Ethics and Humanities Committee, SUNY at Buffalo (1994 - 2000)
Doctoral Committees for Departments of Linguistics, Psychology, and Neurosciences (ongoing)
Promotions Committee, Department of Neurology, SUNYAB School of Medicine (1996-present)
Steering Committee, Women's health Collaborative Research Group (1998 - 2000)
Chairman, Medical Ethics Database Sub-Committee, Buffalo General Hospital (1999 - 2000)
Steering Committee, Interdisciplinary Graduate Program in Biomedical Neurosciences, SUNY at Buffalo School of Medicine and Biomedical Sciences (1999-present)
Graduate Admissions Committee, Interdisciplinary Graduate Program in Biomedical Neurosciences, SUNY at Buffalo School of Medicine (1999-present)
Consultant to the Civil Aeromedical Institute (CAMI) of the Federal Aviation Administration, Oklahoma City, OK (June 1999-present)
Faculty Senate, SUNY at Buffalo, Buffalo NY (2001- June 2003; 2008-present)
Advisory Committee, Electroneurodiagnostic Technology, Niagara County Community College (2001 - 2003).

Society for Psychophysiological Research –Member, Tursky Award Committee for Excellence in Predoctoral Research (Oct, 2004)
The Sleep Fellowship Selection Committee (2005-2008)
Ad Hoc Committee on Promotions to Clinical Ranks, SUNY at Buffalo (Dec 12, 2005- June 30 2008)

Research Groups and Extramural Activities
Member, NIH Center for Scientific Review Special Emphasis Panel (Fellowships: Behavioral Neuroscience ZRG1 F02A-J (20), 2010-2012)
Member, NIH Study Section (ad hoc): National Center for Complimentary & Alternative Medicine Special Emphasis Panel (ZAT1 G15; 2005)
Member, NIH Study Section (ad hoc): Risk Prevention and Health Behavior 2 (2000-2002)
Chairman, Medical Ethics Database Sub-Committee, Buffalo General Hospital,(1999 - 2000)
Chairman, ADAMHA (NIH) Mental Health Research Education Review Committee (Biological and Neuroscience Sub-Committee; 1984 - June 1986)
Member, ADAMHA (NIH) Mental Health Research Education Review Committee (Biological and Neuroscience Sub-Committee; 1979 - 1981, 1982 - June 1986)
Member, ADAMHA (NIH) Physician Scientist and Clinical Investigator Award Special Review Committee (1985)
Member, Neuroscience Project Advisory Team for Navy Personnel Research and Development Center (1985)
Member, National Institute of Health, Site Visit and Special Review Committee, Centers for Learning Disabilities (1989)
Member, National Institute on Drug Abuse Special Review Committee - Human Development (1990)
Developmental Psychobiology Research Group (University of Colorado School of Medicine)
Member, MacArthur Foundation Network for Transition from Infancy to Early Childhood (September 1982 -1985)
Neuroscience Research Group (University of Colorado School of Medicine, and University of Colorado, Boulder)
Developmental Biobehavioral Research Group, SUNYAB School of Medicine, Founder and Organizer (1986 -1989)
Member, Epilepsy Affinity Group, Department of Neurology, SUNYAB
Member, Professional Advisory Board, Epilepsy Association of Western New York, (1988 - 2000)
Member, Medical Subcommittee of the Health Services Advisory Council, Head Start, Buffalo (1988 - 1992)
Member, Scientific Advisory Board for Research Institute on Alcoholism, Buffalo (1989 - 1991)
Consulting Editor for Psychophysiology
Consulting Editor for Perceptual and Motor Skills
Consulting Editor for Science
Consulting Editor for Pediatric Research
Consulting Editor for Cognitive Psychology
Consulting Editor for Pharmacology, Biochemistry and Behavior
Associate and Consulting Editor for The Behavioral and Brain Sciences
Consulting Editor for Experimental Gerontology
Consulting Editor for Developmental Psychology
Consulting Editor for Child Development
Consulting Editor for Developmental Neuropsychology
Consulting Editor for International Journal of Psychophysiology
Outside reviewer for Clinical and Diagnostic Laboratory Immunology
Outside reviewer for National Science Foundation
Outside reviewer for National Institute on Mental Health
Outside reviewer for the March of Dimes Foundation
Outside reviewer for the Ontario Mental Health Foundation
Reviewer for MacArthur Foundation
Reviewer for Thrasher Foundation
Outside reviewer for Research Committee of Henry Ford Hospital, Detroit Michigan
Editorial Board for Neurobiology of Aging (1992 - 2001)
Guest Editor with Janet L. Shucard for Special Issue of International Journal of Psychophysiology (2011-2012)
Editorial Board (Action Editor) for International Journal of Psychophysiology (2014-present)

Recent Community Service
Independent Health Sleep Advisory Panel. 2012- Present

Medical Ethics Consultant, Buffalo General Hospital (Kaleida Health). Served on medical ethics consultations as a member of the Medical Ethics Committee. 2000 – 2012

Campaign Manager for Committee to Elect John Radel for Amherst Town Clerk, 2011.

Amherst Democratic Committee, elected member, July 2004 to present

Social Action Committee Co-chair, Temple Beth Am, April 2003 - 2012

Representative of the Joint Steering Committee for Public Policy on Capitol Hill Day in Washington D.C. July 14, 2004. Met with congressional representatives to discuss funding for NIH.

Grants and Awards

2014- 2015	Does Working Memory Training Improve Brain Function and Cognition in MS? (Co-PI). From The National Multiple Sclerosis Society
2012-2012	Single Trial Latency Variability of Brain activity in Multiple Sclerosis: A Functional marker of Neural Efficiency, (PI). From The Jog for the Jake Foundation 01/01/12-12/31/2012)
2011-2011	Anti-Phospholipid Antibodies and C-Reactive Protein as Biomarkers of Cognitive Deficits and Microscopic White and Gray Matter Brain Damage in Systemic Lupus Erythematosus, (Co-PI). From The Jog for the Jake Foundation 1/01/2011-12/21/2011)
2006-2011	Neurological Indices of CNS Involvement in "Non-CNS" SLE, (Co-PI). From NIH - NINDS (01/01/06-12/31/11, includes 1 year extension)
2007-2010	Electrophysiological measures of processing speed and working memory deficits in MS, (Principal Investigator). From National Multiple Sclerosis Society (5/1/07-05/01/2010)
2006-2006	Neurological Indices of CNS Involvement in "Non-CNS" SLE, (Principal Investigator). Equipment grant. From James H. Cummings Foundation, Inc. (5/11/2006-8/28/2006)
2002-2004	Electrophysiological measures of processing speed and working memory deficits in MS (Co-Investigator). From National Multiple Sclerosis Society (9/1/02-2/28/05)
2003-2004	Electrophysiological and Neuropsychological Indices of Gender Differences in Verbal and Spatial Working Memory in Children, (PI). From IREWG (6/1/2003-6/1/2004)
2003-2004	Long Term Effects of CNS Therapy on Survivors of Childhood All: 25 year follow-up (Co-Investigator). From Roswell Park Alliance Foundation (6/1/2003-5/31/2004)
2000-2002	Sustained Moderate Hypoxia - The Cerebral Effects, (Co-Investigator). From The American Lung Association (7/1/2000-6/30/2002)
1998-2002	Psychological and Neurocognitive Aspects of CNS-SLE, (Co-PI). From Oishei Foundation (3/1/1998-2/29/2002)
2000-2001	Neurotoxicity of Polybrominated Diphenyl Ethers, (Co-PI). From New York Great Lakes Research Consortium (9/1/2000-6/30/2001)
1998-2000	Functional Neuroimaging of Auditory Attention, (Co-PI). From James H. Cummings Foundation (8/1/1998-7/31/2000)
1995 - 1998	Electrophysiological and Neuropsychological Studies of the Cognitive Deficits in Autism (Buswell Postdoctoral Fellowship Award, D. Shucard, Sponsor) From SUNY at Buffalo Multi-disciplinary Development Fund (7/1/95 - 6/30/98)
1995 - 1996	Functional Anatomy of Selective and Divided Auditory Attention (Co-Investigator). From SUNY at Buffalo Multi-disciplinary Development Fund (7/1/95 - 6/30/96)

1991 - 1995	Sex Hormones in Neurocognitive Development (PI). R01 From NIH, HD25718 (7/1/91 - 6/30/95)
1990 - 1991	Start up funds for Developmental Neurocognitive Assessment Center (Principal Investigator). From the Junior Board of Buffalo General Hospital, #091 (6/1/90 -12/31/91)
1987 - 1989	Neurocognitive Effects of Growth Hormone Treatment in Patients with Turner's Syndrome (Co-Investigator). From Genentech, Inc. (10/1/87 - 12/31/89)
1986 - 1988	Differential Diagnosis in Reading Disability - Program Project Supplement (Principal Investigator). From NIH, HD11681 (7/1/86 - 6/30/88)
1982 - 1987	Network for Transition from Infancy to Early Childhood (Co-Investigator). From MacArthur Foundation (9/1/82 - 8/31/87)
1984 - 1986	Brain Bases of Behavior in the Transition Period (Co-Principal Investigator). From MacArthur Foundation (1/1/84 - 12/31/86)
1981 - 1987	Electrophysiological Studies of Brainstem, Cortical, and Cognitive Development in Low Birth weight Infants (Principal Investigator). From the March of Dimes Birth Defects Foundation (3/1/81 - 2/28/87)
1979 - 1985	Differential Diagnosis in Reading Disability - Program Project (Co-Principal Investigator). From NIH, HD11681 (7/1/79 - 6/30/85)
1981 - 1984	Neurobehavioral Development in High-Risk Infants (Co-Principal Investigator with David G. Thomas). From NIH, HD15844 (7/1/81 - 12/31/84)
1980 - 1984	Brain Reactive Antibodies in Autoimmune Mice (Co-Investigator). From NIH, NS15855 (8/1/80 - 7/31/84)
1983 - 1984	Resource Allocation in Cerebral Specialization of Function: Behavioral and Electrophysiological Studies (Principal Investigator). From the Office of Naval Research (4/1/83 - 12/31/84)
1980 - 1983	Neurophysiological Substrates of Resource Allocation in Cerebral Specialization of Function (Principal Investigator). From the Office of Naval Research (7/1/80 - 3/31/83)
1979 - 1983	CNS pathology During Immune Complex Disease (Co-Investigator). From NIH, NS15843 (12/1/79 - 11/30/83)
1978 - 1981	Neurophysiological Effects of Antiasthma Medication (Principal Investigator). From The John A. Hartford Foundation, Inc. 77333 (3/1/78 - 12/31/81)
1978 - 1981	Electrophysiological Measures of Cerebral Specialization in Infants and Children (Principal Investigator). From NIH, HDNS11747 (6/1/78 - 3/31/81)
1975 - 1979	CNS Involvement in Immune Complex Disease (Co-Principal Investigator with R. Harbeck). From NIH, NS 12394 (6/1/75 - 6/30/79)
1976 - 1977	Evoked Potentials and Cerebral Specialization In Infants (Principal Investigator). From NIMH, MH-28513 (4/1/76 - 3/31/77)
1977 - 1978	Levels of Cerebral Specialization and Event Related Auditory Potentials in Human Infancy (Principal Investigator). From W.T. Grant Foundation (7/1/77 - 6/1/78)

Training Grants

Neuropsychology Post-Doctoral Training Program, (9/98- 2010)

Pre- and Postdoctoral Training Grant, Core Faculty, "Development of Spoken Language Capacities", SUNY at Buffalo, Department of Psychology, from NIH, National Institute of Deafness and Communication Disorders (7/1/92 - 6/30/97)

Postdoctoral Training Grant, Core Faculty, "Multidisciplinary Research in Orofacial Pain and Sensory-Motor Dysfunction", SUNY at Buffalo School of Dental Medicine, Department of Oral Medicine, NIH, (9/1/91 - 8/31/96)

Postdoctoral Training Grant, Core Faculty, "Development and Etiology of Maladaptive Behavior", University of Colorado School of Medicine, NIMH, (1976 - 1981, 1982 - 1987)

Predoctoral Training Grant, Core Faculty, Child Psychology, University of Denver, NIMH (7/1/79 - 6/30/83)

Postdoctoral Training Grant, Core Faculty, Developmental Psychology, University of Denver, NIMH (7/1/76 - 6/30/84)

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Harbeck R. J., Hoffman A.A., Hoffman S.A., Shucard D.W., Carr R.I. A naturally occurring antibody in New Zealand mice cytotoxic to dissociated cerebellar cells. Clinical and Experimental Immunology, 1978, 31, 313-320.

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Shucard D. W., McGee M.G., Cummins K.R., Minarick D.D., Hill J.C. Patterns of electrophysiological activity in normal and disabled readers. In: M. Languis, P. Naour, J. Buffer and D. Martin (Eds.), Cognitive Science: Contributions to Educational Practice. Gordon and Breach, New York, 1989.

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Bishop, B., Silva, G., Krasney, J., Salloum, A., Roberts, A., Nakano, H., Shucard, D., Rifkin, D., Farkas, G. Ambient temperature modulates hypoxic-induced changes in rat body temperature and activity differentially. The American Journal of Physiology: Regulatory, Integrative and Comparative Physiology, 2001, 280, R1190-R1196.

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Benedict, R.H.B., Shucard, D.W., Santa Maria, M.P., Shucard, J.L.S., Abara, J.P., Coad, M.L., Wack, D., Sawusch, J., Lockwood, A.H. Covert auditory attention generates activation in rostral/dorsal anterior cingulate cortex. Journal of Cognitive Neuroscience, 2002, 14, 637-645.

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Shucard, J.L., Parrish, J., Shucard, D. W., McCabe, D.C., Benedict, R.H.B., & Ambrus, J. Working memory and processing speed deficits in systemic lupus erythematosus as measured by the paced auditory serial addition test. Journal of the International Neuropsychological Society, 2004, 10, 35-45.

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Shucard, J.L., Cox, J., Shucard, D.W., Fetter, H., Chung, C., Ramasamy, D., & Violanti, J. Symptoms of posttraumatic stress disorder are related to structural MRI and behavioral measures of affective stimulus processing in police officers. Psychiatry Research : Neuroimaging,, 2012, 204, 25-31.

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Books and Edited Journals

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Selected Manuscripts In Preparation for Submission

Shucard, J.L., Zivadinov, R., Benedict, RHB, Shucard, D.W. MRI measures of microscopic gray and white matter and working memory deficits in Systemic Lupus Erythematosus.

Covey, T.J., Shucard, J.L., Shucard, D.W. Cognitive electrophysiological evidence of functional deficits in MS obtained during a working memory task.

Shucard, D.W. Benedict, R.H.B., Shucard, J.L. The contribution of bilological and psychosocial factors to depression in Systemic Lupus Erythematosus.

Shucard, J.L., Lee, J., Covey, T.J., Violanti, J., Shucard, D.W. Evidence of frontal dysregulation associated with heightened attention to task- irrelevant stimuli in police officers with high PTSD symptomology: a dense electrode array ERP study. Manuscript to be submitted to Neuroimage.

Shucard, D.W., Covey, T.J., Shucard. J.L. Single-trial ERP variability as an index of neurol inefficiency during a working memory task.

Shucard, J.L., Lee, J., Covey, T.J., Violanti, J., Shucard, D.W. Frontal dysregulation during a Go/NoGo task with ambiguous visual stimuli in police officers exposed to traumatic stressors: a dense electrode array ERP study. Manuscript to be submitted to *Neuroimage*.

Kordovski, V.M., Shucard, D.W., Covey, T.J., Adams, J. Benedict, R.H.B., Shucard, J.L. Do neuropsychological tests of working memory, information processing speed, and span predict performance on a visual n-back task? Manuscript to be submitted to *International journal of Neuropsychology*.

Book Reviews

Shucard D. W. Book Review: The Electrophysiology of Intellectual Functions, Duilio Giannitrapani, S. Karger, New York, 1985. Journal of Clinical Neurophysiology, 1986, 3.3, 268-270.

Shucard D. W. In search of a biological index of higher cortical processes. Book Review: The Electrophysiology of Intellectual Functions, Duilio Giannitrapani, S. Karger, New York, 1985. Contemporary Psychology, 1986. 31, 9, 705-706.

Papers Presented and Published Abstracts

Shucard D. W. Cortical evoked potentials and measures of abilities comprising human intelligence. Third Annual Winter Conference on Brain Research, Snowmass-at-Aspen, Colorado, 1970.

Shucard D. W. The cortical evoked potential as an index of human abilities. Invited lecture, Sonoma State Hospital, Butler Hospital, Eldridge, California, 1970.

Shucard D. W., Zeiner A. The effects of unilateral vagotomy on habituation of heart and respiratory rates in the albino rat. Presented by title at Society for Psychophysiological Research Meetings, New Orleans, Louisiana, 1970. Psychophysiology, 1971, 8, 275.

Shucard D. W., Callaway III, E. AEP habituation-temporal uncertainty and stimulus interest. Presented at Fourth Annual Winter Conference on Brain Research, Snowmass-at-Aspen, Colorado, 1971.

Shucard D. W. Visual evoked potential measures and human abilities. Presented at Western Psychological Association Meetings, San Francisco, California, 1971.

Shucard D. W. Human cortical evoked potentials and assessment of individual differences. Invited lecture, Department of Psychiatry, University of Colorado School of Medicine, Denver, Colorado, 1971.

Shucard D. W. Effects of instructional set on visual evoked potentials. Presented at society for Psychophysiological Research Meetings, Boston, Massachusetts, 1972. Psychophysiology, 1972, 10 (2), 194.

Shucard D. W. Symposium on neural measures of intelligence: A critical examination. Invited participant, Canadian Psychological Association Meetings, Victoria, B.C., 1973.

Shucard D. W. Symposium on new or no alternatives to the solution of one equation containing two unknowns. Invited participant, Canadian Psychological Association Meetings, Victoria, B.C., 1973.

Shucard D .W., Spector S.L., McCloskey J. Electroencephalography and anti-asthma medication. Clinical Research, 1974, 22, 323A.

Shucard D. W., Beauford C. Atropine and systemic anaphylaxis in the guinea pig. Clinical Research, 1974, 22, 512A.

Shucard D. W. Symposium: Can cortical evoked potentials be used to measure intelligence? Invited participant, Society for Psychophysiological Research Meetings, Salt Lake City, October, 1974.

Shucard D. W., McCloskey J. Effect of suggestion and experience on visual evoked potentials of children with asthma. Presented at Society for Research in Child Development Meetings, Denver, April, 1975.

Harbeck R .J., Hoffman A.A., Hoffman S.A., Shucard D.W., Carr R.I. Natural neurocytotoxic autoantibodies in New Zealand Mice. Presented at 60th Annual Meeting of the Federation of American Societies for Experimental Biology (Pathology Section), Anaheim, April, 1976. Federation Proceedings, 1976, 35, 437.

Hoffman S.A., Hoffman A.A., Harbeck R.J., Shucard D.W. Antibodies to dissociated cerebellar cells in New Zealand mice as demonstrated by immunofluorescence. Presented at Society for Neuroscience Meetings, Toronto, November, 1976. Society for Neuroscience Abstracts, 1976, 2, 739.

Shucard D. W., Hoffman S.A., Harbeck R.J., Hoffman A.A., Beauford C., Carr R.I. Chronic immune complex disease in the rat: Behavioral and immunological correlates. Presented at Society for Neuroscience Meetings, Toronto, November, 1976. Society for Neuroscience Abstracts, 1976, 2, 747.

Shucard D. W., Shucard J. L., Thomas D.G. The auditory evoked potential and the assessment of cerebral lateralization of cognitive processing. Presented at Society for Psychophysiological Research Meetings, San Diego, October, 1976. Psychophysiology, 1977, 14, 91.

Caparell C., Shucard D.W. The visual evoked potential as an index of cerebral lateralization of cognitive processing. Presented at Society for Psychophysiological Research Meetings, San Diego, October, 1976. Psychophysiology, 1977, 14, 90-91.

Carr R.I., Shucard D.W., Hoffman S.A., Hoffman A.A., Bardana E.J., Harbeck R.J. Neuropsychiatric involvement in systemic lupus erythematosus. Presented at First International Symposium on Immunological Components in Schizophrenia, Galveston, Texas, October, 1976.

Shucard D. W., Shucard J. L., Campos J. Auditory evoked responses and "fast habituation" in infants. Invited participant, Conference on Event-Related Brain Potentials in Man, Virginia, April, 1977 (Sponsored by the Clinical Research Branch of the NIMH and the Scientific Organizing Committee). In: E. Callaway, P. Tueting and S.H. Koslow (Eds.), Event-Related Brain Potentials in Man. Academic Press, New York, 1978, 623.

Hoffman A.A., Harbeck R.J., Hoffman S.A., Shucard D.W. Altered cerebrospinal fluid (CSF) composition in experimental immune complex disease. Presented at Society for Neuroscience Meetings, Anaheim, California, November, 1977. Society for Neuroscience Abstracts, 1977, 3, 396.

Shucard D.W., Shucard J.L. Auditory evoked potentials as probes of lateralized information processing in adults and infants. Invited participants, Conference on Event-Related potentials in Man Application and Problems, Konstanz, West Germany, August, 1978 (Sponsored by NATO). In: D. Lehmann and E. Callaway (Eds.), Human Evoked Potentials. Applications and Problems. Plenum Press, New York, London, 1979, 473.

Shucard D.W., Shucard J.L., Cummins K.R., Thomas D.G. Information processing and the "two tone probe technique" - replication and extension. Presented at Society for Psychophysiological Research Meetings, Madison, Wisconsin, September, 1978. Psychophysiology, 1979, 16, 189.

Shucard D.W., Shucard J.L., Cummins K.R. Auditory evoked potentials and sex-related differences in brain development. Presented at the Society for Research in Child Development Meetings, San Francisco, California, March, 1979. Society for Research in Child Development Abstracts of Individual Papers, 1979, 2, 181.

Thomas D.G., Campos J.J., Shucard D.W., Ramsay D. Semantic comprehension in infancy: A signal detection analysis. Presented at the Society for Research in Child Development Meetings, San Francisco, California, March, 1979. Society for Research in Child Development Abstracts of Individual Papers, 1979, 2, 195.

Shucard D.W., Hoffman S.A., Harbeck R.J., Hoffman A.A., Brodie H.A. Alterations in maze performance with chronic immune complex disease. Presented at the Society for Neuroscience Meetings, Atlanta, Georgia, November, 1979. Society for Neuroscience Abstracts, 1979, 5, 519.

Shucard D.W., Shucard J.L. AERP waveform comparisons between waking infants and adults. Presented at the Society for Psychophysiological Research Meetings, Cincinnati, Ohio, October, 1979. Psychophysiology, 1980, 17, 289.

Thomas D. .G., Shucard D. W., Selinger M.F. Auditory event-related potentials as measures of differential hemispheric processing: Stimulus and cognitive factors. Presented at the Society for Psychophysiological Research Meetings, Cincinnati, Ohio, October, 1979. Psychophysiology, 1980, 17, 289.

Hudgel D.W., Shucard D.W., Antony V., Cooperson D., Euwer R.L. Sleep, hypoxemia in asthma. Presented at the American Academy of Allergy Meetings, Atlanta, Georgia, February, 1980. Clinical Research, 1980, 28, 58a.

Thomas D.G., Shucard D.W., Shucard J.L., Cummins K.R. Auditory event-related potentials and fast habituation in infants and adults. Paper presented to the International Conference on Infant Studies, New Haven, Connecticut, April, 1980.

Selinger M.S., Shucard D.W., Prescott T.E. Relationships between behavioral and electrophysiological measures of auditory comprehension. Presented at the Clinical Aphasiology Conference, Bar Harbor, Maine, June, 1980.

Spector S.L., Shucard D.W. Central nervous system effects of anti-asthma medication - an EEG study. Presented at the American College of Allergists Meetings, Miami, Florida, January, 1981. Annals of Allergy, 1981, 48.

Shucard D.W. (Chairperson), Molfese D., Thomas D., Shucard J. Electrophysiological studies of CNS development in infancy. Symposium presented at the Society for Research in Child Development Meetings, Boston, April, 1981. Society for Research in Child Development Abstracts of Individual Papers, 1981.

Hoffman S.A., Arbogast D.N., Biundo T.T., Shucard D.W., Harbeck R.J. Blood-brain barrier (BBB) permeability during acute immune complex disease (AICD). Presented at the American Association of Neuropathologists Meetings, Vancouver, B.C., June, 1981. Journal of Neuropathology and Experimental Neurology, 1981, 40, 343.

Shucard D.W., Spector S.R, Euwer R.L., Cummins K.R., Shucard J.L. Central nervous system effects of antiasthma medication-an EEG study. Presented at the American EEG Society Meetings, Chicago, Illinois, June, 1981. EEG and Clinical Neurophysiology, March, 1982, 53, 29P.

Shucard D.W., Shucard J.L. Sex related differences in brain development as measured by auditory event-related potentials. Presented at the Society for Psychophysiological Research Meetings, Washington, DC, October, 1981. Psychophysiology, 1982, 19, 347.

Thomas D.G., Shucard D.W. Fast habituation of event-related potentials in infancy: Effects of fixed and variable intervals. Presented at the Society for Psychophysiological Research Meetings, Washington, DC, October, 1981. Psychophysiology, 1982, 19, 353.

Thomas D.G., Shucard D.W. A day of testing effect in infant psychophysiology. Presented at the Third International Conference on Infant Studies, Austin, Texas, March, 1982. Infant Behavior and Development, 1982, 5, 241.

Shucard J.L., Shucard D.W., Thomas D.G. Relationships between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Developmental Psychobiology Research Group Retreat, Estes Park, Colorado, June, 1982.

Shucard D.W., Cummins K.R., McGee M.G. Hemispheric patterns of electrophysiological activity in normal and disabled readers. Invited presentation at the Cognitive Science and Educational Practice Conference, Ohio State University, Columbus, Ohio, July, 1982.

Shucard D.W., Shucard J.L., Dean K.G., Pennington B.F. Electrophysiological and neuropsychological indices of visuospatial deficits in Turner Syndrome adults. Presented at the 90th annual meeting of the American Psychological Association, Washington DC, August, 1982.

Shucard J.L., Shucard D.W., Thomas D.G. Relationship between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Society for Psychophysiological Research Meetings, Minneapolis, Minn., October, 1982. Psychophysiology, 1982, 19, 585-586.

Shucard D.W., Shucard J.L. Sex differences in the patterns of scalp-recorded electrophysiological activity in infancy - possible implications for language development. Invited presentation at the Conference on Sex Differences in Language, University of Arizona, Tucson, Arizona, January 28-30, 1983.

Shucard D.W. Cortical event-related potentials as probes of the functional organization of the brain. Invited address at the meetings of the Western Psychological Association, San Francisco, CA, April 27-30, 1983.

Shucard D.W., Cummins K.R., McGee M.G., Hill J.C., Minarick D.D. Patterns of electrophysiological activity in normal and disabled readers. In: APA Symposium: Etiology of Developmental Reading Disabilities. Presented at the 91st annual meeting of the American Psychological Association, Anaheim, CA, August, 1983.

McGee M.G., Shucard D.W. A two-group multifactorial model of etiology in developmental reading disabilities. In: APA symposium: Etiology of Developmental Reading Disabilities. Presented at the 91st annual meeting of the American Psychological Association, Anaheim, CA, August, 1983.

Shucard D.W. Brain-behavior relationships - Event-related potentials as probes of the functional organization of the brain. Invited participant, Developmental Behavior Genetics and Learning Conference, Leesburg, Virginia, September, 1983 (Sponsored by the Human Learning and Behavior Branch of NICHD).

Thomas D.G., Shucard D.W., Shucard J.L, Minarick D.D. Auditory evoked potentials in infancy: effects of stimulus and laboratory experience. Presented at the Society for Psychophysiological Research meetings, Asilomar, California, September, 1983. Psychophysiology, 1983, 20, 474.

Shucard D.W., Cummins K.R., McGee M.G. Event-related brain potentials and reading disability. Presented at the Society for Psychophysiological Research Meetings, Asilomar, California, September, 1983. Psychophysiology, 1983, 20, 470.

Shucard D.W., Salamy J.G., Hill J.C., Gay E.C., Kuraisa R.J., Polson M.C. Electrophysiological indices of the allocation of cerebral resources. Presented at the Society for Psychophysiological Research Meetings, Asilomar, California, September, 1983. Psychophysiology, 1983, 20, 470-471.

Hoffman S.A., Arbogast D.N., Ford P.M., Shucard D.W., Harbeck R.J. Anti-cerebellar antibody levels in the sera of autoimmune mice. Presented at the Society for Neuroscience Meetings, Boston, MA, November, 1983. Society for Neuroscience Abstracts, 1983, 9, 269.

Salamy J.G., Grunstein M.M., Shucard D.W., Welanko P.R. Effects of inspiratory loading on auditory brainstem responses in man. Presented at the Society for Neuroscience Meetings, Boston, MA, November, 1983. Society for Neuroscience Abstracts, 1983, 9, 1199.

Shucard D.W., Welch T.M., Church M.W., Hoffman S.A. A method for obtaining auditory brainstem evoked responses in unanesthetized mice. Presented at the Society for Neuroscience Meetings, Boston, MA, November, 1983. Society for Neuroscience Abstracts, 1983, 9, 1196.

Shucard D.W., Shucard J.L., Thomas D.G., Cummins K.R. The two-tone probe technique: Applications in developmental neuropsychology. In: International Neuropsychological Society Symposium: The Probe Evoked Potentials Paradigm: Rationale and Applications in Neuropsychology. Presented at the 12th annual meeting of the International Neuropsychological Society, Houston, Texas, February, 1984.

Shucard D.W., Thomas D.G., Shucard J.L. Auditory evoked response asymmetries in premature infants. Presented at the International Conference on Infant Studies, New York, NY, April, 1984. Infant Behavior and Development, 1984, 7, 331.

McGee M.G., Shucard D.W., Cummins K.R., Gay E. Specific reading disability: phenotypic heterogeneity and a two-group, multifactorial theory of etiology. Presented at the Developmental Psychobiology Research Group Retreat, Estes Park, Colorado, May 30 - June 1, 1984.

Shucard D.W. Electrophysiological findings in reading-disabled children: The search for subtypes. Invited participant, Biobehavioral Measures of Dyslexia Conference, Bethesda, Maryland, September, 1984 (Sponsored by the Human Learning and Behavior Branch of NICHD).

Church M.W., Welch T.M., Shucard D.W. Pentobarbital-induced changes in the mouse auditory brainstem response as a function of stimulus repetition rate and time post-drug. Presented at the Society for Neuroscience Meetings, Anaheim, California, October, 1984. Society for Neuroscience Abstracts, 1984, 10, 112.

Shucard D.W. Invited discussant on Symposium with H. Als (Chairperson), J.V. Hunt, L.S. Siegel, F.H. Duffy. Patterns of brain function in the premature infant. Presented at the Society for Research in Child Development Meetings, Toronto, Ontario, Canada, April, 1985.

Thomas D.G., Shucard D.W., Shucard J.L. Auditory evoked potential variability in infancy. Presented at the Society for Research in Child Development Meetings, Toronto, Ontario, Canada, April, 1985.

Shucard D.W. Electrophysiological factors in dyslexia. Invited participant at The Gow Symposium on Dyslexia, South Wales, NY, September 1986.

Shucard D.W. Neurophysiologic, cognitive and behavioral changes in Alzheimer's Disease and Down's Syndrome. Invited participant at the Alzheimer's Disease and Down's Syndrome Symposium, SUNY at Buffalo, October, 1986.

Shucard D.W., Church M.W. Age-related hearing loss in mice as evidenced by the brainstem auditory evoked potential. Presented at The Society for Neuroscience Meetings, Washington, DC, November, 1986. Society for Neuroscience Abstracts, 1986, 12, 1579.

Shucard J.L., Shucard D.W. Probe evoked potentials and hemispheric asymmetries during visual discrimination in children. Presented at the Eighth International Conference on Event-Related Potentials of the Brain (EPIC VIII), Stanford, CA, June, 1986. EPIC VIII Research Reports, 1986, 206-209.

Shucard D.W. Biobehavioral patterns in dyslexia. Invited address, The Center for the Study of Behavioral and Social Aspects of Health Inaugural Colloquium Series, SUNY at Buffalo, April, 1987.

Shucard D.W., Cummins K.R., Shucard J.L. Biobehavioral relationships in dyslexia. Presented at the Society for Neuroscience Meetings, New Orleans, LA, November, 1987. Society for Neuroscience Abstracts, 1987, 13, 653.

Duffner P.K., Cohen M.E., Seidel F.G., Shucard D.W. Significance of magnetic resonance imaging abnormalities in children with neurofibromatosis. Presented at the 17th Annual Meeting of the Child Neurology Society, Halifax, Nova Scotia, Sept, 1988. Annals of Neurology, 1988, 24, 305-306.

Church M.W., Shucard D.W. The mouse brainstem auditory evoked potential as functions of strain and aging. Presented at the Society for Neuroscience Meetings, Toronto, Ontario, Canada, November, 1988. Society for Neuroscience Abstracts, 1988, 14, 800.

Clopper R.R., Schachter M., Shucard J.L., Shucard D.W. Neuropsychological and electrophysiological differences in Turner Syndrome. Presented at the Society for Neuroscience Meetings, Toronto, Ontario, Canada, November, 1988. Society for Neuroscience Abstracts, 1988, 14, 1015.

Shucard D.W., Cummins K.R., Shucard J.L. Auditory evoked potential asymmetry and patterns of human abilities in normal and disabled readers. Society for Neuroscience Abstracts, 1989, 15, 478.

Kerr S.L., Shucard D.W., Kohrman J.H., Cohen M.E. Standard EEG and ambulatory EEG in the evaluation of neonatal seizures. Presented at the Child Neurology Society Meetings, San Antonio, Texas, Oct., 1989. Child Neurology Abstracts, 1989, 259.

Thomas D.G., Shucard J.L., Crow C.D., Shucard D.W. Relationship among gestational age, event related potentials at three months and Bayley scores at twelve months. Presented at the International Conference on Infant Studies, Montreal, Canada, April 1990. Infant Behavior and Development, 1990.

Shucard J.L., Shucard D.W. Maturational changes in the AEP: A longitudinal study of alert infants. Presented at the Fourth International Evoked Potentials Symposium, Toronto, September, 1990.

Shucard D.W., Shucard J.L. Probe evoked potentials: What can they tell us about the development and functional organization of the brain? Presented at the Fourth International Evoked Potentials Symposium, Toronto, September, 1990.

Shucard D.W., Shucard J.L. Invited presentation to the Center for Cognitive Science, State University of New York at Buffalo: Electrophysiological methods in the study of cognitive development and the functional organization of the brain. February, 1991.

Shucard D.W., Shucard J.L., Rogers B.T., Shafer V.L., Ram D. A longitudinal study of neurocognitive functioning in two infants with perinatal brain insult. Presented at the New York Neuropsychology Group Twelfth Annual Conference, New York, April, 1991. International Journal of Neuroscience, 1991.

Shucard D.W., Shucard J.L. Asymmetries of probe evoked potentials and measures of human abilities in normal and disabled readers. Platform presentation at the TENNETT II Conference on Theoretical and Experimental Neuropsychology, Montreal, Canada, May, 1991.

Shucard D.W., Shucard J.L. Asymmetries of probe evoked potentials and intellectual performance in cognitively impaired children. Platform presentation at the Society for Neuroscience Meetings, New Orleans, Louisiana, November, 1991. Society for Neuroscience Abstracts, 1991, 17, 20.

Shafer V.L., Shucard D.W., Shucard J.L., Gerken L.A. An electrophysiological study of infants' sensitivity to the sound structure of English function words. Platform presentation at the Society for Neuroscience Meetings, Anaheim, California. Society for Neuroscience Abstracts, 1992, 18, 584.

Shucard D.W., Tekok-Kilic A., Lichter D.G. The continuous performance task as a measure of sustained attention in Tourette Syndrome. Presented at the Rotman Research Institute of Baycrest Centre Conference on Attention: Theoretical and Clinical Perspectives, Toronto, Canada, March 1992.

Shucard J.L., Shucard D.W., Shafer V.L., Ferretti L.E., Kubow S.A. Fast habituation of scalp-recorded auditory evoked potentials to paired tone stimuli in infants. Platform presentation at the Society for Neuroscience Meetings, Anaheim, California. Society for Neuroscience Abstracts, 1992, 18, 584.

Shafer V.L., Gerken L.A., Shucard J.L., Shucard D.W. 'The' and the brain: An electrophysiological study of infants' sensitivity to English function morphemes. Platform presentation at Boston University Conference on Language Development. October, 1992.

Shucard D.W., Shucard, J.L., Shafer, V.L. Auditory evoked potentials to probe stimuli: possible implications for attention and allocation of cerebral resources in infants. Presented at Developmental Neuropsychology Satellite Conference, New Orleans, Louisiana. March, 1993. Developmental Neuropsychology, 1993.

Shucard D.W., Shucard J.L. What can auditory evoked potentials tell us about cognition? Presented at the Center for Biobehavioral and Social Aspects of Health Faculty/Professional/Student Retreat, SUNY at Buffalo, Amherst, New York. May, 1993.

Shucard J.L., Shucard D.W., Clopper R.L., Kubow S.A., Ciupak G.L., Dixon R. Auditory evoked potentials and cognitive sex differences in pre-adolescent children. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 561.

Shafer V.L., Shucard D.W. Auditory evoked potentials as an index of infants' ability to distinguish their native from non-native languages. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 1809.

Specht C.M., Shucard D.W. Fast habituation of auditory evoked potentials to paired tone stimuli in the rat. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 1005.

Ferretti L.E., Shucard D.W., Shucard J.L., Shafer V.L., Rogers B.T. Impact of perinatal asphyxia on the cortical auditory evoked potential in infants: a longitudinal perspective. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 182.

Sargent E.L., Schaeffer C.P., Shucard D.W. Patterns of cognitive ability and auditory evoked potential asymmetry in normal readers: why aren't they reading disabled? Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 1809.

Shucard D.W., Shafer V.L., Shucard J.L., Jaeger J.J. Electrocortical activity and attention to babbling. Accepted for poster presentation at the IXth Biennal International Conference on Infant Studies, Paris, France, June, 1994.

Pielecha J.M., Specht C.M., Shucard, D.W. A method for chronically recording evoked potentials from unanesthetized rats. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 809.

Shucard J.L., Shucard D.W., Ciupak G.L., Schaeffer C.P., Clopper R.L., Quattrin T., Voorhess M.L. Auditory evoked potentials and verbal and spatial abilities in preadolescent children. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 1424.

Specht C.M., Shucard D.W. Evoked potential fast habituation and single trial latency variability in the rat. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 809.

Tekok-Kilic A., Sargent E., Shucard D.W. Cortical evoked potentials during a visual continuous performance task. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 1002.

Kohrman M.H., Shucard D.W., Ciupak G.L. and Monte L. Use of a continuous performance task as a measure of sleepiness. Presented at the Child Neurology Society (CNS) and International Child Neurology Association (ICNA) Conjoint Meeting, San Francisco, California, October, 1994. Annals of Neurology, 1994, 36, 529-530.

Dixon R.F., Shucard D.W., Podkulski M.C., Shucard J.L. and Fishkin Z.B. Contributions of single trial latency variability to fast habituation in scalp-recorded auditory evoked potentials to paired tone stimuli in infants. Presented at the Society for Psychophysiological Research 34th Annual Meeting, Atlanta, Georgia, October, 1994. Psychophysiology, 1994, 31, S40-S41.

Shafer V.L. and Shucard, D.W. Is the right hemisphere of the brain functionally specialized to process prosodic information from birth? Accepted for presentation at the Boston University Language Conference, Boston, Massachusetts, November, 1994.

Shucard, D.W. and Shucard, J.L. Electrophysiological technique in the study of spatial abilities in Turner Syndrome. Invited presentation at the Conference on Assessment of Behavior in Children and Adolescents with Disorders of Growth and Pubertal Development (Sponsored by the Endocrinology, Nutrition, Growth Branch and Human Learning and Behavior Branch of NICHD) Rochville, Maryland, April 3-4, 1995.

Quattrin T., Ciupak G.L., Shucard D.W., Shucard J.L., Clopper R.R. and Voorhess M. Turner Syndrome: Further delineation of visual spatial abilities and the role of estrogen replacement therapy. Presented at the 1995 American Pediatric Society and Society for Pediatric Research Annual Meetings, San Diego, California, May, 1995.

Lockwood A.H., Shucard D.W., Murphy B. W. and Khalak H. Activation of cortical regions by visual and auditory attention tasks. Presented at the XVII International Symposium on Cerebral Blood Flow and Metabolism, Brain 95, Cologne, Germany, July, 1995. Journal of Cerebral Blood Flow and Metabolism, 1995, 15 (suppl 1), S855.

Shafer V. L., Shucard D. W. Differences in maturation of the left and right cerebral hemispheres in male and female infants: an electrophysiological study. Presented at the Society for Psychophysiological Research 35th Annual Meeting, Toronto, Ontario, Canada, October, 1995. Psychophysiology, 1995, 32, S69.

Shucard J .L., Maltz L. M., Shucard D.W. Probe ERPs and visual-spatial processing in prepubertal children. Presented at the Society for Psychophysiological Research 35th Annual Meeting, Toronto, Ontario, Canada, October, 1995. Psychophysiology, 1995, 32, S70.

Tekok-Kilic A., Stadler R. M., Shucard D. W. ERP measures of target detection, and response inhibition during a visual sustained attention task. Presented at the Society for Psychophysiological Research 35th Annual Meeting, Toronto, Ontario, Canada, October, 1995. Psychophysiology, 1995, 32, S75.

Tekok-Kilic A., Shucard D. W. Condition and modality effects on late positive ERP components obtained during continuous performance tasks. Presented at the Society for Psychophysiological Research 36th Annual Meeting, Vancouver, British Columbia, Canada, October, 1996. Psychophysiology, 1996, 33, S82.

Sheehy R.E., Shucard D. W., Electrophysiology of infant auditory recognition memory. Presented at the Society for Neuroscience, 26th Annual Meeting, Washington, D.C., November 1996. Society for Neuroscience Abstracts, 1996, 22, 1852.

Shucard D. W., Shucard J. L., Ciupak G.L., Jaeger J .J., Lockwood A.H., ERPs and sex differences in regular and irregular past tense verb formation. Presented at the Society for Neuroscience, 26th Annual Meeting, Washington, D.C., November, 1996. Society for Neuroscience Abstracts, 1996, 22, 1111.

Specht C.M., Shucard D. W., N-(2-Chloroethyl)-N-2-Bromobenzylamine Hydrochloride reduces the amplitude of auditory evoked potentials in a paired-tone paradigm in the albino rat. Presented at the Society for Neuroscience, 26th Annual Meeting, Washington, D.C., November 1996. Society for Neuroscience Abstracts, 1996, 22, 1393.

Ciupak G., Quattrin T., Shucard J., Shucard D. Further Delination of Cognitive Abilities in Turner Syndrome: Does Estrogen Play a Role? Presented at the International Neuropsychological Society 25th Annual Meeting, Orlando, Florida, February 1997. Journal of the International Neuropsychological Society, 1997, 3, 35.

Shucard, J. L., Ciupak, G. L., Quattrin, T., & Shucard, D. W. An event related potential study of spatial abilities in turner syndrome. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S81.

McCabe, D.C., Shucard, J. L., & Shucard, D. W. A P300 (P3) study of target detection, response inhibition, and novelty during auditory and visual sustained attention. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S62.

Williams, J.K., Oliver, C.M., & Shucard, D. W. Effects of stimulus and modality on P300 (P3) in two Continuous Performance Tasks (CPTs). Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S97.

Specht, C.M., Starick, M.E., & Shucard, D. W. DSP-4, a selective noradrenergic neurotoxin, reduces the amplitude of peak 2 of the averaged auditory evoked potential in the albino rat. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S84.

Specht, C.M., Starick, M.E., & Shucard, D. W. Absence of auditory evoked potential slow habituation across 60 paired-tone trials in the albino rat. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S85.

Tekok-Kilic, A., Sparks, J. M., & Shucard, D. W. Sex-related differences indexed by P300 (P3) amplitude in visual and auditory sustained attention tasks. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S89.

Shucard, J. L., Benedict, R. H. B., Shucard, D. W., McCabe, D.C. & Lockwood, A.H. Event-related potentials during functional neuroimaging of auditory attention. Presented at the Society for Neuroscience, 27th Annual Meeting, New Orleans, LA, October, 1997. Society for Neuroscience Abstracts, 1997, 23, 300.

Specht, C.M., & Shucard, D. W. Clonidine hydrochloride dose-dependently decreases peak 2 amplitude of the auditory evoked potential in the albino rat. Presented at the Society for Neuroscience, 27th Annual Meeting, New Orleans, LA, Society for Neuroscience Abstracts, October, 1997, 23, 1550.

Tekok-Kilic, A., Sparks, J. M., & Shucard, D. W. Event-related brain potentials in auditory and visual tasks of sustained attention. Presented at the Society for Neuroscience, 27th Annual Meeting, New Orleans, LA, Society for Neuroscience Abstracts, October, 1997, 23, 1836.

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Krasney, J.A., Farkas, G., Shucard, D.W., Salloum, A.C., Silva, G., Roberts, A., Rifkin, D., Bishop, B., Rubio, A. Arterial hypoxia (63 H) elicits subdural hematomas in rats at 29°. Presented at the Society for Neuroscience, 29th Annual Meeting, Miami Beach, FL, October, 1999. Society for Neuroscience Abstracts, 1999, 25, 581.

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Santa Maria, M.P., Starick, M., Specht C.M., Podkulski, M., Shucard, D.W. A decrease in ERP amplitude during fast habituation is not related to increased single trial variability in the time domain. Presented at the Society for Psychophysiological Research 39th Annual Meeting, Granada, Spain, October, 1999. Psychophysiology, 1999, 36, S101.

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Specht, C.M., Jayachandra, M., Shucard, D.W., Schroeder, C.E., Javitt, D.C. Comparison of N1 refractoriness across long interstimulus intervals between monkey and rat models. Presented at the Society for Psychophysiological Research 39th Annual Meeting, Granada, Spain, October, 1999. Psychophysiology, 1999, 36, S110.

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Shucard, J.L. & Shucard, D.W. Cognitive Dysfunction in SLE. Invited talk at the Lupus Alliance of America, March, 2006.

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J. Shucard, B. Parmenter, W. Defraine, D. Shucard. Electrophysiological correlates of working memory deficits in Systemic Lupus Erythematosus. Presented at the Society for Psychophysiological Research 46th Annual Meeting in Vancover, BC, Canada, October 2006. Psychophysiology, 2006, 43, S91-S92.

K. Shiels, D. Shucard, ,M. Posner, ,A, Tekok-Kilic, A. Hamlin, J. Shucard. Lateralization of the P3 response during stages of verbal and spatial working memory. Presented at the Society for Psychophysiological Research 46th Annual Meeting in Vancover, BC, Canada, October 2006. Psychophysiology, 2006, 43, S90-S90.

Shucard, D.W., Parmenter, B.A., Defraine, W., Brueggemeier, C.R., Shucard, J.L. ERP indices of deficits during stages of working memory in Systemic Lupus Erythematosus. Presented at the Society for Neuroscience 36th Annual Meeting in Atlanta, GA, October 2006.

Brueggemeier, C.R. Shucard, J.L. Shucard, D.W. An electrophysiological and neuropsychological study of attention in PTSD. Presented at the International Neuropsychological Society 35th Annual Meeting in Portland, OR. February 2007.

Tekok-Kilic, A. Shucard, J.L. Hamlin, A.S. Shucard, D.W. An electrophsyiological study of age-related differences in encoding and maintenance during a Working Memory (WM) task. Presented at the Society for Psychophysiological Research 47th Annual Meeting in Savannah, GA. October 2007. Psychophysiology, 2007 44, S68.

Hamlin, A.S. Shucard, J.L. Tekok-Kilic, A. Shucard, D.W. Increased activation of the frontal P3 during encoding is associated with poorer working memory performance in middle aged adults. Presentated at the Society for Psychophysiological Research 47th Annual Meeting in Savannah, GA. October 2007. Psychophysiology, 2007, 44 S68.

Shucard, D.W. Tekok-Kilic, A. Hamlin, A.S. Shucard, J.L. Event-related potentials can reflect frontal activation associated with increased task difficulty. Presented at the Society for Neuroscience 37th Annual Meeting in San Diego, CA. November 2007.

Bittner, T., Shucard, D.W. Goldberg, L. Shucard, J. Qualitative analysis of cognitive event –related brain potentials: an ongoing approach. Accepted for platform presentation at the Society for Neuroscience 38th Annual Meeting, November 2008.

Chichelli, T.L. Shucard, D.W. Yildirim, E.E. Varley, M.A. Carr, K.A. Lampell, S.A. Shucard, J.L. An ERP study of P3 amplitude change over trials during the performance of a working memory n-back task in older versus younger adults. Accepted for presentation at the Society for Neuroscience 38th Annual Meeting, November, 2008.

Abara, J.P. Shucard, D.W. Shucard, J.L. Parra, L.A. The effects of task demand on the contingent negative variation during working memory. Accepted for presentation at the Society for Neuroscience 38th Annual Meeting, November 2008.

Syed, A., Shucard, J.L., Shucard, D.W. The contributions of cognitive, biological, and psychosocial factors to depression in Systemic Lupus Erythematosus. Presented at the International Neuropsychological Society 36th Annual Meeting in Honolulu, Hawaii, February, 2008. Journal of the International Neuropsychological Society, 2008, 14 (S1), 201.

Carr, K.A., Shucard, D.W., Shucard, J.L. An electrophysiological study of processing stages during verbal and spatial working memory. Accepted for presentation at the Society for Research in Child Development 2009 Biennial Meeting, April 2-4, 2009, Denver, Colo.

Shucard, J.L., Fetter, H., Shucard, D.W., Cox, J., Chung,C. Bordanaro, R. Magill, A., Violanti, J. Symptoms of Posttraumatic Stress Disorder are related to structural MRI and behavioral measures of affective stimulus processing in police officers. Presented at the Society for Neuroscience 39th Annual Meeting, Chicago, Illinois. October 17-21, 2009.

Covey, T., Shucard, D.W., Zivadinov, R., Lee, W., Dwyer, M., Shucard, J.L. Complex, not simple, processing speed is associated with the working memory performance and structural MRI indices of brain damage in multiple sclerosis. Presented at the Society for Neuroscience 39th Annual Meeting, Chicago, Illinois, October 17-21, 2009.

Shucard, D.W., Chichelli, T.L., Lee, W.H., Covey, T.J., Lee, T. J., Shucard, J.L. ERP P3 amplitude change over trials during the performance of a working memory n-back task in older versus younger adults. Presented at the Society for Psychophysiological Research 49th Annual Meeting, Berlin, Germany, October, 2009. Psychophysiology, 2009.

Shucard, J.L., Lee, J., Covey, J., Violanti, J., Shucard, D.W. Evidence of frontal dysregulation associated with heightened attention to task-irrelevant stimuli in police officers with high ptsd symptomology: a dense electrode array ERP study. Presented at the Society for Neuroscience 40th Annual Meeting, San Diego, CA., Nov. 13-17, 2010.

Zivadinov, R., Shucard, D.W., Hussein, S., Durfee, J., Cox, J.L., Benedict, R.H.B., Shucard, J.L. Conventional and non – conventional MRI manifestations of central nervous system involvement in systemic lupus erythematosus. Society for Human Brain Mapping 17th Annual Meeting, Quebec City, Canada, June 26-30, 2011.

Covey, T. J., Shucard, J.L., Lee, J., Shucard, D.W. Single trial variability of event-related brain potentials as an index of neural efficiency during information processing. Presented at the Society for Neuroscience 41st Annual Meeting, Washington, D.C., November 12-16, 2011.

Shucard, J., Lee, J., Covey, T., Violanti, J., Shucard, D.W. Heightened attention during a Go-NoGo task in police officers symptomology: A dense electrode Event Related Potential (ERP) study. Presented at the International Society for Traumatic Stress Studies, Baltimore, MD, November 3-5, 2011.

Covey, TJ, Shucard, JL, Lee, JT, Zivadinov, R, & Shucard, DW. Electrophysiological, behavioral, and structural indices of working memory dysfunction in Systemic Lupus Erythematosus. Presented at the 42nd annual meeting of the Society for Neuroscience, New Orleans, 2012.

Kandel, A, Ching, MI, **Covey, TJ**, & Shucard, DW. Timing of Mobile Cardiac Outpatient Telemetry May Increase Diagnostic Yield of Atrial Fibrillation in Select Patients with Cryptogenic Strokes. Presented at the International Stroke Conference, New Orleans 2012. Published abstract.

Shucard, D.W. and Shucard, J.L. What Can Electrophysiology Tell Us About Human Cognitive Function? Invited

Neurology Grand Rounds Presentation, Department of Neurology, University at Buffalo, Buffalo, NY, January 31, 2013.

Cesar, B. Shucard, J.L., Dwyer, M., Polak, P., Bergsland, N. Benedict, R.H.B., Shucard, D.W., Zivadinov, R. Comparing white matter tracts of patients with relapsing-remitting multiple sclerosis, systemic lupus erythematosus, and healthy controls using tract-based spatial statistics (TBSS). Presented at the American Academy of Neurology annual meeting, March, 2013.

Shucard, J.L., Shucard, D.W., Hussein, S. Durfee, J., Cox, J.L., Bergsland, N., Dwyer, M.G., Benedict, R.H.B., Ambrus, J., Zivadinov, R. Multimodal imaging manifestations of neuropsychiatric involvement in systemic lupus erythematosus. Platform presentation (R. Zivadinov, presenter) at the American Academy of Neurology annual meeting. March, 2013.

Shucard, D.W. and Shucard, J.L What Can Event-Related Brain potentials Tell Us About human Cognitive Function? Invited Seminar, Department of Psychology, Behavioral Neurosciences, University at Buffalo, April 8, 2013.

Shucard, D.W., Chin, R. Covey, T.J., Shucard, J.L. Perceptual task difficulty and inhibitory control during a Go-NoGo task: An event-related potential study. Presented at the 44 annual meeting of the Society for Neuroscience. November, 2014.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Janet L. Shucard, Ph.D. | 3. Title: Researcher in MAB

4. Briefly describe the role of this person or entity in the proposed registered organization:

Helping to implement and lead the Medical Marijuana Advisory Board. The research I will be involved in may enhance the clinical efficacy of medical marijuana for clinical use in various diseases.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone [redacted]	9. Fax:
10. Email: shucard@buffalo.edu	
11. Residence Address: UB Sherman Hall Annex	
12. City: Buffalo	13. State: NY / 14. ZIP Code: 14214

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Denver	Denver ,CO		1972	BA Psychology	1962
Metropolitan State College	Denver, CO		1976	Teaching Certification	1976
University of Buffalo	Buffalo, NY		1995	Ph.D.	1995

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Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Clinical Psychology	NY 012942	NYS Dept. of Education	1997	Present

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer: State University of Buffalo

Type of Business: Education

Street Address: UB, Sherman Hall, Room 114

City: Buffalo | State: NY | Zip Code: 14214

Starting Date of Employment: August1985 | Ending Date of Employment: Present

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number: [redacted]

Position/Responsibilities:

Co- Director of Division of Cognitive and Behavioral Neurosciences, Department of Neurology, Professor of Neurology, Pediatrics and Psychology. Performed Research, Direct and Teach Students, Admisinstration of the Division.

Reason For Departure: NA

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☑ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [signature]	Date: 5/18/2015
Notary Name: Lisa R Astelli	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 5/18/15

LISA RASTELLI
Notary Public-State of New York
Qualified In ERIE COUNTY
COMM. EXP. 5/23/18

[signature]

May, 2015

Janet L. Shucard, Ph.D.

shucard@buffalo.edu

PERSONAL

Mailing Address: [redacted]

(work) University at Buffalo, State University of New York
Department of Neurology
Division of Cognitive and Behavioral Neuroscience
Sherman Hall Annex
Buffalo, NY 14214

Telephone Numbers: (cell) [redacted]
(work) (716) 829-2099

EDUCATION

1995 Ph.D.	University at Buffalo, State University of New York, Buffalo, NY APA accredited Clinical Psychology Program
1993 – 1994	Veterans Administration Hospital, Buffalo, NY APA accredited Clinical Internship
1976	Metropolitan State College, Denver, CO. Teaching Certification
1972 B.A.	University of Denver, Denver, CO. Major: Psychology

LICENSING Licensed Clinical Psychologist in New York State, #012942

CURRENT AND PREVIOUS POSITIONS

2011 – present	Associate Professor of Clinical Neurology, University at Buffalo, School of Medicine and Biomedical Sciences
[redacted]	
2008 – 2011	Assistant Professor of Clinical Neurology, University at Buffalo, School of Medicine and Biomedical Sciences
1998 – 2008	Assistant Professor of Neurology, University at Buffalo, School of Medicine and Biomedical Sciences
1997 - present	Associate Director, Division of Cognitive and Behavioral Neurosciences, Dept. of Neurology, University at Buffalo
1997 - present	Head of the Department of Neurology Medical Psychotherapy Service, University at Buffalo.
2003 – present	Senior Member of the Graduate Faculty, University at Buffalo
1999 – present	Adjunct Associate Professor, Department of Counseling and Educational Psychology, University at Buffalo

2009 – 2012	Center for Brain and Behavior Informatics. Faculty of funded UB2020 Center
2004 – 2007	Head of the Insomnia and Behavioral Sleep Medicine Service, Department of Neurology, University at Buffalo
1998 – 2004	Head of Practicum Training Program in Medical Psychology/ Neuropsychology, Department of Neurology, University at Buffalo, for Counseling Psychology graduate students
1996 - 1997	Research Assistant Professor, Division of Developmental and Behavioral Neurosciences, Department of Neurology, University at Buffalo
[redacted]	
1985 - 1995	Instructor, Division of Developmental & Behavioral Neurosciences, Department of Neurology, University at Buffalo
1972 - 1985	Researcher and Supervisor of Human Neurophysiology Laboratory: Univ. of Colorado and National Jewish Hospital and Research Center, Brain Sciences Laboratories, Department of Pediatrics and Psychiatry, Denver, CO

GRANTS

2014-2015 **Does Working Memory Training Improve Brain Function and Cognition in MS?** Principal Investigator, National Multiple Sclerosis Society (total award $44,000).

2011 **Anti-Phospholipid Antibodies and C-Reactive Protein as Biomarkers of Cognitive Deficits and Microscopic White and Gray Matter Brain Damage in Systemic Lupus Erythematosus.** **Jog for the Jake Award** Principal Investigator (total award $12,000).

2006-2011 **Neurological indices of CNS involvement in "Non-CNS" SLE.** **NIH R01,** Principal Investigator, (total award $1,228,548).

2007-2008 **Associations between Posttraumatic Stress Symptoms, Brain Function, and Brain Structure in Police Officers: A Pilot fMRI Study.** Supplemental award NIOSH (Co-Investigator, $13,000).

2007-2009 **Single-Trial Latency Variability of the ERP as an Index of Cognitive Neural Efficiency in MS.** Co-Principal Investigator. National Multiple Sclerosis Society. ($44,000).

2006 **Neurological Indices of CNS Involvement in SLE.** James H. Cummings Foundation. Co-Principal Investigator, (total award $179,267)

2002–2004 **Electrophysiological Measures of Processing Speed and Working Memory Deficits in Multiple Sclerosis** (Principal Investigator). National Multiple Sclerosis Society. ($36,000).

2003-2004 **Electrophysiological and Neuropsychological Indices of Gender Differences in Verbal and Spatial Working Memory in Children,** (Co-PI). From IREWG (6/1/2003-6/1/2004) ($3,000).

1996-1999 **Neurocognitive Indices of Attention in PTSD.** **NIH RO3** Principal Investigator, (co-investigators H. Szymansky, M. Morphy) (total award $152,000).

1998-2001 **WNY Systemic Autoimmune Disease Center: Neurocognitive Deficits in SLE,** Oishei Foundation, (PI - J. Ambrus, Jr., J. Shucard, & D. Shucard, Co-investigators). ($120,000 to our laboratory).

1998-2000 **Functional Neuroimaging of Auditory Attention,** James H. Cummings Foundation (R. Benedict, P.I.; A. Lockwood, J. Shucard, D. Shucard, Co-investigators)

1991-1994 **Prenatal Sex Hormones in Neurocognitive Development**
NIH R01 Co-Principal Investigator.

1982 - 1986 **Electrophysiological Studies of Brainstem, Cortical and Cognitive Development in Low Birth-weight Infants.** (Co-Investigator). March of Dimes Birth Defects Foundation.

RESEARCH INTERESTS

Overall interest in cognitive neuroscience and event-related brain potentials (ERPs). Specific areas include: 1) electrophysiological, neuropsychological, and neurobiological aspects of inhibitory control, attention, and executive function in Post-traumatic Stress Disorder; 2) electrophysiological, neuropsychological, and biological markers of working memory/processing speed deficits in Systemic Lupus Erythematosus and Multiple Sclerosis; 3) the relationships among cognitive function, psychological function, and quality of life in Systemic Lupus Erythematosus and Multiple Sclerosis; and 4) ERPs as a measure of frontal cognitive control and inhibitory functions in non-clinical populations; 5) neuropsychological and electrophysiological correlates of sex-differences in spatial and verbal abilities in children and adults.

REVIEWER

Developmental Psychology
Developmental Neuropsychology
International Journal of Psychophysiology
Biological Psychology
Clinical Neurophysiology
Neuropsychobiology
Journal of Cognitive Neuroscience

UNIVERSITY TEACHING and INVITED LECTURES (local)

2000 – present **Undergraduate Research Mentor**: research training of undergraduate students from Psychology and Biomedical Sciences: 3 – 5 students/year. Involves 12 – 15 hours per week of intensive research training for a minimum of one year (2 semesters). See attached Addendum.

2007 – 2010 **Neurosciences graduate course (NRS 521).** Lecture series on Attention.

2008 – 2010 **Introduction to Research Design and Statistical Analysis.** Course for Department of Neurology medical residents, fellows, and staff.

1995 - present **Research training** of predoctoral students, postdoctoral fellows, medical students, and neurology residents in research design and methods, statistics, electrophysiological and behavioral techniques/thesis supervision, clinical psychological assessment and therapy techniques. (Department of Neurology, University at Buffalo)

1/31/2008 **Neurology Grand Rounds**. The Neurobiology of Attention in Posttraumatic Stress Disorder.

2007 **Introduction to Research Design and Statistical Analysis.** Eight week course to Department of Neurology medical residents, fellows, and staff.

3/2006 **Invited Speaker:** "Cognitive Dysfunction in Systemic Lupus Erythematosus." Lupus Alliance of Western New York Annual Workshop

2005 – present **University Sleep Medicine Fellowship:** Training of sleep medicine fellows (Depts of Neurology and Pulmonary Medicine) in the assessment and cognitive behavioral treatment of insomnia.

1998 – 2009 **Neuropsychology Residency Training Program (APPCN) primary faculty**: Research training of Neuropsychology residents.

1998 - 2006	**Practicum Training Program** in Medical Psychology/Neuropsychology. Clinical training of predoctoral students (Department of Counseling and Educational Psychology) in psychological assessment, medical psychotherapy, psychological management of patients with chronic neurological and medical illness, and assessment and treatment of insomnia.
2/2003	**Invited Speaker**: Clinical Psychology Brown-bag lecture. "Neuropsychology and Neurobiology of Post-traumatic Stress Disorder." Department of Psychology, University at Buffalo.
4/2000	**Sleep Medicine Lecture Series**, Insomnia: Diagnostic Aspects and Treatment Modalities, University at Buffalo
2000 - 2001	**Neuroscience Seminar**, Research Methods and Statistics lectures to Neurology Residents, University at Buffalo
9/1998	**Invited Speaker**: "Families coping with Multiple Sclerosis." Fall workshop for the National Multiple Sclerosis Society, Western New York Chapter.
4/1998	**Invited Speaker**: "Self-esteem and chronic illness." Center for Women with Disability, Focus Group Lecture, Western NY Neuroscience Center
1990 to 1991	**Recitation Instructor/Teaching Assistant** Psychological Statistics (Department of Psychology, University at Buffalo). Professor: Dean Pruitt, Ph.D.
1990	**Teaching Assistant** for undergraduate class in Introduction to Psychology (Department of Psychology, University at Buffalo). Professor: Kenneth Kurtz, Ph.D.

INVITED LECTURES and PLATFORM PRESENTATIONS: (National and International)

Behavioral and Electrophysiological Correlates of PTSD Symptomatology. Invited Teleconference presentation to Eli Lilly, April, 2010.

New Approaches to PASAT Scoring and Assessment of Working Memory in Multiple Sclerosis. Invited presentation at *Controversies in Neuropsychology of Multiple Sclerosis Symposium*. Serono Symposia International. Boston, MA., Oct. 2005.

Event-related potential measures during working memory relate to neuropsychological dysfunction and brain atrophy in Multiple Sclerosis. Platform presentation at the Society for Neuroscience meeting, October, 2004.

Posttraumatic stress disorder and event-related potentials during auditory and visual sustained attention. Symposium presentation. Society for Psychophysiological Research meetings, October, 2000.

Event-related potentials during functional neuroimaging of auditory attention. Platform presentation at The Society for Neuroscience meeting, October, 1997.

DISSERTATION and MASTERS THESIS COMMITTEES

5/2001	**Hope Klopchin, Ph.D.** Department of Counseling and Educational Psychology, University at Buffalo Dissertation: *Etiological Factors in the Development of Depression in Systemic Lupus Erythematosus.*
6/2002	**Marisol Hanley, Ph.D.** Department of Counseling and Educational Psychology, University at Buffalo Dissertation: *A Predictive Model of Health-Related Quality of Life in Obstructive Sleep Apnea Patients.*
5/2005	**Danielle C. McCabe, Ph.D.** Department of Psychology, University at Buffalo

Dissertation: *The Effects of Stimulus Deviance and Novelty on Cerebral Lateralization in Event-Related Potentials During Auditory and Visual Continuous Performance Tasks.*

12/2006 **Carolyn Brueggemeier, MS.** Department of Psychology, University at Buffalo
Masters Thesis: *An Event-Related Potential Study of Sustained and Focused Attention in PTSD.*

5/2006 **Helene Cook, MS.** Department of Psychology, University at Buffalo
Masters Thesis: Gender *Differences in Obstructive Sleep Apnea: The Relationship Between the Epworth Sleepiness Scale and Objective Measures of Sleep-Related Respiratory Disturbances.*

3/2007 **Ravi Pande, MS., MD.** Interdisciplinary Masters Program, University at Buffalo
Masters Thesis: *Determinants of CPAP Compliance in Newly Diagnosed Obstructive Sleep Apnea Patients.*

5/2009 **Trevor Chichelli, MS.** Neuroscience Program, University at Buffalo
Masters Thesis: *ERP P3 Amplitude Change Over Trials During the Performance of a Working Memory N-back Task in Older versus Younger Adults.*

5/2010 **Thomas Covey, MS.** Neuroscience Program, University at Buffalo
Masters Thesis: *Behavioral Indices of Information Processing Speed, Neural Efficiency, and Working Memory and Their Relationship With Quantitative MRI in MS.*

5/2013 **Victoria Kordovski, MS.** Psychology, University at Buffalo

5/2013 **Yina Ma, MS.** Neuroscience Program, University at Buffalo

5/2013 **Stevie Night MS.** Psychology, University at Buffalo

PROFESSIONAL SOCIETIES

American Psychological Association
Society for Neuroscience
Society for Psychophysiological Research

UNIVERSITY COMMITTEES

University at Buffalo Faculty Council Member: June 2007 – May 2009

UB 2020 Initiative, Aging and Chronic Disease Focus Group. Invited participant.

The Women's Health Collaborative Research Group, Steering Committee Member, Department of Neurology, 1997 to 2000.

GENERAL COMMITTEES

Medical Ethics Committee, Kaleida Health, University at Buffalo Center for Clinical Ethics and Humanities in Health Care. 2002 to present.

Turskey Award Review Committee, 44th annual meeting, Society for Psychophysiological Research, 2004.
Society for Psychophysiological Research Program Committee, for 42nd annual meeting, 2002.

Medical Ethics Committee, Buffalo General Hospital, 1997- 2002.

COMMUNITY SERVICE

Medical Ethics Consultant, Buffalo General Hospital. Serve as a psychologist on medical ethics consultant team. 2000 – 2014.

Caring Committee member, Temple Beth Am, June 2009 – present

Campaign treasurer for Candidate for Amherst Town Clerk. July 2011 – Feb. 2012.

Amherst Democratic Committee, elected member, July 2004 to present

Social Action Committee Co-chair, Temple Beth Am, April 2003 - 2013

Clinical Advisory Committee member for The National Multiple Sclerosis Society, Western New York Chapter. August 1998 to present.

Representative of the Joint Steering Committee for Public Policy on Capitol Hill Day, Washington D.C. July 14, 2004. Met with Congressional Representatives to discuss funding for NIH.

Mentor Programs. Mentor for high school students beginning Sept. 1999.
Minority Student Summer Fellowship Program. University at Buffalo, 2001 and 2012.

Co-Chairperson: New York State Task Force for the Prevention of Lead Poisoning in Children 1987-1990.

Board Member for the Western New York Task Force on Prevention of Mental Retardation and Developmental Disabilities. 1987 - 1991.

PUBLICATIONS (PEER REVIEWED)

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1977). Auditory evoked potentials as probes of hemispheric differences in cognitive processing. *Science, 197*, 1295-1298.

Shucard, D.W., & **Shucard, J.L.** (1978). Stimulus intensity expectation and visual evoked brain potentials. *Psychophysiology, 15*, 522-530.

Thomas D., Campos, J., Shucard, D.W., Ramsay, D., & **Shucard J.L.** (1981). Semantic comprehension in infancy: A signal detection analysis. *Child Development, 52*, 708-803.

Shucard, J.L., Shucard D.W., Cummins K.R., & Campos, J.J. (1981). Auditory evoked potentials and sex-related differences in brain development. *Brain and Language, 13*, 91-102.

Shucard, D.W., Cummins K.R., Thomas D.G., & **Shucard, J.L.** (1981). Evoked potentials to auditory probes as indices of cerebral specialization of function - replication and extension. *EEG and Clinical Neurophysiology, 52*, 389-393.

Shucard, D.W., **Shucard, J.L.**, Campos, J.J., & Salamy, J.G. (1982). Some issues pertaining to auditory evoked potentials and sex-related differences in brain development. *Brain and Language, 16,* 342-347.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1984). The development of cerebral specialization in infants: Electrophysiological and behavioral studies. In: R.N. Emde and R.J. Harmon (Eds), *Continuities and Discontinuities in Development*. Plenum Publishing Corp., New York, *54*, 293-314.

Shucard, D.W., Spector, S.L., Euwer, R.L., Cummins, K.R., **Shucard, J.L.**, & Friedman, A. (1985). Central nervous system effects of anti-asthma medication - An EEG study. *Annals of Allergy, 68*, 303-310.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1987). Auditory event related potentials in waking infants and adults: A developmental perspective. *EEG and Clinical Neurophysiology. 68*, 303-310.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1987). Sex differences in the patterns of scalp-recorded electrophysiological activity in infancy - possible implications for language development. Philips, S, Steele, S., & Tanz, C. (Eds.), *Language, Sex and Gender in Comparative Perspective*. Cambridge University Press, 278-295.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1988). Neurophysiological studies of human cognitive development in premature infants: An approach to the study of maturational brain processes. *Neurotoxicology, 9*, 299-316.

Shucard, J.L, Shucard, D.W., Patterson, R., & Guthrie, R. (1988). Prenatal lead exposure and its potential significance for developmental disabilities: A preliminary study of umbilical cord blood lead levels. *Neurotoxicology, 9*, 317-326.

Thomas, D.G., Shucard, D.W., **Shucard, J.L.**, & Campos, J.L. (1989). The effects of stimulus and laboratory experience on auditory evoked potentials in infancy. *Developmental Neuropsychology, 5*, 25-32.

Shucard, J.L., & Shucard, D.W. (1990). Auditory evoked potentials and hand preference in 6-month-old infants: Possible gender related differences in cerebral organization. *Developmental Psychology, 26*, 923-930.

Shucard, D.W., **Shucard, J.L.**, Clopper, R.R., & Schachter, M. (1992). Electrophysiological and neuropsychological indices of cognitive processing deficits in Turner Syndrome. *Developmental Neuropsychology, 8*, 299-323.

Benedict, R. H., Lockwood, A. H., Shucard, D.W., & **Shucard, J.L.** (1998). Functional neuroimaging of sustained attention in the auditory modality. *NeuroReport, 9*, 121-126.

Shafer, V.L., Shucard, D.W., **Shucard, J.L.**, & Gerken, L.A.(1998). An electrophysiological study of infants' sensitivity to the sound patterns of English speech. *Journal of Speech, Language, and Hearing Research, 41*, 874-886.

Everhart, D. E., **Shucard, J. L.**, Quattrin, T., & Shucard, D.W. (2001). Sex-related differences in ERPs, face recognition, and facial affect processing in prepubertal children. *Neuropsychology. 15*, 329-341.

Tekok-Kilic, A., **Shucard, J.L.**, & Shucard, D. W. (2001). Stimulus Modality and Go/NoGo effects on P3 during parallel visual and auditory continuous performance tasks. *Psychophysiology, 38*, 578-589.

Benedict, R.H.B, Shucard, D.W., Santa Maria, M.P., **Shucard, J.L.**, Abara, J.P., Coad, M., Wack, D., Sawusch, J., Lockwood. A.H. (2002). Covert Auditory Attention Generates Right Anterior Cingulate Activity in Humans. *Journal of Cognitive Neuroscience, 14*, 637-645.

Shucard, J.L., Parrish, J., Shucard, D.W., McCabe, D.C., & Benedict, R.H.B., Ambrus, J. (2004). Working memory and processing speed deficits in Systemic Lupus Erythematosus as measured by the Paced Auditory Serial Addition Test. *Journal of the International Neuropsychological Society, 10*, 35-45.

Everhart, E. E., **Shucard, J.L.**, Quatrin, T., & Shucard, D.W. (2004). Event-related potential differences during face recognition among prepubertal children and Turner Syndrome girls. *Psychoneuroedocrinology, 29*, 1260-1271.

Shucard, D.W., Abara, J.P., McCabe, D.C., Benedict, R.H.B., & **Shucard, J.L.** (2004). The effects of covert attention and stimulus complexity on the P3 response during an auditory continuous performance task. *International Journal of Psychophysiology, 54*, 221-230.

Thoman, J.E., Duffner, P.K., **Shucard, J.L.** (2004). Do serum sodium levels predict febrile seizure recurrence within 24-hours? *Pediatric Neurology, 31*, 342-344.

Parmenter, B.A., **Shucard, J.L.**, Benedict, R.H.B, & Shucard, D.W. (2006). Working memory deficits in multiple sclerosis: Comparison between the n-back task and the Paced Auditory Serial Addition Test. *Journal of the International Neuropsychological Society, 12,* 677-687.

Shucard, J.L., Gaines, J., Ambrus, J., & Shucard, D.W. (2007). C-reactive protein and cognitive deficits in Systemic Lupus Erythematosus. *Cognitive and Behavioral Neurology, 20*, 31-37.

Parmenter, B.A., **Shucard, J.L.**, Shucard, D.W. (2007). Information processing deficits in Multiple Sclerosis: a matter of complexity. *Journal of the International Neuropsychological Society, 13*, 417-423.

Benedict, R.H.B., **Shucard, J.L.**, Zivadinov, R., & Shucard, D.W. (2008). Neuropsychological impairment in systemic lupus erythematosus: A comparison with multiple sclerosis. *Neuropsychology Review*, *18*, 149-166.

Shucard, J.L. & McCabe, D.C. & Szymanski, H. (2008). An Event-related potential study of attention deficits in posttraumatic stress disorder during auditory and visual go/nogo continuous performance tasks. *Biological Psychology*, *79*, 223-233.

Shucard, J.L., Tekok-Kilic, A., Shiels, K., & Shucard, D.W. (2009) Stage and load effects on ERP topography during verbal and spatial working memory. *Brain Research*, 1254, 49-62.

Covey, T.J., Zivadinov, R., **Shucard, J.L.**, Shucard, D.W. (2011). Information processing speed, neural efficiency, and working memory performance in multiple sclerosis: Differential relationships with structural imaging. *Journal of Clinical and Experimental Neuropsychology*, 33, 1129-1145.

Shucard, J.L., Lee, W.H., Safford, A. S., & Shucard, D.W. (2011). The relationship between processing speed and working memory demand in Systemic Lupus Erythematosus: Evidence from a visual n-back task. *Neuropsychology,* 25, 45-52.

Shucard, J.L., Cox, J., Shucard, D.W., Fetter, H., Chung, C., Ramasamy, D., & Violanti, J. (2012). Symptoms of posttraumatic stress disorder are related to structural MRI and behavioral measures of affective stimulus processing in police officers. *Psychiatry Research: Neuroimaging,* 204, 25-31.

Covey, T.J., **Shucard, J.L.**, Shucard, D.W., Stegen, S., Benedict, R.H.B., (2012). Comparison of neuropsychological impairment and vocational outcomes in Systemic Lupus Erythematosus and Multiple Sclerosis patients. *Journal of the International Neuropsychological Society,* 18, 1-11.

Covey, T.J., **Shucard, J.L.**, Violanti, J., Lee, J., Shucard, D.W. (2013). The effects of exposure to traumatic stressors on inhibitory control in police officers: A dense electrode array study using a Go/NoGo continuous performance task. *International Journal of Psychophysiology.* 87, 363-375.

Shucard, J.L., Shucard, D.W. (2013). Electrophysiological and neuroimaging studies of cognitive control: Introduction to special issue. *International Journal of Psychophysiology*. 87, 215-216.

Zivadinov, R. **Shucard, J.L.**, Hussein, S. Durfee, J., Cox, J.L., Bergsland, N., Dwyer, M.., Benedict, R.H.B., Ambrus, J., Shucard, D.W. (2013). Multimodal imaging in systemic lupus erythematosus patients with diffuse neuropsychiatric involvement. *Lupus*. 22, 675-683.

Cesar, B., Dwyer, M.G. Shucard, J.L., Polaka, P., Bergsland, N., Benedict, R., Weinstock-Guttman,B., Shucard, D.W., Zivadinov, R. (2015) Cognitive and white matter tract differences in MS and diffuse Systemic Lupus Erythematosus. *American Journal of Neuroradiology*, In Press.

(Italics denote postdoctoral fellow, graduate student, or medical student, under my supervision)

BOOKS AND EDITED JOURNALS

J.L. Shucard and D.W. Shucard, Co-Editors (2013). ***Electrophysiological and Neuroimaging Studies of Cognitive Control: Evidence from Go/NoGo and Other Executive Function Tasks.*** Special Issue of the *International Journal of Psychophysiology*. Volume 87.

MANUSCRIPTS IN PREPARATION FOR SUBMISSION

Shucard, J.L., Zivadinov, R., Benedict, R.H.B., Shucard, D.W. MRI measures of microscopic gray and white matter and working memory deficits in Systemic Lupus Erythematosus.

Shucard, J.L., Hamlin, & Shucard, D.W. Age-related changes in increased activation of the frontal P3 during working memory: a comparison of young and middle aged adults. Manuscript to be submitted to the *Journal of Cognitive Neuroscience*.

Shucard, D.W., Benedict, R., **Shucard, J.L.** The contribution of biological and psychosocial factors to depression in Systemic Lupus Erythematosus. Manuscript to be submitted to *Rheumatology*.

Shucard, J.L., Lee, J., Covey, T.J., Violanti, J., Shucard, D.W. Frontal dysregulation during a Go/NoGo task with ambiguous visual stimuli in police officers exposured to traumatic stressors: a dense electrode array ERP study. Manuscript to be submitted to *Neuroimage*.

PAPERS PRESENTED AND PUBLISHED ABSTRACTS

Shucard, D.W., Spector, S.L., & McCloskey (Shucard), J.L. (1974). Electroencephalography and anti-asthma medication. Clinical Research, 22, 323.

Shucard, D.W., & McCloskey (Shucard), J.L. Effect of suggestion and experience on visual evoked potentials of children with asthma. Presented at Society for Research in Child Development Meetings, Denver, April, 1975.

Shucard, D.W., Shucard, J.L., & Thomas, D.G. The auditory evoked potential and the assessment of cerebral lateralization of cognitive processing. Presented at Society for Psychophysiological Research , San Diego, October, 1976, Psychophysiology, 1977, 14, 91.

Shucard, D.W., Shucard, J.L., & Campos, J. (1978). Auditory evoked responses and "fast habituation" in infants. Invited participant, Conference on Event-Related Potentials in Man, Virginia, April 1977 (Sponsored by the

Clinical Research Branch of the NIMH and the Scientific Organizing Committee.) In: E. Callaway, P. Tueting and S.H. Koslow (Eds) Event-Related Brain Potentials in Man. Academic Press, New York, 623.

Shucard, D.W., & Shucard, J.L. Auditory evoked potentials as probes of lateralized information processing in adults and infants. Invited participants, Conference on Event-Related Potentials in Man-Application and Problems, Konstanz, West Germany, August, August, 1978 (Sponsored by NATO). In: D. Lehmann and E. Callaway (Eds) Human Evoked Potentials, Applications and Problems, Plenum Press, New York, London, 1979, 473.

Shucard, D.W., Shucard, J.L. Cummins, K.R., & Thomas, D.G. Information processing and the "two tone probe technique" replication and extension. Presented at Society for Psychophysiological Research Meetings. Madison, WI,1978. Psychophysiology, 1979, 16, 189.

Shucard, D.W., Shucard, J.L., & Cummins, K.R. Auditory evoked potentials and sex-related differences in brain development. Presented at Society for Research in Child Development Meetings, San Francisco, California, March, 1979. Society for Research in Child Development Abstracts of Individual Papers. 1979, 2, 181.

Shucard, D.W. & Shucard, J.L. AERP waveform comparisons between waking infants and adults. Presented at the Society for Psychophysiological Research Meetings, October, 1979. Psychophysiology, 1980, 17, 289.

Thomas, D.G., Shucard, D.W., Shucard, J.L., & Cummins, K.R. Auditory event-related potentials and fast habituation in infants and adults. Paper presented to the International Conference on Infant Studies, New Haven, Connecticut, April, 1980.

Shucard, D.W., Molfese, D., Thomas, D., & Shucard, J.L. Electrophysiological studies of CNS development in infancy. Symposium presented at Society for Research in Child Development Meetings, Boston, April, 1981. Society for Research in Child Development Abstract of Individual Papers, 1981.

Shucard, D.W., Spector, S.R., Euwer, R.L., Cummins, K.R., & Shucard, J.L. Central nervous system effects of anti-asthma medication - An EEG study. Presented at the American EEG Society Meetings, Chicago, Illinois, June, 1981. EEG and Clinical Neurophysiology, March, 1982, 53, 29.

Shucard, D.W., & Shucard, J.L. Sex related differences in brain development as measured by auditory event related potentials. Presented at the Society for Psychophysiological Research Meetings, Washington, DC, October, 1981. Psychophysiology, 1982, 19, 347.

Shucard, J.L, Shucard, D.W., & Thomas, D.G. Relationships between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Developmental Psychobiology Research Group Retreat, Estes Park, Colorado, June, 1982.

Shucard, D.W., Shucard, J.L., Dean, K.G., & Pennington, B.F. Electrophysiological and neurophysiological indices of visuospatial deficits in Turner Syndrome adults. Presented at the 90th annual meeting of American Psychological Association, Washington, D.C., August, 1982.

Shucard, J.L., Shucard, D.W., & Thomas, D.G. Relationship between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Society for Psychophysiological Research Meetings, Minneapolis, Minn., October, 1982, Psychophysiology, 1982, 19, 585-586.

Shucard, D.W., & Shucard, J.L. Sex differences in the patterns of scalp-recorded electrophysiological activity in infancy-possible implications for language development. Invited presentation at the Conference on Sex Differences in Language, University of Arizona, Tucson, AZ, January, 1983.

Thomas, D.G., Shucard, D.W., Shucard, J.L., & Minarick, D.D. Auditory evoked potentials in infancy: effects of stimulus and laboratory experience. Presented at the Society for Psychophysiological Research Meetings, Asilomar, California, September, 1983. Psychophysiology, 1984, 20, 474.

Shucard, D.W., Shucard, J.L., Thomas, D.G., & Cummins, K.R. The two-tone probe technique: Applications in developmental neuropsychology. In: International Neuropsychological Society Symposium: The Probe Evoked Potentials Paradigm: Rationale and Applications in Neuropsychology. Presented at the 12th annual meeting of the International Neuropsychological Society, Houston, Texas, February, 1984.

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Covey, T., Shucard, D.W., Zivadinov, R., Lee, W., Dwyer, M., Shucard, J.L. Complex, not simple, processing speed is associated with the working memory performance and structural MRI indices of brain damage in multiple sclerosis. Presented at the Society for Neuroscience 39th Annual Meeting, Chicago, IL, October 17-21, 2009.

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Zivadinov, R., Shucard, D.W., Hussein, S., Durfee, J., Cox, J.L., Benedict, R.H.B., Shucard, J.L. Conventional and non-conventional MRI manifestations of central nervous system involvement in systemic lupus erythematosus. Accepted for publication in Neuroimage, and presentation to the Society for Human Brain Mapping, June, 2011.

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Covey, TJ, Shucard, JL, Lee, JT, Zivadinov, R, & Shucard, DW. Electrophysiological, behavioral, and structural indices of working memory dysfunction in Systemic Lupus Erythematosus. Presented at the 42nd annual meeting of the Society for Neuroscience, New Orleans, 2012.

Cesar, B. Shucard, J.L., Dwyer, M., Polak, P., Bergsland, N. Benedict, R.H.B., Shucard, D.W., Zivadinov, R. Comparing white matter tracts of patients with relapsing-remitting multiple sclerosis, systemic lupus erythematosus, and healthy controls using tract-based spatial statistics (TBSS). Presented at the American Academy of Neurology annual meeting, March, 2013.

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Shucard, D.W., Chin, R., Covey, T.J., Shucard, J.L. Perceptual task difficulty and inhibitory control during a Go-NoGo task: An event related potential study. Presented at the 44 annual meeting of the Society for Neuroscience. November, 2014.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Sasko Dorce Stojanovski

3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax: [redacted]	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]		13. State: [redacted]	14. ZIP Code [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Albany College of Pharmacy	106 New Scotland Avenue Albany, NY 12208	1994	1999	Bachelor of Science in Pharmacy	1999
Albany College of Pharmacy	106 New Scotland Avenue Albany, NY 12208	1999	2001	Doctor of Pharmacy	2001
Sacred Heart Hospital	5151 North Ninth Avenue, Pensacola, FL 32504	2003	2004	pharmacy practice residency in pediatrics	2004
The Ohio State University College of Pharmacy	College of Pharmacy, 500 West 12th Ave. Columbus, OH 43210	2004	2007	pediatric pharmacotherapy fellowship	2007

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
New York Pharmacist	0473721	New York	4/1/2014	3/31/2017
Florida Pharmacist	PS38371	Florida	10/1/2013	9/30/2015

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: The Ohio State University College of Pharmacy

Type of Business: College/research

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address: 500 West 12th Ave.		
City: Columbus	State: OH	Zip Code: 43210
Starting Date of Employment: 5/2004	Ending Date of Employment: 7/2007	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number: [redacted]	
Position/Responsibilities: Research: Emergency medicine, Infections Disease, Toxicology. Teaching assistant for The College of Pharmacy		
Reason For Departure: [redacted]		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Assist in New York State Regulatory
- Fees/Taxes
– cultivators
– dispensers
- Background checks
- Approved health conditions identified by New York State
- Policies and Procedures
- Approved methods of manufacturing and number of dispensaries and cultivation centers
- Criminal penalties for fraud and abuse
- State registry card transferability
- Possession limits

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/20/2015
Notary Name: Nancy M Di Bruzzo	Notary Registration Number: 01DI5034711
Notary (Notary Must Affix Stamp or Seal) NANCY M. DIRIENZO NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN ERIE COUNTY MY COMMISSION EXPIRES: 10-17-18	Date: 5/20/15

Sasko Dorce Stojanovski

Personal Address: *Business Address:*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Education

July 2004-August 2007	Pediatric Pharmacotherapy Fellowship The Ohio State University, College of Pharmacy Columbus, Ohio
August 2003-June 2004	Pharmacy Practice Residency Sacred Heart Hospital Pensacola, Florida
1999-2001	Doctor of Pharmacy Albany College of Pharmacy Albany, New York
1994-1999	Bachelor of Science, Pharmacy Albany College of Pharmacy Albany, New York

Professional Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

April 2001-August 2003 — State University of New York Upstate Medical University
Syracuse, New York
Pharmacist (Pediatric/Oncology)

- Pharmacokinetic consult
- Therapeutic drug monitoring
- Drug information
- Discharge counseling
- Precept pharmacy residents and pharmacy students

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Teaching Experience

Didactic Teaching

Pathophysiology & therapeutic of Cystic Fibrosis. Pharmacy 782: Pathophysiology & Therapeutics VI. 3rd year entry level PharmD Program. College of Pharmacy, The Ohio State University, Spring 2006.

Childhood Immunizations. Pharmacy 694B: Pediatric Pharmacotherapy. 3rd year elective course in the entry level PharmD Program. College of Pharmacy, The Ohio State University, Spring 2006.

Treatment of Depression in Children. Pharmacy 694B: Pediatric Pharmacotherapy. 3rd year elective course in the entry level PharmD Program. College of Pharmacy, The Ohio State University, Spring 2006.

Recitation Teaching

Pharmacy 781: Non-traditional PharmD Program Pathophysiology & Therapeutics V HIV case. Web based (Elluminate©) distance learner case based discussion. Agust 2005.

Pharmacy 779 Pathophysiology & Therapeutics III: Epilepsy, Migraines, Depression, Pain, Schizophrenia. 2nd year entry level PharmD program Spring 2005.

Pharmacy 781 Pathophysiology & Therapeutics V: Infectious Disease, Drug in Pregnancy & Lactation, Genitourinary system, Joint Disease. 3rd year entry level PharmD program, Winter 2005 & 2006.

Pharmacy 782 Pathophysiology & Therapeutics VI: Critical Care, Pediatrics, Hematology & Oncology. 3rd year entry level PharmD program, Spring 2006.

Presentations

Childhood Medications and Classroom Implications, Presented to Ohio Head Start Association at Midwest Conference Center, Columbus, Ohio, September 2005.

Clinical Presentation and Management of Histoplasmosis in Pediatric Patients, Presented to Infectious Disease Fellowship Forum, Charleston, South Carolina, June 2005.

Multiple Myeloma, Presented to Nemours Pediatric Oncology Group and Nursing at Sacred Heart Hospital, Pensacola, Florida, April, 2004

Multiple Myeloma, Presented to Pharmacy Personnel and Nursing at Sacred Heart Hospital, Pensacola Florida, March, 2004

Pediatric Asthma, Presented to University to Florida Resident Physicians at Sacred Heart Children's Hospital, Pensacola, Florida, December 2003.

Aminoglycosides, Presented to University of Florida Residents Physicians at Sacred Heart Children's Hospital, Pensacola, Florida, December 2003.

Journal Club: Gentamicin Dosage in Children: A randomized Prospective Comparison of Body Weight and Body Surface Area as Dose Determinants, Presented to Pediatric Pharmacy Personnel at Sacred Heart Children's Hospital, Pensacola, Florida, October 2003.

Journal Club: Corticosteroids in the Initial Treatment of Kawasaki Disease: Report of a Randomized Trial,

Presented to Pediatric Pharmacy Personnel at Sacred Heart Children's Hospital, Pensacola, Florida, September 2003.

Community Acquired Pneumonia, In-service Education, State University of New York Upstate Medical University, Presented to Pharmacy Personnel, Syracuse, New York, December 2002

Presentations at Local or State Meeting

Stojanovski SD, Robinson RF, Baker DS, Casavant MJ and Nahata MC. Relationship Between Reported Single Acute Dose of Diphenhydramine Hydrochloride Exposures in Children ≤6 Years of Age and Clinical Outcomes, North American Congress of Clinical Toxicology, September 2005.

Stojanovski SD, Robinson RF, Baker DS, Casavant MJ and Nahata MC. Unintentional and Intentional Exposure to Atomoxetine Hydrochloride Reported to a Regional Poison Control Center, Pediatric Academic Societies, May 2005.

Stojanovski SD, Leder MS and Nahata MC. Efficacy and Saftey of Procedureal Sedation by a Pediatric Sedation Team using Propofol, Pediatric Academic Societies, May 2005. Also presented as Encore Paper at American College of Clinical Pharmacy, October 2005.

Stojanovski SD, Guharoy R, Marraffa J. Drug Utilization Evaluation of Vancomycin in the Pediatric Population in a tertiary Care Teaching Hosptial, American System of Health-System Pharmacists Mid-Year Meeting, December 2002.

GuharoyR, Waite R, Stojanovski S, Yandon R. Drug Utilization Evaluation of Cefotaxime and Ceftazidime in the Pediatric Population in a Tertiary Care Teaching Hospital, American System of Health-System Pharmacist Mid-Year Meeting, December 2002.

Manuscripts/Textbook

Stojanovski SD, Casavant MJ, Mousa HM, Baker P and Nahata MC. Atomoxetine-Induced Hepatitis in a Child, Journal of Toxicology: Clinical Toxicology.

Stojanovski SD, Robinson RF, Baker SD, Casavant MJ, Hayes JR, Nahata MC. Children and adolescent exposures to atomoxetine hydrochloride reported to a poison control center. Journal of Toxicology: Clinical Toxicology

Stojanovski SD, Baker SD, Casavant MJ, Hayes JR, Robinson RF, Nahata MC. Implications of diphenhydramine single-dose unintended ingestions in young children. Pediatric Emergency Care

Stojanovski SD, Rasu RS, Balkrishnan R, Nahata MC. Trends in medication prescribing for pediatric sleep difficulties in US outpatient settings. Sleep.

Farooq O, Memon Z, Stojanovski SD, Faden HS. Azithromycin-induced agitation and choreoathetosis. Pediatric Neurology

Bystrak LB, Heine AM, Michienzi K, Stojanovski SD "Gastrointestinal Pharmacology." *Pediatric Critical Care.* 4th edition. Bradley P. Fuhrman and Jerry J. Zimmerman. 2011 1234-1247

Certifications

New York Licensure 2017

Florida Licensure2015

References Available Upon Request.

Dr. Sasko Dorce Stojanovski is originally from [redacted]. He earned a Bachelor of Science (1999) in Pharmacy and Doctor (2001) of Pharmacy from Albany College of Pharmacy and Health Sciences. Professional experiences include completing a pharmacy practice residency in Pediatrics at Sacred Heart Hospital (2003-2004) under [redacted] and a pediatric pharmacotherapy fellowship at The Ohio State University College of Pharmacy (2004-2007) under [redacted] Currently Dr. Stojanovski is a [redacted] Areas of professional interest include further research in pediatric medication efficacy and safety, and epilepsy pharmacotherapy. Dr. Stojanovski has several publications and authored a chapter in

IdentoGO
By MorphoTrust USA

New York

Registration Completed for Dr. Sasko Dorce Stojanovski

Appointment Details

Location
Lackawanna
Security & Weapons Training
659 Ridge Rd
Lackawanna, NY 14218
United States

Appointment
Date: [redacted]/2015
Time [redacted]

Registration ID
XI15002898K

Payment Details

Remember to bring your payment with you to your appointment. You will not be fingerprinted without payment.

The following payment methods are accepted on site: Money Order, Business Check, Personal Check and Certified Bank Check.

Your total is $84.95.

Reminders

Your photograph will be taken during the fingerprinting process. Please dress appropriately.

Applicant MUST present two (2) forms of ID, at least one of which must have a photo (see Column A).

The full legal name on your two forms of identification must match exactly. If they do not match, an official document must be submitted to explain the discrepancy. Please call (877) 472-6915 if you have any further questions.

Please bring the two forms of identification you selected during the registration process with you to your fingerprinting appointment.

Column A - Valid Photo Identification	Column B - Valid Supplementary Identification
• U.S. Passport (unexpired or expired) • Permanent Resident Card • Alien Registration Receipt Card • Unexpired Foreign Passport • Driver's License or Photo ID Card (issued by U.S. State or Territory) • School or College ID Card (with photo) • Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B) • Photo ID Card issued by federal, state, or local govt.	• Voter registration card • U.S. Military card or draft record • Military dependent's ID card • Coast Guard Merchant Mariner Card • Native American Tribal Document • Canadian Driver's License • U.S. Social Security Card • Original or certified copy of a Birth Certificate issued by authorized U.S. agency with official seal • Certification of Birth Abroad (issued by U.S. Department of State) • U.S. Citizen ID Card (Form I-7)

Identification (if under 18 and nothing else available)

- School record or report card
- Clinic, doctor, or hospital record

MorphoTrust USA is committed to protecting the identity of our customers. MorphoTrust USA Enrollment Officers will:
1) not make copies of identification documents;
2) return to the applicant any form(s) filled out by the applicant with identifying information; and
3) not make copies of such document(s).

Application Details (1)

ORI Number: NY0412500
Fingerprint Reason: 42 - Control Substance License

If you have any questions with the website,
please contact MorphoTrust USA at (877) 472-6915. For TTY/TTD applicants, please call (877) 219-0199

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Andrea A. Tarshus, Esq. | 3. Title: Chief Compliance Officer

4. Briefly describe the role of this person or entity in the proposed registered organization: General Counsel

The Chief Compliance Officer (CCO) oversees the Corporate Compliance Program, ensuring the Board of Managers, management and employees are in compliance with the rules and regulations of local, state and federal laws as well as regulatory agencies, that the company's policies and procedures are being followed, and that behavior in the organization meets the company's Standards of Conduct. Develops and maintains P&Ps for the Compliance Program to prevent illegal, unethical or improper conduct, monitors/coordinates compliance activities, identifies potential areas of vulnerability and risk, develops/implements corrective action plans.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Albany Law School	80 New Scotland Ave., Albany, NY 12208	08/2008	05/2011	J.D.	05/2011
Marist College	3399 North Rd., Poughkeepsie, NY 12601	09/2003	05/2007	B.A. in Communications	05/2007

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Licensed New York Attorney	Registration Number 4991147	New York State Unified Court System	Jan. 2012	N/A

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: Albany County District Attorney's Office - Major Offense Unit		
Type of Business: Criminal Prosecution		
Street Address: 6 Lodge St #401		
City: Albany	State: NY	Zip Code: 12207
Starting Date of Employment: 08/2009	Ending Date of Employment: 12/2009	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number [redacted]	
Position/Responsibilities: Assisted Assistant District Attorneys with case prep. and prosecution of egregious criminal offenses. Drafted and assembled documents for responses to motions and demands for discovery, performed felony reviews, drafted return orders, drafted indictments and notices of grand jury, researched case law for trial preparation, assembled trial binders, assisted at trials with jury selection and case presentation.		
Reason For Departure: [redacted]		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Andrew A. Tarshis	Date: 05/12/2015
Notary Name: Gale S O'Neill	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 5/12/15

GALE S ONEILL
No. 01ON6185762
Notary Public, State of New York
Qualified in Erie County
My Commission Expires April 21, 20 16

Andrea A. Tarshus, Esq.

[redacted]

HIGHLIGHTS OF QUALIFICATIONS

- Experienced attorney with knowledge in health care, employment, business and property laws.
- Diverse background in resolving corporate and health care-related risk, compliance and legal issues.
- Directs compliance with local, state and accrediting body regulations in facilities across multiple states.
- Winning track record in litigating employment-related claims, including claims for unemployment benefits, wrongful termination, entitlement to unpaid wages and bonuses, and other claims.
- Directed legal due diligence for multi-million dollar asset sales of two healthcare companies including compiling all required documents, resolving regulatory issues and working with counsel to close.
- Experienced in simultaneously managing multiple demanding projects in a high-stress environment.

LEGAL EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Legal Intern for Major Offense Unit, Albany County District Attorney — Aug 2009 – Dec 2009

- Drafted and assembled documents for responses to motions and demands for discovery, performed felony reviews, drafted return orders, drafted indictments and notices of grand jury, researched case law for trial preparation, assembled trial binders, assisted at trials with jury selection, case presentation, etc.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

CHARITABLE WORK AND INVOLVEMENT

- Created "Jeans For a Cause" Campaign at [redacted] corporate office and raised over $6,000 in $2 donations for local charities.
- Organized company-wide participation in 2013 Buffalo J.P. Morgan Chase Corporate Challenge.
- Memberships in New York State Bar Association, Phi Alpha Delta Law Fraternity, and Celiac Sprue Association Southern Tier Chapter 115.

EDUCATION

Albany Law School — Aug 2008 – May 2011
Admitted to New York State 3rd Dept. Jan 2012
Juris Doctor
Health Law Concentration Certificate with Honors

- Awarded Albany Law School Summer Stipend 2010
- Involvement with Women's Rugby Team, Albany Law School Mentor Program
- Inducted into Phi Alpha Delta law fraternity

Marist College – Graduated Cum Laude — Sep 2003 – May 2007
B.A. in Communications Studies
Paralegal Certificate

- Semester abroad in Sydney, Australia Fall 2006
- Awarded New York State Lottery "Leaders of Tomorrow" Scholarship
- Awarded Marist College Academic Scholarship
- Awarded Marist College Research Excellence Award in 2007
- Member of Lambda Pi Eta Communications Honors Society
- Marist College Dean's List

Daniel Pratt Gerwig
Attorney At Law
135 Cedar Street
Corning, NY 14830

Telephone (607) 962-2479
FAX (607) 962-2470
(Not For Service of Process)

28 May 2015

Dr. Howard Zucker
Acting Commissioner of Health
State of New York
Corning Tower
Empire State Plaza
Albany, NY 12237

RE: Andrea Tarshus

Dear Mr. Zucker:

I am writing to you as a character reference at the request of Ms. Tarshus.

I first came to know Andrea as a [redacted], as she was the [redacted] and I would hear [redacted] and see Andrea on occasion at social events. She has [redacted] and learned [redacted] early in life, excelling in academics as well as athletics, including [redacted] and [redacted] and since Andrea had an extended vacation between her return to New York from a semester abroad and the beginning of her final semester as an undergrad she came to see me looking for work and I employed her as an [redacted] Following her graduation [redacted] when she left to attend law school.

Andrea proved to be a smart, motivated and competent employee who was honest and of good moral character. She came to work with a solid understanding of client confidentiality and maintained a high level of professionalism when employed at my office. At no time during her course of employment did I ever see her show any signs of drug use or mental impairment. Therefore, I believe she would be a fine candidate to work in any capacity with the health care, pharmaceutical or related industries.

If you have any questions, please contact me at your convenience.

Sincerely,

Daniel Pratt Gerwig

DPG:dg

cc: Andrea Tarshus

ALBANY LAW SCHOOL

80 NEW SCOTLAND AVENUE, ALBANY, NEW YORK 12208
TEL: 518-445-3398 FAX: 518-472-5865 WWW.ALBANYLAW.EDU

Alicia Ouellette
Dean
Professor of Law
aouel@albanylaw.edu

April 27, 2015

Dr. Howard Zucker
Acting Commissioner of Health for New York State
Corning Tower
Empire State Plaza
Albany, NY 12237

Re: Andrea Tarshus, Alternative Medicine Associates

Dear Dr. Zucker:

I write to provide a character reference on behalf of Andrea Tarshus, Esq. Andrea is a graduate of Albany Law School. During her time as a student, I knew Andrea to be of the very highest character. Andrea is bright and ambitious. She worked hard in classes and performed well in both theoretical and practical work. She is careful, thoughtful, and professional in all she does. From my experience with her as a student, I have no doubt that Andrea is a talented and zealous attorney.

In addition to proving herself to be a strong student, Andrea earned the deep trust of several members of the faculty. [redacted] Her work was exemplary. She took excellent care of [redacted] She communicated clearly and professionally, making us all feel comfortable assigning her any task that needed doing. It is fair to say that a number of us were at a loss when Andrea left Albany to take legal work in Buffalo. Of course we wished her nothing but the best in her legal career, but we knew that it would be difficult to replace such a trusted and reliable student worker.

I hope this account is helpful. Do not hesitate to contact me if you need any further information.

Very truly yours,

Alicia Ouellette

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: TARSHUS, ANDREA, AUDREY
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: TARSHUS, ANDREA, AUDREY
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Daniel Tirone

3. Title: Chief Financial Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

The Chief Financial Officer (CFO) provides both operational and programmatic support to the organization. The CFO supervises the finance unit and is the chief financial spokesperson for the organization. The CFO reports directly to the President/Chief Executive Officer (CEO) and directly assists the Chief Operating Officer (COO) on all strategic and tactical matters as they relate to budget management, cost benefit analysis, forecasting needs and the securing of new funding.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax: [redacted]
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNYAB	Main Street Buffalo, NY	09/76	09/81	BS Bus Admin	09/81

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
CPA	046812	NY State Education Department Office of the Professions Division of Professional Licensing	04/15/1983	08/16

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/28/15
Notary Name: CARL F. SMUKALL	Notary Registration Number: 4981241
Notary (Notary Must Affix Stamp or Seal) CARL F. SMUKALL Notary Public, State of New York No. 4981241 Qualified in Genesee County Commission Expires May 6, 20 17 Carl F. Smukall	Date: 5/28/15

Daniel Tirone, CPA

Daniel Tirone, CPA has practiced public accounting for over thirty years as the [redacted] A graduate of the SUNY Center for Entrepreneurial Leadership Core Program (2011), SUNY Buffalo (1981, Bachelor of Science, Business Administration), the Harvard Business School Club Management Development Program (2005) and a past member of the New York State Society of CPA's, where he held the position of Buffalo Chapter President and Past Chair of the Chapter Governmental Accounting and Audit Committee. He also taught at [redacted] and Erie Community College, and developed and delivered courses to industry professionals on emerging technology topics. He is also a former member of the State Society's Governmental Accounting Committee and the Emerging Technology, Banking and Subchapter S Committees. Active in various community organizations Daniel is Chairman of the Erie County Audit Committee, [redacted] a past board member of the Community Music School of Buffalo, and past board member of the Center for Entrepreneurial Leadership Alumni Association and the St. Joseph Neighborhood Initiative, Inc. and Past-President of Clarence Toastmasters. He can be reached at [redacted]

L-1 Enrollment Ser

New York State
EasyPath Netwo

Applicant: TIRONE, DANIEL
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: AMA

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Charles Tomaszewski

3. Title: Security Director

4. Briefly describe the role of this person or entity in the proposed registered organization:

Oversee all security aspects and protocols for the cultivation center and the associated dispensaries. This includes interviewing and selecting appropriate security personnel to conduct the many functions associated with keeping a secure and safe workplace environment. Also included is maintaining a good relationship and liaison with local law enforcement agencies where the cultivation center and dispensaries are located.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

I

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax:		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Buffalo State University	1300 Elmwood Avenue	9/1972	5/1977	Bachelor of Science, Criminal Justice	1977

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer: Howard County Community College

Type of Business: Educational

Street Address: 10901 Little Patuxent Parkway

City: Columbia | State: Maryland | Zip Code: 21044

Starting Date of Employment: 1/2015 | Ending Date of Employment: Present

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number: [redacted]

Position/Responsibilities:

I am currently an Adjunct Professor for Criminal Justice teaching students who are intending to make a career in the Criminal Justice arena. My lessons and lectures focus on the police/ law enforcement, courts, and corrections often relying on my personal experience in these areas.

Reason For Departure: NA

Name of Employer: Buffalo Police Department

Type of Business: Law Enforcement

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address: 74 Franklin Street		
City: Buffalo	State: New York	Zip Code: 14202
Starting Date of Employment: 9/2010	Ending Date of Employment: 7/2014	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number: [redacted]	
Position/Responsibilities: As Deputy Commissioner, I was Chief of Operations for all law enforcement activities in the Buffalo Police Department to include patrol, detectives, and special operations. I initiated strong relationships with the many local, state, and federal law enforcement agencies throughout western New York. This insured close cooperation and effective use of resources. Under my tenure both the homicide and general crime rate declined.		
Reason For Departure: [redacted]		
Name of Employer: Drug Enforcement Administration (DEA)		
Type of Business: Federal Law Enforcement		
Street Address: 535 Washington Street, Suite 500		
City: Buffalo	State: New York	Zip Code: 14202
Starting Date of Employment: 5/1987	Ending Date of Employment: 9/2010	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number: [redacted]	
Position/Responsibilities: As a Special Agent and Group Supervisor, I initiated and supervised numerous drug investigations targeting major heroin traffickers in the Maryland/DC area. This led to assignments in Berlin, Germany and Warsaw, Poland where I represented DEA on the international stage. I finished my career as the Resident Agent in Charge of the DEA Buffalo, NY office where productivity and morale was considerably increased.		
Reason For Departure: [redacted]		
Name of Employer: Maryland Air National Guard/US Air Force		
Type of Business: Military		
Street Address: Eastern Avenue		
City: Baltimore	State: Maryland	Zip Code:
Starting Date of Employment: 2/1981	Ending Date of Employment: 7/2003	
Name of Supervisor for Reference: Retired	Supervisor Phone Number:	
Position/Responsibilities: While in the Air Force I served as a Navigator/Instructor on C 130 aircraft participating in worldwide missions and deployments. In my later years I was promoted to a Squadron Commander position and retired as a Lieutenant Colonel in 2003 after being assigned overseas by the DEA.		
Reason For Departure: [redacted]		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Charles H. Tomaszewski	Date: 5/21/2015
Notary Name: Laurie M Wolanske	Notary Registration Number: NO- 01-WO6251170
Notary (Notary Must Affix Stamp or Seal) **LAURIE M WOLANSKE** **Notary Public - State of New York** **No. 01-WO6251170** **Qualified in Niagara County** **My Commission Expires 11/14/2015**	Date: May 21, 2015

Charles Tomaszewski

[redacted]

Objective:

As a driven and innovative professional with a diverse criminal justice background focused on management, I am interested in a Security Director position for a national company which will allow me to continue to use the skills gained from my law enforcement experience.

PROFESSIONAL EXPERIENCE:

September 2010 – July 2014

Deputy Police Commissioner, Chief of Operations, Buffalo Police Department

- Directed all local law enforcement operations to include Patrol, Detectives, SWAT, and other specialized units.
- Coordination and liaison with federal and state law enforcement agencies as well as civic organizations and the media.

January 2009 – August 2010

Resident Agent in Charge, U.S. Department of Justice, Drug Enforcement Administration (DEA), Buffalo Resident Office

- Responsible for all drug enforcement operations in the Western New York area for the DEA.
- Addressed homeland security concerns with other government agencies as well as coordinating drug demand reduction programs in the Buffalo area.

December 2003 –January 2009

Country Attaché, U. S. Department of Justice, (DEA), Warsaw, Poland/ Berlin, Germany

- Responsible for coordinating drug enforcement operations for the DEA in Germany, Poland, the Czech Republic, and the Ukraine with foreign law enforcement counterparts.
- Initiated complex investigations, managing informants, training foreign counterparts, and liaison functions.
- Frequent interaction with the Ambassador and other US government agencies also addressed homeland security issues as well as law enforcement concerns.

November 2000 – December 2003

Liaison to the U.S. Congress, DEA Headquarters, Office of Congressional Affairs/ Office of Domestic Operations

- Prepared Congressional testimony, briefings, and position papers related to drug law enforcement issues, drug trafficking trends, homeland security and legislative concerns which impacted existing drug laws
- Represented the Drug Enforcement Administration by serving as liaison to the U.S. Congress.

January 1988 – November 2000

Special Agent, Drug Enforcement Administration
Baltimore, Maryland District Office/Group Supervisor

- Personally identified and investigated major drug trafficking organizations operating in Maryland and worldwide.
- Gathered evidence, executing search warrants, acting in an undercover capacity and affecting the arrests of major drug violators.
- Promoted to Group Supervisor of the Heroin Task Force where I supervised DEA Special Agents and Baltimore City Police Detectives targeting major heroin traffickers. My responsibilities also included being the Public Information Officer personally dealing with the media on relevant news stories.

MILITARY EXPERIENCE:

June 2000 – July 2003

Commander, Maryland Air National Guard, 135th Maintenance Squadron

- Supervised ground maintenance operations for C-130 aircraft based at Martin State Airport, Baltimore, Maryland.
- Conversion training from C-130 E models to the newer version C-130 J models.
- Upon receiving my foreign assignment with DEA, I retired as a Lieutenant Colonel in the U.S. Air Force Reserve.

February 1987 – June 2000

Navigator, Air Force Reserve, 914th Tactical Airlift Group, Niagara Falls, New York
Maryland Air National Guard, 135th Airlift Squadron

- Responsible for navigating C130-E aircraft on worldwide airlift and tactical airdrop missions.

June 1982 – February 1987

Operations Officer/C-130 Navigator, U.S. Air Force/ Active Duty Assignment, 62nd Military Airlift Wing, 36th Tactical Airlift Squadron,

- Navigator Instructor on C-130 aircraft involved in worldwide operations.
- Duties included airlift as well as tactical airdrop missions.
- Designated as an Airlift Control Operations Officer responsible for establishing command and control centers for worldwide deployments.

EDUCATION:

State University of New York, Buffalo – Bachelors of Science, Criminal Justice
FBI National Executive Institute – 2012 Graduate

SPECIAL SKILLS:

- Firearms /Tactical Instructor – DEA Quantico, Virginia
- Public Information Officer – DEA Baltimore, Maryland and Buffalo, New York

TIMOTHY B. HOWARD
SHERIFF

MARK N. WIPPERMAN
UNDERSHERIFF

SHERIFF OF ERIE COUNTY

ADMINISTRATIVE OFFICES
TEN DELAWARE AVENUE
BUFFALO, NEW YORK 14202-3913
(716) 858-7618
FAX: (716) 858-7680

POLICE SERVICES
ONE SHERIFF'S DRIVE
ORCHARD PARK, NEW YORK 14127-3700
(716) 662-5554
FAX: (716) 662-8477
WEBSITE: http://www.erie.gov/sheriff

March 26, 2015

To Whom It May Concern:

On behalf of Sheriff Timothy B. Howard and the Erie County Sheriff's Office, I would like to offer up my recommendation of Retired Buffalo Police Deputy Commissioner Charles Tomaszewski for consideration of the law enforcement position for which he has applied.

I have known Charlie Tomaszewski as both a friend and esteemed colleague for over six years, working with him when he served our community as Deputy Commissioner of the Buffalo Police Department and, prior to that, as Special Agent in Charge for the DEA Buffalo Office. It was under his leadership that the cooperative relationship enjoyed between our respective agencies was tremendously enhanced for the betterment of our entire community.

Deputy Commissioner Tomaszewski remains highly regarded for his praiseworthy work ethic, professionalism and communication skills; qualities that are essential for effective law enforcement collaboration and I can attest that his character reflects the importance of being fully invested in his duties and responsibilities to the citizens whom he serves, as well as his colleagues.

Throughout our public safety mission, Charlie unfailingly lent his and his agency's full support to numerous high profile crime and narcotics investigations. He can be counted on to always honor his pledge to serve and protect and I have no doubt that he will bring the same level of integrity and selfless dedication to this new opportunity.

Should you have additional questions or wish to discuss further, please feel free to contact me at 716-858-7614.

Sincerely,

MARK N. WIPPERMAN
UNDERSHERIFF OF ERIE COUNTY

Tripifoods Inc.
Office & Distribution Center: 1427 William St., P.O. Box 1107, Buffalo, NY 14240
Phone 716 853-7400
Fax 716 852-7400

March 26, 2015

To Whom It May Concern:

Re: Mr. Charles Tomaszewski

It is my distinct pleasure to be a character reference for Mr. Charles Tomaszewski. I have known Mr. Tomaszewski since childhood and I am in a unique position to attest that during his entire lifetime he has demonstrated to be a person of the highest integrity.

Mr. Tomaszewski's long career in law enforcement speaks volumes of his dedication and work ethic. On the personal side he continually shows loyalty to his family and friends. He has always been above-board with all people that he deals with, both personal and business.

In summary, I do not hesitate to vouch for Mr. Tomaszewski's character and integrity. Please feel free to contact me should you require any additional information.

Sincerely,

Ted Cwudzinski
Vice President of Operations

ds

CITY OF BUFFALO

DEPARTMENT OF POLICE

BYRON W. BROWN
MAYOR

DANIEL DERENDA
COMMISSIONER

To Whom It May Concern:

I submit this recommendation on behalf of former Buffalo Police Department Deputy Police Commissioner Charles H. Tomaszewski.

I have known Charlie since 2009 and consider him a person of high integrity and a true professional in the Western New York law enforcement community. These qualities lent to him being my choice for Chief of Operations for the Buffalo Police Department upon his retirement from the Drug Enforcement Administration in 2010.

Charlie was instrumental in bolstering relations between the Buffalo Police Department and federal and local law enforcement agencies operating in the City of Buffalo. When called upon to make an appearance in the mayor's or my stead, Charlie always presented a positive image for the city and department and can be counted on to do the same for your organization.

Please do not hesitate to contact me at (716) 851-4571 if you have questions or require further information.

Sincerely,

Daniel Derenda
Commissioner

I have known and been a friend and close associate of Charles Tomaszewski since the late 1980's. I was a Detective Sergeant of the Erie County Sheriff's Department in Buffalo, New York working on the DEA Task Force when I first met Charlie. He began working as a Special Agent of the DEA when I had the opportunity to view close hand his character, intelligence, and performance. Charlie quickly became a leader in the office and was eager to work every type of case and become familiar and work with all the other agencies in the office. Charlie worked closely with several state, city, and local departments as well as the Federal agencies associated with DEA in Buffalo.

I kept in contact with Charlie after he transferred from Buffalo over the years. His work as a congressional liaison from DEA to Congress was a great example of the leadership role entrusted to Mr. Tomaszewski. While he was Country Attache in Warsaw and Berlin, he united and led the way to building strong relationships not only between law enforcement partners, but also cooperation between countries.

When Charlie returned as the Resident Agent-In-Charge of the Buffalo Office, I was still present as a Diversion Investigator after having left the Sheriff's Department after 27 years. Charlie immediately took steps to unite the Buffalo Office and expand the cooperation between DEA and all the surrounding agencies as well as the U.S Attorney and District Attorney's office.

His work was so outstanding that when the time came for Charlie to leave DEA, he was immediately recruited to act as Deputy Commissioner with the Buffalo Police Department. Charlie immediately began a task of improving and modernizing the Buffalo Police Department. His work was admired and copied by surrounding agencies. Mr. Tomaszewski immediately reached out and tightened the cooperation between the Buffalo Police and surrounding agencies, especially the Erie County Sheriffs and New York State Police in Buffalo.

A major accomplishment was heading the Buffalo Police Department in cooperating and working with Federal agencies in the Western New York area, unheard of before Charlie's arrival. Great avenues of cooperation were established with not only the DEA, but also the FBI and ATF as well as numerous cases and investigations with the U.S. Attorney's Office.

Charlie, as Deputy Commissioner also began a drive to weed out any corruption found within the ranks.

As a friend and associate of over 25 years, I feel I am very qualified to say that Charles Tomaszewski is one of the finest human beings I know. His integrity, honesty, and willing to help is unmatched. He is a great credit to Law Enforcement and himself.

Joseph E. Suminski

Joseph E. Suminski

[redacted]

Retired Sergeant from Erie County Sheriff's Dept.
Retired Diversion Investigator DEA

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: TOMASZEWSKI, CHARLES, HENRY
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: TOMASZEWSKI, CHARLES, HENRY
Address [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Mark E. Trautman D.D.S.

3. Title: Class B member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax: [redacted]
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Canisius College	Main St. Buffalo, N.Y. 14214	1977	1982	BA Biology	
SUNY @ Buffalo School of Dental Medicine	Squire Hall Main St. Buffalo, N.Y.	1984	1988	D.D.S.	May 1988
Women's and Children's Hospital	219 Bryant St.	1988	1990	Certificate in Pediatric Dentistry	June 1990

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Dental License	042689	New York State Department of Education	pres./7/1/15	6/30/2018

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: SUNY@Buffalo School of Dental Medicine

Type of Business: Dental School

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address: Squire Hall Main St.		
City: Buffalo	State: New York	Zip Code: 14214
Starting Date of Employment: 7/1/1990	Ending Date of Employment: present	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number: [redacted]	
Position/Responsibilities: Clinical instructor		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ **Yes** ☑ **No**

From:	Name and Address of Business: See attached sheet	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/19/15
Notary Name: Anna L Case	Notary Registration Number: 02CA4994136
Notary (Notary Must Affix Stamp or Seal)	Date: 5/19/15

ANNA L. CASE
Notary Public, State of New York
Qualified in Erie County 2018
My Commission Expires Aug. 8, 19__

Curriculum Vitae: Mark E. Trautman, DDS

[redacted]

Education and Licenses:

Doctor of Dental Surgery — **May 1988**
Degree from State University of New York @Buffalo School of Dental Medicine

Certificate in Pediatric Dentistry — **June 1990**
Certificate from Women and Children's Hospital of Buffalo

Experience:

[redacted]

Clinical Instructor of Pediatric Dentistry — **July 1990 to Present**
State University of New York @ Buffalo School of Dental Medicine at Women and Children's Hospital of Buffalo

[redacted]

Memberships:

American Dental Association
Dental Society of the State of New York
Eighth District Dental Society
American Academy of Pediatric Dentistry
Western New York Association of Pediatric Dentists

Volunteer:

Past Chairperson for Children's Dental Health Month

[redacted]

Mark E Trautman, DDS

[redacted]

I have a pediatric dental practice treating young children, adolescents, young adults, as well as patients with special needs (that we treat well into adulthood).

[redacted]As well, I have been a clinical instructor of pediatric dentistry at the State University at Buffalo School of Dental Medicine for the past twenty five years.

I have volunteered and served on various children's dental health related committees and programs through the Eighth District Dental Society and School of Dental Medicine. I have also served as chairperson of Children's Dental Health Month for the Eighth District Dental Society, for a couple of years.

Mark E Trautman, DDS

L-1 Enrollment Ser

New York Stat
EasyPath Netwo

Applicant: TRAUTMAN, MARK, E
Address: [redacted]

OCA: [redacted]
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L120
Agency: NYS Dept of Health Bur Na
Reason Fingerprinted:
CONTROLLED SUBS
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 0120012

(Agency Copy)

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: Alternative Medicine Associates, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Brian M. Walters, D.O.	3. Title: Class B Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Class B Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]	9. Fax:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
State University of New York at Buffalo	12 Capen Hall Buffalo, NY 14260	1996	2000	Bachelor of Science in Psychology	5/2000
New York College of Osteopathic Medicine	Northern Boulevard P.O. Box 8000 Old Westbury, NY 11568	2000	2005	Doctor of Osteopathic Medicine	5/2005

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Physician	243060	NYS Office of Professions. State Education Building - 2nd Floor, Albany, NY 12234. 518-474-3817	02/08/07	04/30/16
Osteopathic Physician & Surgeon	OS014602	Pennsylvania Bureau of Professions P.O. Box 2649, Harrisburg, PA 17105 717-787-8503. RA-BPOA@pa.gov	11/05/08	10/31/16

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: National Center for Security & Preparedness		
Type of Business: Homeland Security Training		
Street Address: 411 State Street		
City: Albany	State: NY	Zip Code: 12203
Starting Date of Employment: 2014	Ending Date of Employment: present	
Name of Supervisor for Reference: Rick Mathews	Supervisor Phone Number: 518-426-1263	
Position/Responsibilities: Subject Matter Expert & Instructor for the NCSP and NY State Preparedness Training Center Teach homeland security training courses in EMS, active shooter response, and law enforcement tactics.		
Reason For Departure: NA		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☑ Yes ☐ No

From:	Name and Address of Business: See Attached List	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☑ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☑ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 05/18/15
Notary Name:	Notary Registration Number: 01SW6280472
Notary (Notary Must Affix Stamp or Seal)	Date: 5/18/2015

SONIA B. SWANSON
Notary Public, State of New York
Qualified in Erie County
Reg. No. 01SW6280472
My Commission Expires April 29, 2017

Brian M. Walters, D.O., FACEP, FAAEM

[redacted]

APPOINTMENTS & POSITIONS

STATE EMERGENCY MEDICAL ADVISORY COMMITTEE (SEMAC)
New York State DOH, Bureau of Emergency Medical Services *April 2013-present*
Appointed by the NYS Commissioner of Health & approved by the Governor. The SEMAC is responsible for developing and recommending statewide minimum standards for medical control, treatment, triage, transportation protocols and the use of regulated medical devices and drugs by certified EMS personnel. This committee may also issue advisory guidelines in any of the above areas with the Commissioner's consent.

CHAIRMAN, WESTERN REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE (WREMAC)
New York State DOH, Bureau of Emergency Medical Services *2012-present*
Committee Member since 2012. Vice Chairman 5/2014-12/2014.
Appointed to the regional committee that provides local medical direction and guidance in the development of regional EMS systems. The WREMAC has the authority to develop policies, procedures, and triage, treatment and transportation protocols which are consistent with the SEMAC, and which address specific local conditions.

SUBJECT MATTER EXPERT & INSTRUCTOR;
NATIONAL CENTER FOR SECURITY & PREPAREDNESS (NSCP), & NY STATE PREPAREDNESS TRAINING CENTER (SPTC)
Oriskany, NY *2014-present*
Instruct fire, law enforcement, & EMS personnel in classroom lectures, skill development lanes, & realistic high performance scenario based simulations. Courses focus on Tactical Emergency Casualty Care (TECC) principles, mass casualty and active shooter integrated responses, & anti-terrorism and homeland security preparedness.

CATTARAUGUS CO. SPECIAL RESPONSE TEAM MEDICAL DIRECTOR
Cattaraugus County, NY *2012-present*
Provide tactical medical support to the county SRT team. Supervise, train, & oversee the SRT's tactical medic EMS program. Provide first aid, CPR, & Tactical Emergency Medical Support (TEMS) training to the sheriff's deputies.

CHAUTAUQUA CO. HAZARDOUS MATERIALS/SPECIAL OPERATIONS RESPONSE TEAM MEDICAL DIRECTOR
Chautauqua County, NY *2013-present*
Provide specialty medical support to county Hazmat, SWAT, Technical Rescue, & Dive Rescue teams, including the development of a new ALS agency and specially trained Tox-Medic program. Supervise, train, & oversee the basic & advanced life support EMS providers responding to Hazmat, tactical, and special operations responses. Developed regional Tox-Medic specialty protocols.

4TH BATTALLION MEDICAL DIRECTOR
Chautauqua County Office of Emergency Services, NY *5/2014-present*
Regional EMS Medical Director responsible for the training, credentialing, and medical oversight for 10 volunteer EMS agencies in the county.

[redacted]

[redacted]

PROGRAM MEDICAL DIRECTOR,
SOUTHERN TIER REGIONAL PARAMEDIC PROGRAM
ALSTAR EMS Training Center; Jamestown,, NY *2012-present*
Assisted in the planning & development of an original paramedic course held in Jamestown with distance learning classes held in Olean. Provide medical oversight for the paramedic curriculum & test development, EMS courses, as well as conducting class lectures.

POLICE SURGEON, NEW YORK STATE TROOPERS PBA
Police Surgeons Group of the New York State Troopers PBA *2014-present*
Consultant physician for NYS Troopers & their families

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

SPECIALIZED MEDICAL ASSISTANCE RESPONSE TEAM, PHYSICIAN
Erie County Department of Health; Erie County, NY *2005-2008*
Provided tactical medical support for regional SWAT teams, on-scene triage & specialized medical care during mass casualty or unusual incidents, on-scene EMS back up & medical direction, responded to airport alerts for planes in distress

EDUCATION & DEGREES

NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE
Old Westbury, NY — Doctor of Osteopathic Medicine, 2005
Valedictorian

UNIVERSITY OF BERKLEY
Berkley, MI — Doctor of Philosophy in Health Care Administration (h.c.), 2012

BOARD OF NATURAL MEDICINE DOCTORS & PRACTITIONERS-NORTH AMERICA & NATURAL MEDICINE CERTIFICATION COUNCIL
Toronto, ON, Canada — Doctor of Natural Medicine, 2012

WORLD ORGANIZATION OF NATURAL MEDICINE
Toronto, ON, Canada — Doctor of Humanitarian Service, (Honorary), 2012

STATE UNIVERSITY OF NEW YORK AT BUFFALO
Bachelor of Science in Psychology with Highest Distinction, 2000
Minor Biochemical Pharmacology
Summa Cum Laude

TRAINING

RESIDENCY IN EMERGENCY MEDICINE
State University of New York at Buffalo, 2005-2008

OSTEOPATHIC ROTATING INTERNSHIP
State University of New York at Buffalo, 2005-2006
American Osteopathic Association approval of rotating internship credit

TEACHING FELLOWSHIP IN OSTEOPATHIC MANIPULATIVE MEDICINE
New York College of Osteopathic Medicine, 2002-2005
Chief Fellow, 2004-2005

BOARD CERTIFICATIONS

Board Certified in Emergency Medicine by the American Board of Emergency Medicine (ABEM)
Board Certified in Integrative Medicine by the American Association of Integrative Medicine (AAIM)
Board Certified Alternative Medical Practitioner (AMP) by the American Alternative Medical Association (AAMA)
Board Certified Holistic Health Practitioner (HHP) by the American Association of Drugless Practitioners (AADP)

LICENSURE

New York State License to Practice Medicine and Surgery
Commonwealth of Pennsylvania Licensed Osteopathic Physician and Surgeon

CERTIFICATIONS

Counter Narcotics & Terrorism Operations Medical Support (CONTOMS) Medical Director Certification, Dept. of Health & Human Services Center for Tactical Medicine & US Park Police
Advanced Active Shooter Scenario:Tactics & Operations Certification, NCSP/SPTC
Certified in Homeland Security: Level I (CHS-I), ABCHS
Certified in Homeland Security: Level II (CHS-II), ABCHS
Certified in Homeland Security: Level III (CHS-III), ABCHS
Certified in Homeland Security: Level IV (CHS-IV), ABCHS
Certified in Homeland Security Emergency Medical Response (CHSEMR), ABCHS
Crisis Response Coordinator (CRC) Certification, ABCHS
FEMA Emergency Mngt. Institute Professional Development Series Certification
FEMA Emergency Mngt. Institute Integrated Emergency Management Curriculum Completion & Certifications
FEMA Emergency Mngt. Institute National Incident Management System Multiagency Coordination System (MACS) Certification (IS-701.a)
FEMA Emergency Mngt. Institute Intro. to Incident Command System (IS-100)
FEMA Emergency Mngt. Institute Incident Command for Healthcare (IS-100.HCb)
FEMA Emergency Mngt. Institute Incident Command for Law Enforce. (IS-100.LEb)
FEMA Emergency Mngt. Institute Fundamentals of Emergency Mngt. (IS-230.b)
FEMA Emergency Mngt. Institute Applying ICS to Healthcare (IS-200.HCa)
FEMA Emergency Mngt. Institute Emergency Planning Certification (IS-235.b)
FEMA Emergency Mngt. Institute Leadership & Influence Certification (IS-240.a)
FEMA Emergency Mngt. Institute Decision Making & Problem Solving (IS-241.a)
FEMA Emergency Mngt. Institute Effective Communication Certification (IS-242.a)

FEMA Emergency Mngt. Institute Developing & Managing Volunteers (IS-244.a)
FEMA Emergency Mngt. Institute Intro. to Exercises Certification (IS-120.a)
FEMA Emergency Mngt. Institute Exercise Eval. & Improvement (IS-130)
Terrorism Indicators & Suspicious Activity Reporting for Fire/EMS Cert., NYSIC
Is the Healthcare Industry Prepared for Terrorism Certificate, ABCHS
Is the Healthcare Industry Prepared for Terrorism: Revisited, Certificate, ABCHS
Hospital Incident Command & Homeland Security Certificate, ABCHS
Emergency Preparedness Involves More Than First Responders Certificate, ABCHS
Disaster Medicine: Using Modeling and Simulation Certificate, ABCHS
Procedural Sedation & Advanced Resuscitation Expertise Certification (in pediatric, trauma, neurologic, & cardiac resuscitation), AAEM
Advanced Cardiac Life Support Instructor Certification, American Heart Assoc.
Advanced Cardiac Life Support Provider Certification, American Heart Association
Pediatric Advanced Life Support Provider Certification, Critical Care Training
Advanced Trauma Life Support (6/05), American College of Surgeons
Basic Life Support for the Healthcare Provider, American Heart Association
Basic Hazmat Life Support (BHLS)
Advanced Hazmat Life Support (AHLS)
New York State EMS Base Station Course, completed 02/09
Pennsylvania DOH Pre-Hospital Physician Certification #188875
Pennsylvania DOH Medical Command Physician Certificate of Recognition #8075
Osteopathy in the Cranial Field, Basic Course Certificate of Completion, Sutherland Cranial Teaching Foundation
MEDHOST Toolkit Training (Emergency Department EMR)
Usui Shiki Ryoho Reiki Practitioner Certification
Usui Shiki Ryoho Animal Reiki Practitioner Certification
Usui Shiki Ryoho Advanced Reiki Practitioner Certification
Usui Shiki Ryoho Advanced Animal Reiki Practitioner Certification
Usui Shiki Ryoho Reiki Master/Teacher Certification
Usui Shiki Ryoho Animal Reiki Master/Teacher Certification
Registered Naturotherapy Practitioner, BNMDP-NA
Energy Medicine Overview Certification, Innersource
Energy Medicine Kit Certification, Innersource
Introduction to Energy Medicine Certification, Innersourse
Energy Psychology, A Brief Overview Certificate, Innersourse
Energy Psychology: Review of the Preliminary Evidence Certificate, Innersourse
Energy Psychology in Disaster Relief Certificate, Innersourse
Six Sigma Certification, Aveta Business Institute
Microexpression Professional Body Language Recognition Master Certification
Microexpression Professional Body Language Recognition Expert Certification
Certification in Medical Staff Leadership (CMSL), Greeley Medical Staff Institute

ACADEMIC APPOINTMENTS

[redacted]

CLINICAL ASSISTANT PROFESSOR
State University of New York at Buffalo, School of Medicine & Biomedical Sciences, 2012-present

SUBJECT MATTER EXPERT & INSTRUCTOR, STAFF ASSISTANT
National Center for Security & Preparedness, Rockefeller College of Public Affairs & Policy
State University of New York at Albany, 8/2014-present

[redacted]

[redacted]

ASSISTANT CLINICAL INSTRUCTOR
State University of New York at Buffalo, School of Medicine & Biomedical Sciences, 2005-2008

FREQUENT LECTURER
Extensive lecturing and teaching experience nationally & internationally to physicians, medical students, PA's, nurses, EMS providers & public
Topics including osteopathic medicine, emergency medicine, ED operations & throughput, EMTALA, medical leadership, staff engagement, evidence based medical practices, EMS treatment, core measure compliance, patient satisfaction, electronic medical record utilization & implementation

HONORS/AWARDS

"Top 101 Industry Experts" in the field of Emergency Medicine, 2013
Continental Who's Who Pinnacle Professional in Emergency Medicine, 2013
Worldwide Healthcare Professional of the Year for 2012 in Emergency Services
Worldwide Who's Who Outstanding Professional of the Year in Health Care Administration for 2012
AMA Physician Recognition Award with Commendation, 2012
Worldwide Who's Who Among Executives, Professionals & Entrepreneurs Lifetime Recognition, 2012
Strathmore's Who's Who Worldwide Lifetime Recipient, 2012
Continental Who's Who Professional & Executive Lifetime Member, 2013
Marquis Who's Who in America Listing, 2012
Strathmore Worldwide's Professional Hall of Fame Inductee
Worldwide Who's Who Hall of Fame Inductee
New York College of Osteopathic Medicine Dean's Achievement Award for Overall Academic Excellence, 2005
Stanley Schiowitz, DO, FAAO Case Presentation Competition 2nd Place, 2005
Mark Mamora, DO Award for Excellence in Teaching Osteopathic Manipulative Medicine, 2004
Psi Sigma Alpha National Osteopathic Scholastic Honor Society, 2004
Dean's HONORS Letters for Outstanding Academic Achievement in over 25 courses of various subject matter, NYCOM, 2000-2005
Phi Beta Kappa National Honor Society, 1999
Golden Key National Honor Society, 2008
National Honor Society, 1995
Order of the Arrow, Brotherhood rank
Eagle Scout, Boy Scouts of America, 1996

PROFESSIONAL AFFILIATIONS

Diplomate of the American Board of Emergency Medicine
Fellow of the American College of Emergency Physicians, (FACEP)
Fellow of the American Academy of Emergency Medicine (FAAEM)
Fellow of the American Association of Integrative Medicine (FAAIM)
Diplomate of the American Board for Certification in Homeland Security (ABCHS)
Special Operations Medical Association (SOMA) Member
Committee for Tactical Emergency Casualty Care (C-TECC) Member
National Tactical Officers Association (NTOA) Member
New York Tactical Officers Association (NYTOA) Member
National Tactical Medical Association (NTMA) Member
Coalition for Tactical Medicine Member
Imminent Threat Solutions (ITS) Tactical Crew Leader
ACEP Tactical Emergency Medicine Section Member
ACEP Emergency Medical Services-Prehospital Care Section Member
New York American College of Emergency Physicians Member
NYACEP Emergency Medical Services Committee Member

National Association of EMS Physicians (NAEMSP) Member
NYS DOH State Emergency Medical Advisory Committee (SEMAC) Member
Western Regional Emergency Medical Advisory Committee (WREMAC) Member
Southwestern Regional EMS Council (SWREMS) Member
Souther Tier Emergency Medical Systems (STEMS) Member
New York State Troopers PBA Police Surgeons Group
National Sheriffs' Association (NSA) Member
New York State Sheriffs' Association (NYSSA) Member
American Osteopathic Association (AOA) Member
American Academy of Osteopathy (AAO) Member
Osteopathic Cranial Academy Member
Golden Ram Society Member, American Academy of Osteopathy
American Alternative Medical Association (AAMA) Member
American Association of Drugless Practitioners (AADP) Member
Board of Natural Medicine Doctors & Practitioners- North America (BNMDP-NA)
World Organization of Natural Medicine (WONM) Member
American College of Physician Executives Member
American College of Healthcare Executives Member
Healthcare Executive Forum, Inc. Member
Greeley Medical Staff Institute Member

MEDIA & PUBLIC RELATIONS

"Immediate Treatment Center at BRMC". (2010-present). Featured in commercials on multiple TV stations highlighting new services at the BRMC ED.
"Swine Flu". Liveline Radio Interview. WESB, Bradford, PA. Dec. 2009.
"BRMC physicians strive to inform public about H1N1". (2009, Dec. 15). *The Bradford Era.* p. 6. Featured & interviewed in newspaper article.
"New Program, ER Plus, has been implemented at BRMC". (2009, July 11). *The Bradford Era,* p. 1. Featured & interviewed in newspaper article.
"ER Plus". Liveline Radio Interview. WESB, Bradford, PA. July 2009.
"BRMC officials explain Emergency Department improvements during tours". (2009, Jan. 8). *The Bradford Era,* p. 1. Featured & interviewed in newspaper article.
"Olean General Hospital Installs World's First 'SMART' CT Scanner". (2012, May 18). Press Release. Featured & interviewed in newspaper article.
"New Cardiac Care Technology Aims to Reduce Waiting Time at Olean General Hospital:. (2012, July 2). Press Release. Featured & interviewed in newspaper article.

PUBLICATIONS & CASE REPORTS

Contributing Author and Reviewer: *Clinical Anatomy and Osteopathic Manipulative Medicine.* Modi, RG & Shah NA. Blackwell Publishing: Massachusetts. 2006.
"The Occurrence of Viscerosomatic Reflexes in the Emergency Department". Residency Research Project, 2005-2008
"An Osteopathic Approach to Eczema". Walters, BM & Spizuocco, AL. Presented at the 2005 Stanley Schiowitz, DO, FAAO Case Presentation Competition
"Vertigo Post Craniotomy: An Osteopathic Perspective & Treatment", Walters, BM. Presented at the 2004 Stanley Schiowitz, DO, FAAO Case Presentation Competition
"Protracted Labor: An Osteopathic Augmentation". Walters BM. Case Report.

Dr. Brian Walters graduated from the New York College of Osteopathic Medicine in 2005 and then completed an Emergency Medicine residency at the University of Buffalo. He is board certified in Emergency Medicine and a Fellow of the American College of Emergency Physicians and American Academy of Emergency Medicine.

Dr. Walters served as the [redacted] for the [redacted] overseeing local emergency departments for several years before returning to his roots and taking a more active role in EMS. He currently serves as the Medical Director for the Office of Emergency Services in Chautauqua County, Starflight medical helicopter service, Alstar Ambulance & Training Center. He is also the medical director for two tactical medical teams that provide medical support for area SWAT, Hazmat, technical rescue and dive rescue operations, and is active in many state and national EMS and tactical EMS organizations.

In addition to being chair of the Western Region Emergency Medical Advisory Committee(WREMAC), Dr. Walters also sits on the State Emergency Medical Advisory Committee (SEMAC) for the NYS Department of Health, Bureau of Emergency Medical Services. He teaches and lectures frequently throughout the area, teaches Tactical Emergency Casualty Care (TECC), and serves as a subject matter expert and instructor for the National Center for Security and Preparedness (NCSP), and the NY State Preparedness Training Center (SPTC).

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: WALTERS, BRIAN, M
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021003

(Agency Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: ALTERNATIVE MEDICINE ASSOCIATES

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: THOMAS G. WESTNER | 3. Title: B MEMBER

4. Briefly describe the role of this person or entity in the proposed registered organization:
B MEMBER

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☒ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☒ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]			9. Fax:		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNY C UPSTATE SYRACUSE	750 E. ADAMS SYRACUSE NY 13210	8/80	5/84	M.D.	5/84
SUNY @ BUFFALO	MAIN ST. BUFFALO NY	8/75	5/79	B.A. BIOLOGY	5/79

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
PHYSICIAN	163662	STATE OF N.Y. EDUCATION Dept. 89 WASHINGTON Ave. ALBANY, N.Y. 12234 518 474-3852	8/30/79	7/31/2017

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☑ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 5/20/15
Notary Name: Jennifer G. Heim	Notary Registration Number: 01HE5070640
Notary (Notary Must Affix Stamp or Seal)	Date: 5/20/15

Jennifer G. Heim
State of New York - Notary Public
Qualified in Erie County
Commission No. 01HE5070640
My Commission Expires 12/23/2018

Biographical Information
For
Thomas G. Westner, M.D.

[redacted]. With the exception of four years in Syracuse where I attended Medical school [redacted] has been my home. Prior to those years in Syracuse I completed a Bachelors Degree at the University of Buffalo and later returned to complete a Residency at the University of Buffalo Program. Thereafter [redacted]

CURRICULUM VITAE
Thomas G. Westner, M.D.

HOME ADDRESS:

[redacted]

OFFICE ADDRESS

[redacted]

EDUCATION:

1975-1979

State University of New York
Buffalo, New York 14214
Bachelor of Arts in Biology

1979-1980

Roswell Park Memorial Institute
Natural Sciencees Division
Research Faculty
The Role of Hematoporphyrins in Tumor Lysis

1980-1984

State University of New York Upstate
Syracuse, New York
Doctorate in Medicine

1984-1987

State University of New York at Buffalo
School of Medicine, Internal Medicine
Medical Resident

1988

Diplomate of American Board of Internal Medicine
Certificate No. 115430

1996

Diplomate of American Board of Emergency Medicine
Certificate No. 940139

2006

ABEM ConCert Exam
Certificate No. 940139

ACADEMIC AND PROFESSIONAL APPOINTMENTS:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

1987- Present

Clinical Assistant Professor in Medicine
State University of New York School of Medicine and Biomedical Sciences
Buffalo, New York 14214

1991- Present

Clinical Assistant Professor
Emergency Medicine
State University of New York school of Medicine and Biomedical Sciences
Buffalo, New York 14214

[redacted]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

LICENSURE:

New York State # 163662

HONORS AND AWARDS:

Louis and Ruth Siegel Award
for excellence in Teaching
State University of New York at Buffalo

SERVICE:

1991-2006

Full Time Clinical Teaching Attending State University of New York

1996-1997

Board Member Millard Fillmore Emergency Services P.C.

1991-1996

Education Coordinator Emergency Department

Millard Fillmore Hospitals
Buffalo, New York 14209

1991

Operation Desert Storm
Physician Coordinator- Reception Team

1990-1991

Pharmacy and Therapeutics Committee
Veterans Administration Medical Center

1990

Clinical Medicine Course Coordinator
School of Dentistry
State University of New York School of Medicine and Biomedical Sciences

1989

National Defense Medical System
Exercise "Orbitsage" Physician Coordinator

1989-1991

Cardiac Care Unit Attending
Veterans Administration Medical Center

1989-1990

Quality Assurance Director
Emergency Department
Veterans Administration Medical Center

1988- 1992

Western New York Emergency Medical Training Center
Lecturer

1987-1988

Introduction to Clinical Medicine
State University of New York School of Medicine and Biomedical Sciences

PROFESSIONAL MEMBERSHIPS:

American College of Emergency Medicine (ACEP)

New York Chapter of ACEP

American College of Medicine

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: WESTNER, THOMAS GEORGE
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcemen
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: WESTNER, THOMAS GEORGE
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L088
Agency: NYS Dept of Health Bur Narcotic Enforcemer
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 088004

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Mark Williams

3. Title: DA

4. Briefly describe the role of this person or entity in the proposed registered organization:

Director of operation for Mid level care. Strategy Policy Development.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx **using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."**

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? ☐ Yes ☑ No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
☐ Yes ☑ No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted]		9. Fax	
10. Email: [redacted]			
11. Residence Address: [redacted]			
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]	
15. Formal Education	Dates Attended	Degree	
Institution	Address	From / To	Degree Received / Date Received
Gannon University	109 University Sq Erie PA 16501	1992 / 1996	BAS / 8/1996

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Physician Asst 1085	005836	New York State Licensing Board	1996	Present

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:

Type of Business:

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? ☒ Yes ☐ No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Tanithe R Birkman	Date: 5/13/2015
Notary Name: Tanithe R Birkman	Notary Registration Number: 01BI6145057
Notary (Notary Must Affix Stamp or Seal) TANITHE R. BIRKMAN No. 01BI6145057 Notary Public, State of New York Qualified in Erie County My Commission Expires May 1, 2018	Date: 5-13-16

Mark Wilkowski

[redacted]

Education:

Bachelor of Science, Physician Assistant, May 1996
A.M.A. Accredited
Gannon University, Erie Pennsylvania

Clinical Experience/Skills:

- Perform comprehensive histories and physicals, formulate and execute treatment plans, monitor and record patient's progress, assist in rounds, complete discharge summaries, and related paperwork.
- Interpret laboratory findings, EKG's, and X-Rays.
- Assist in selected Surgical procedures, laceration repair, orthopedic fracture reduction, casting, intubation, IV therapy
- Provide counseling and patient education.

Employment:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Certification:

1996 – Present	Physician Assistant; Certified
1992 – Present	Advanced Cardiac Life Support (ACLS) Provider
1994 – Present	Pediatric Advanced Life Support (PALS) Provider
1989 – Present	American Red Cross Provider/Instructor

Licensure:

1996 – Present	State of New York – Licensed Physician Assistant

References:

Excellent professional and personal references are available upon request.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: WILKOWSKI, MARK, DAVID
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: WILKOWSKI, MARK, DAVID
Address: [redacted]

OCA:
Date Fingerprinted: 2015[redacted]

Fingerprint Center: L021
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: [redacted]

Operator ID: 021007

(Agency Copy)

1. Bonano, Samantha
2. Bozer, Paula, MD
3. Brown, Jennifer, MD
4. Brown, Lloyd, MD
5. Buscaglia, Anthony, DO, MBA
6. Calabrese, Joesph
7. Carter, John, MD
8. Collins, R. Lorraine, PhD
9. Cosgrove, Edward, MD, JD
10. Costa, Karen, CPA
11. Cress, Diane, OD
12. Daniel, Gregory, MD, MBA
13. Daniel Jr, Gregory, MBA
14. Ebling, Nancy DO
15. Elman, Richard, MD, FACEP
16. Gambino, Maria, RN, MBA
17. Hikcox, Douglas, MD
18. Houston, Chad, MBA
19. Humiston, Daniel
20. Jerzewski, Christopher, MBA
21. Kaushal, Ashok, MD
22. Klementowski, Marc, MD (M & K Tiburon)
23. Krawczyk, Christian, DO
24. Kuchy, Margaret
25. Kumar, Vijay, PhD
26. Lakomy, Steven, MD
27. Lee, Frank, MD
28. Lee, Henry, MD
29. Martin, Raquel, DO, FACEP, FACP
30. Miller, Gregory, Esq.
31. Mirshak, Monique, MD
32. Klementowski, Marc, MD
33. Perez, Jose, MDNO NAME NO CV
34. Perterson, Erik, DO
35. Podlas, Mark, MD NO NAME
36. Prior, Mark PharmD
37. Rainville, Michelle, MD
38. Schucard, David, PhD, FAASM
39. Shucard, Janet, PhD,
40. Stojanovski, Sasko, PharmD
41. Tarshus, Andrea, Esq.
42. Tirone, Daniel, CPA
43. Tomaszewski, Charles
44. Trautman, Mark, DDS
45. Walters, Brian DO
46. Westner, Thomas, MD
47. Wilkowski, Mark PA

Local 338 RWDSU/UFCW

JOHN R. DURSO
President

JOSEPH FONTANO
Secretary-Treasurer

JACK CAFFEY JR.
Executive Vice President

DEBRA BOLLBACH
Recorder

Howard Zucker
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

May 26, 2015

Re: Labor Peace Agreement between Local 338, RWDSU/UFCW and Alternative Medicine Associates, LLC.

Dear Commissioner Zucker,

Local 338, RWDSU/UFCW ("Local 338") is a labor organization, as defined in 29 U.S.C. § 402(i) and 29 U.S.C. § 152(5), representing close to 20,000 employees in New York State and its environs.

The enclosed document entitled, Neutrality Agreement, is intended in part to satisfy and comply with the requirement, under the New York Public Health Law, that an applicant (Alternative Medicine Associates, LLC.) seeking a license to conduct business relating to the use of medical marijuana in New York State submit proof that it has entered into a labor peace agreement with a bona-fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees. See Public Health Law §§ 3360(14), 3365(1)(III), 3365(3)(VII), 3365(6)(IV), and 3365(7).

The Neutrality Agreement contains explicit language which protects the State's proprietary interests by prohibiting Local 338 from engaging in picketing, work stoppages, boycotts, and any other economic interference with the business of an entity licensed to engage in the business relating to the use of medical marijuana in New York State.

Should any changes in the Neutrality Agreement be necessary for an applicant to comply with the Public Health Law, please feel free to communicate with us directly.

Thank you for your consideration.

Sincerely,

Joseph Fontano
Secretary-Treasurer

LABOR PEACE / NEUTRALITY AGREEMENT
BY AND BETWEEN
ALTERNATIVE MEDICINE ASSOCIATES,LLC
AND
LOCAL 338, RWDSU/UFCW

By this Agreement dated May 20, 2015, Alternative Medicine Associates, LLC(the "Employer") and Local 338, RWDSU/UFCW, 1505 Kellum Place, Mineola, New York (the "Union") hereby establish the following procedure to address the Union's efforts to organize employees in any existing or new facility owned or operated by the Employer in which the employees are not represented by a labor organization:

1. The term, "employees," used herein shall include all full time and part-time employees, including, but not limited to, pharmacists, pharmacy technicians, dispensaries, consultants, drivers, growers, retail, manufacturers, trimmers, and anyone else performing work for or on behalf of the Employer, and shall exclude only who are statutorily excluded by the National Labor Relations Act ("NLRA") as well as Employer's management, physicians and owners.

2. Within fourteen (14) days after receiving written notice, via certified mail, return receipt requested or email, of the Union's intent, the Employer agrees to furnish the Union with a complete list of employees in the shop designated in the notice, including job classifications, departments, street addresses, telephone numbers and e-mail addresses (to the extent known to Employer). The Employer agrees to thereafter provide updated lists as reasonably requested. The Employer waives the right under the NLRA to file any petition with the National Labor Relations Board for any election in connection with the invocation of this Agreement and agrees to refrain from directly or indirectly supporting any such petition.

3. The Employer agrees to take a neutral approach to unionization of employees. Neutrality means that the Employer will neither help nor hinder the Union's organizing effort by, for example, directly or indirectly demeaning by word or deed the Union or its representatives, or directly or indirectly supporting or assisting in any way any person or group who may oppose the Union. The Employer agrees not to communicate to any employee that it disfavors the Union or the signing of authorization cards, or that they may suffer adverse consequences for supporting the Union or signing cards. The Employer also agrees that it, and its managers, supervisors and other representatives will refer to the Union by name and not as "third party," "outsider" or in similar manner. The parties will conduct themselves with mutual respect for each other during any organizing effort.

4. During organizing efforts, the Employer's managers, supervisors and other representatives will remain neutral and will refrain from communicating with employees about how they should respond to the Union. The Employer agrees to inform all of its managers, supervisors and representatives of this obligation and that the Employer has no objection to employees supporting the Union or engaging in union activities, including meeting with Union representatives or signing authorization cards. The Employer will promptly terminate any violation of this provision and immediately act to discourage any additional violation, and will

take such action as Employer deems fit under the circumstances, including disciplining any manager' or supervisor - or terminating its relationship with any independent contractor representative - who violates it. The Employer agrees to take prompt action to mitigate the effects of any violation, including informing employees of the Employer's position on organizing and the rights of employees to organize.

5. The Employer agrees to permit Union representatives reasonable access to the workplace to communicate with employees, including through the distribution of materials. Union representatives will not disrupt the Employer's operations or unreasonably interfere with employee production.

6. The facility's highest level manager will meet with and tell employees that the Employer has no objection to employees meeting with Union representatives, supporting the Union or signing authorization cards. The Employer's management will also tell employees that the Employer is neutral in their selection of union representation.

7. If the Union provides evidence in support of its claim that a majority of employees have designated the Union as their collective bargaining representative, the Employer will recognize the Union as such representative of the employees in the bargaining unit described in the Union's notice invoking this provision and will extend this Agreement to them.

8. If both the Union and the Employer mutually agree that additional Agreement provisions are necessary for the new unit or if the National Labor Relations Board or a court determines that the parties may not lawfully extend this Agreement to the unit, the parties agree to bargain in good faith over a collective bargaining agreement to cover the employees. The parties agree to commence bargaining within 20 business days from the date the neutral verifies the Union's majority. If they are unable to agree to a collective bargaining agreement, the parties agree to submit all open provisions and issues to final and binding interest arbitration pursuant to Section 9 below. If they are unable to select an arbitrator, the parties shall select an arbitrator to set the open provisions and resolve any other issues in accordance with the procedures of this Agreement's arbitration provision as set forth in Section 9 below.

9. The parties agree to resolve any dispute presented through Section 8 above through expedited arbitration. The parties will invoke expedited arbitration by requesting an arbitrators list from the American Arbitration Association. Within 10 days of receiving AAA's arbitrators' list, the parties will submit their struck lists to the AAA. The parties agree that AAA will follow its labor arbitration rules to select an arbitrator based on the list or lists the parties submit. The AAA will strictly apply its rule requiring struck lists to be timely submitted in accordance with this provision. The arbitrator will hear the dispute on either the first or second date the arbitrator is available and issue an award within 20 days thereafter. The parties will equally share the arbitrator's fees and costs.

10. The parties agree that the arbitrator has the authority to direct the breaching party to specifically perform its obligations under this provision. The arbitrator may award a penalty of up to $10,000 for willful breaches. A willful breach is one that clearly violated this provision and was not corrected after the aggrieved party provided notice of it to the violating party. The

parties consent to the entry of the arbitrator's award as the order of judgment of a United States District Court, without notice.

11. The Union and the Employer recognize that this Agreement is in their mutual best interests and therefore agree to prevent evasion of the terms of this Agreement through the use of contractors and/or subcontractors. To comply with the spirit of this Agreement, the Employer shall, as a condition of its relationship with any contractor and/or subcontractor require that: (a) the contractor and/or subcontractor enter into a neutrality agreement with the Union; and (b) immediately notify the Union when seeking to form a business relationship with the contractor and/or subcontractor.

12. Labor Peace Agreement: In the event that the Union attempts to organize the Employer's employees or actually represents the Employer's employees at any particular location, then the Union hereby promises that it will not at any time covered by this agreement engage in any picketing, work stoppages, boycotts or any other economic interference with the Employer's business at that location, provided the employer has not violated any of the terms of this agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed this 20th day of May 2015, by their duly authorized representatives.

LOCAL 338, RWSDU/UFCW	Alternative Medicine Associates, LLC
By:	By:
Date: 5/28/15	Date: 5-28-2015
Name: Joseph Fontano	Name: GREG DANIEL
Title: Secretary-Treasurer	Title: CEO
Witness: Nikki Kateman	Witness: Camille Feiken

ALTERNATIVE MEDICAL ASSOCIATES, LLC
QUESTION # 87 ATTACHMENT G
DETAILS OF BUSINESS TRANSACTIONS CONNECTED WITH THE APPLICATION
NEW YORK STATE DEPARTMENT OF HEALTH APPLICATION MEDICAL MARIJUANA PROGRAM

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Alternative Medicine Associates, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☐
Use and Occupancy Classification:	F1 (agricultural use)
Building Construction Type and Classification:	2B
Facility Address:	665 Perry St., Buffalo, NY
Primary Contact Telephone number:	[redacted]
Primary Contact Fax number:	N/A

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☑	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

☑ Entrance and Exits	☑ Fire Lane and/or Fire Apparatus Road
☑ Public Parking Spaces	☑ Percentage of Green Space
☑ Staff Parking Spaces	☑ Location of Emergency Power Systems
☑ Accessible Parking Spaces	☑ Loading & Unloading
☑ Accessible Route(s)	☑ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:

☑ Natural Gas ☐ Oil ☑ Electric
☑ Solar ☑ Other congeneration plan

Engineering Systems:

☑ Heating System: Type steam, Size 200 hp Efficiency 80%,
Ventilation Requirements n/a

☑ Cooling System: Type DX, Size 1500T Efficiency 5.5 COP,
Ventilation Requirements n/a

☑ Ventilation & Humidification Systems:
Type steam, Size varies, Efficiency 100%,
Ventilation Requirements per ASHRAE 62.1

☑ Electrical Distribution Available 7 megawatts @ 4160 volts

☐ Water Supply: Municipal Water Service _____ or Private Well Water _____

☐ Sewage: Municipal Sewer System _____ or Private Septic System _____

☑ Emergency Power System:
Type Nat Gas, Size 450 kw Efficiency 80%,

Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☑	2010 BUILDING CODE OF NYS
☑	2010 FIRE CODE OF NYS
☑	2010 PLUMBING CODE OF NYS
☑	2010 MECHANICAL CODE OF NYS
☑	2010 FUEL GAS CODE OF NYS
☐	2010 PROPERTY MAINTENANCE CODE OF NYS
☑	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☑	2012 IECC COMMERCIAL PROVISIONS
☑	2010 EXISTING BUILDING CODE OF NYS
☑	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☐	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☐	1968 NY CITY CONSTRUCTION CODE
☑	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

Appendix B – Architectural Program

Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☑ Alteration Level 1 ☑ Alteration Level 2	☑ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☐ Demolition ☐ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☑ Roofing ☑ Asbestos Abatement/Environmental ☑ Fire Alarm	☑ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☑ Site Work ☑ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1 Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***

2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable,* **NR:** *Not Required,* **NP:** *Not Permitted*

3 Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	B and F1	B and F1

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	B:23000 sf, 55' F1: 15500 sf, 55'	B: 18157 sf F1: 143854 sf Fire area is unlimited per
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		See Code Compliance Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).		See Code Compliance Floor Plan. F1 & B Occupancies
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).		See Code Compliance Floor Plan. 1 Hr fire barrier required between F1 & B
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	B: 2B F1: 2B	B: 2B F1: 2B
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Non-combustible	Non-combustible

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	None required	None
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>10'	22' at minimum
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	Building is 1 story, will have a NFPA 13 sprinkler throughout and 60' access aisles; the fire area is unlimited
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Required between B and F1 occupancies	Provided. See Code Compliance Floor Plan.
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	NA

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	NA
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☐ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Automatic Sprinkler System is required for group F-1 occupancy.	Building shall be fully sprinklered with an automatic wet pipe system in accordance with NFPA 13.
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NA	NA
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	Standpipe required per section 905.	Class III manual wet standpipe will be installed.
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☐ Hardwired (zoned)	Manual system required for group B and F-1 occupancies.	Existing point addressable manual/detection system shall be reworked as necessary throughout the

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Local alarms required for ozone gas-generator rooms.	A local alarm system shall be provided for rooms equipped
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Fire Department Connection required for building.	Location to be approved by Fire Marshal.
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Maximum travel 400' per exception since building will have automatic smoke	400' maximum. See Code Compliance Floor Plan for smoke/heat vents.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.		See Code Compliance Floor Plan
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans		See Code Compliance Floor Plan
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.		See Code Compliance Floor Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.		See Code Compliance Floor Pl
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	Mezzanines	See Code Compliance Floor Plan
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.		See Code Compliance Plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.		See Code Compliance Floor Plan
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.		See Code Compliance Floor Plan
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	NA	Building will be equipped with an NFPA 13 sprinkler system.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).		See Code Compliance Floor Plan
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.		Maximum 50'. See Code Compliance Floor Plan
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.		See Code Compliance Floor Plan
38	Vertical Exit Enclosures	1020	NA	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.		See Code Compliance Floor Plan
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	All egress travel is less than the permitted 400' of travel distance.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.		See Code Compliance Floor Plan
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		See Code Compliance Floor Plan
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.		See Code Compliance Floor Plan
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Roof: U 0.039 Walls: U 0.078 Fenestration: U 0.38	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Required for exit signs, and means of egress.	450kW natural gas generator with 100Amp life safety automatic transfer switch and
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not required.	Not required.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 per 100 required for type F occupancy.	See Code Compliance Floor Plan
48	Available Street Water Pressure			Provide the available street or well water pressure.	City water service is provided from street.	Available pressure at water gauge inside the bldg is 54
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.		See Code Compliance Site Plan

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Buffalo, NY

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SA PROJECT TEAM: PRINCIPAL: JF Silvestri
PROJ. ARCH: _____ DRAFTER: _____
JOB CAPT: _____ INTERIORS: _____

SEAL:

TITLE:

DEMOLITION PLAN

SILVESTRI
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AMHERST, NY 14221 FAX: 716.691.4772

SA JOB #: 15011-04
DATE: 05-18-15

DRAWING #: AD-101

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665 Perry St
Buffalo, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:
SITE PLAN - ELECTRICAL & PLUMBING

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TITLE:
CODE COMPLIANCE FLOOR PLAN

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SA JOB #: 15011-04
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FLOOR PLAN

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OVERALL FLOOR PLAN -ELECTRICAL

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OVERALL FLOOR PLAN -MECH

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Roof Plan

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JOB CAPT. _____ INTERIORS _____

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TITLE:
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DATE: 05-18-15

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ROJ. ARCH. _____ DRAFTER _____
OB CAPT. _____ INTERIORS _____

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TITLE:

Site Plan

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SA JOB #: 15011-04
DATE: 05-18-15
DRAWING #: AS-100

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Alternative Medicine Associates, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☑
Use and Occupancy Classification:	M (Mercantile)
Building Construction Type and Classification:	IIB, non-combustible
Facility Address:	Transit Rd., Cheektowaga, NY
Primary Contact Telephone number:	William Batts 716-580-7208; Cell [redacted]
Primary Contact Fax number:	N/A

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☑	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- ☑ Entrance and Exits
- ☑ Public Parking Spaces
- ☑ Staff Parking Spaces
- ☑ Accessible Parking Spaces
- ☑ Accessible Route(s)
- ☑ Fire Lane and/or Fire Apparatus Road
- ☑ Percentage of Green Space
- ☐ Location of Emergency Power Systems
- ☑ Loading & Unloading
- ☐ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:
- ☑ Natural Gas
- ☐ Oil
- ☑ Electric
- ☐ Solar
- ☐ Other _____

Engineering Systems:
- ☑ Heating System: Type Nat Gas, Size 500 MBH Efficiency 85%,
  Ventilation Requirements per ASHRAE 62.1
- ☑ Cooling System: Type DX, Size (4) 7.5 T Efficiency 13 SEER,
  Ventilation Requirements per ASHRAE 62.1
- ☐ Ventilation & Humidification Systems:
  Type _____, Size _____, Efficiency _____,
  Ventilation Requirements _____
- ☑ Electrical Distribution Available 400 Amps @ 208 volts
- ☑ Water Supply: Municipal Water Service X or Private Well Water _____
- ☑ Sewage: Municipal Sewer System X or Private Septic System _____
- ☑ Emergency Power System:
  Type Nat Gas, Size 30KW Efficiency 80%,

Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☑	2010 BUILDING CODE OF NYS
☑	2010 FIRE CODE OF NYS
☑	2010 PLUMBING CODE OF NYS
☑	2010 MECHANICAL CODE OF NYS
☑	2010 FUEL GAS CODE OF NYS
☐	2010 PROPERTY MAINTENANCE CODE OF NYS
☑	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
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☐	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

Appendix B – Architectural Program

Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☑ New Building ☐ Repair ☐ Alteration Level 1 ☐ Alteration Level 2	☐ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☐ Demolition ☐ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☑ Roofing ☐ Asbestos Abatement/Environmental ☐ Fire Alarm	☑ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☑ Site Work ☐ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code,*** **PC:** ***Plumbing Code,*** **MC:** ***Mechanical Code,*** **FGC:** ***Fuel Gas Code,*** **ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable,* **NR:** *Not Required,* **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	M	M. The secured delivery is an S-2 occupancy but since it is less than 10% of floor area, it is an accessory occupancy

Appendix B – Architectural Program

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2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	M:12500 sf, 55'	M: 7360 sf
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		See Code Compliance Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	M: IIB	M: IIB
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Non-combustible	Non-combustible

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	None required	None
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>10'	
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA. Building area is less than 12500 sf permitted fire area.
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Required at storage areas exceeding 100 sf and accessory areas	Provided at secure delivery and storage areas exceeding 100 sf
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	NA

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	NA. Building is 1 story
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NA	NA
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NA	NA
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NA	NA
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☑ Addressable ☐ Hardwired (zoned)	NA	Not required for the M occupancy.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NA	NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NA	NA
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Maximum travel 200'.	<200' maximum. See Code Compliance Floor Plan.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	1/60	See Code Compliance Floor Plan
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans		See Code Compliance Floor Plan
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.		See Code Compliance Floor Plan

Appendix B – Architectural Program

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29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.		See Code Compliance Floor Pl
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	NA
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	NA	NA
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	75' max.	See Code Compliance Floor Plan
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.		See Code Compliance Floor Plan
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	NA	There are no corridors.

Appendix B – Architectural Program

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35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	NA	NA
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	NA	There are no corridors.
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.		See Code Compliance Floor Plan
38	Vertical Exit Enclosures	1020	NA	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	NA
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	All egress travel is less than the permitted 200' of travel distance.

Appendix B – Architectural Program

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41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.		See Code Compliance Floor Plan
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		See Code Compliance Floor Plan
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.		See Code Compliance Floor Plan
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Roof: U 0.039 Walls: U 0.078 Fenestration: U 0.38	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Required for exit signs, and means of egress.	
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not required.	Not required.

Appendix B – Architectural Program

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47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 per 500 required for type M occupancy.	See Code Compliance Floor Plan
48	Available Street Water Pressure			Provide the available street or well water pressure.	City water service is provided from street.	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.		See Code Compliance Site Plan

Redacted pursuant to Public Officers Law, Art. 6

NOTICE

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Cultivation
Dispensary Site
5014 Transit Road
Cheektowaga, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

FLOOR PLAN

SILVESTRI
ARCHITECTS · PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX. 716.691.4773

SA JOB #: 15011-11

DATE: 5-25-15

DRAWING #: A-101

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JOB CAPT. _____ INTERIORS _____

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TITLE:

SITE PLAN

SILVESTRI
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AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-11
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DRAWING #: AS-101

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SEAL:

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CODE COMPLIANCE FLOOR PLAN

SILVESTRI
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AMHERST, NY 14221 FAX. 716.691.4773

SA JOB #: 15011-11

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5014 Transit Road
Cheektowaga, NY

ISSUE:

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PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

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CODE COMPLIANCE SITE PLAN

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AMHERST, NY 14221 FAX 716.691.4773

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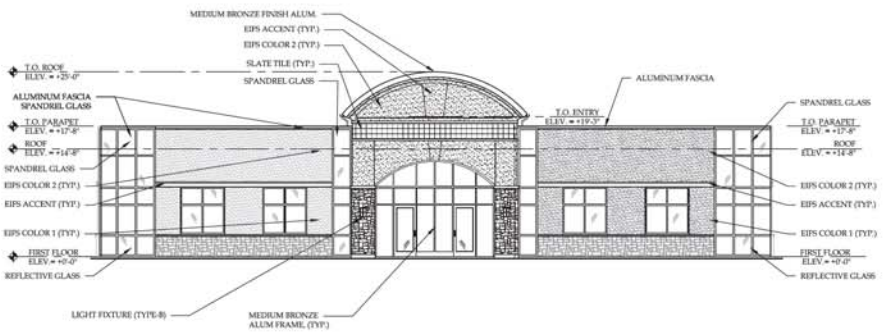
DRAWING #: AS-001



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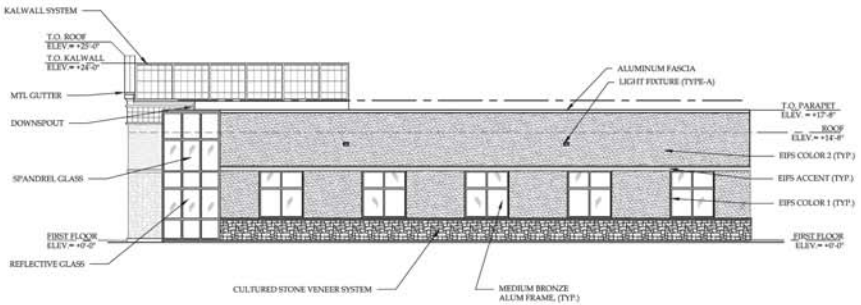

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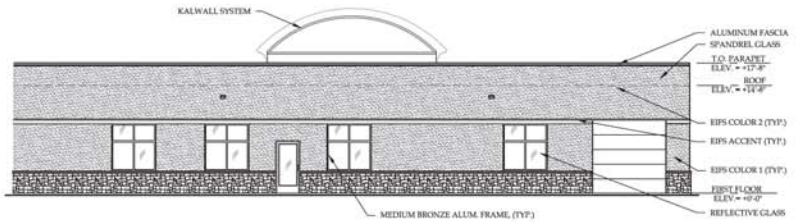

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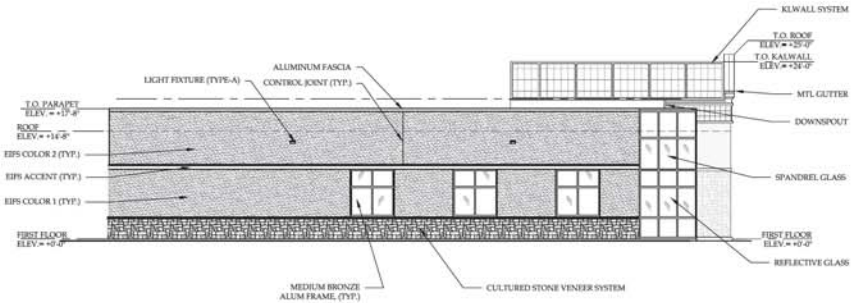

A1 SOUTH ELEVATION
SCALE:1/8"=1'-0"

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5014 Transit Road
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ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
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EXTERIOR ELEVATIONS

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ARCHITECTS · PC
1321 MILLERSPORT HWY PH. 716.691.0900
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SA JOB #: 15011-11
DATE: 5-26-15

DRAWING #: A-201

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

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Facility Address:	Ridge Rd., Webster, NY
Primary Contact Telephone number:	William Batts 716-580-7208; Cell [redacted]
Primary Contact Fax number:	N/A

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☐	OTHER

Appendix B – Architectural Program

Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☑ Alteration Level 1 ☑ Alteration Level 2	☑ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☑ Demolition ☐ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☐ Roofing ☐ Asbestos Abatement/Environmental ☐ Fire Alarm	☐ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☐ Site Work ☐ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable*, **NR:** *Not Required*, **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	M	M. The secured delivery is an S-2 occupancy but since it is less than 10% of the floor area, it is an accessory use

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	M:12500 sf, 55'	M: 3367 sf
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		See Code Compliance Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	M: IIB	M: IIB
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Non-combustible	Non-combustible

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	None required	None
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>10'	
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA. Building area is less than 12500 sf permitted fire area.
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Required at storage areas exceeding 100 sf, accessory areas and tenant	Provided at secure delivery area. A 1 hour fire barrier is provided at tenant separation
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	NA

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	NA. Building is 1 story
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NA	NA
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NA	NA
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NA	NA
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☑ Addressable ☐ Hardwired (zoned)	NA	Not required for the M occupancy.

Appendix B – Architectural Program

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23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NA	NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NA	NA
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Maximum travel 200'.	<200' maximum. See Code Compliance Floor Plan.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.		See Code Compliance Floor Plan
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans		See Code Compliance Floor Plan
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.		See Code Compliance Floor Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.		See Code Compliance Floor Pl
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	NA
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.		See Code Compliance Plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.		See Code Compliance Floor Plan
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.		See Code Compliance Floor Plan
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	NA	There are no corridors.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	NA	NA
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	NA	There are no dead ends.
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.		See Code Compliance Floor Plan
38	Vertical Exit Enclosures	1020	NA	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	NA
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	All egress travel is less than the permitted 200' of travel distance.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.		See Code Compliance Floor Plan
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		See Code Compliance Floor Plan
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.		See Code Compliance Floor Plan
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Roof: U 0.039 Walls: U 0.078 Fenestration: U 0.38	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Required for exit signs, and means of egress.	30KW, natural gas generator, with 1 100Amp ATS.
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not required.	Not required.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 per 500 required for type M occupancy.	See Code Compliance Floor Plan
48	Available Street Water Pressure			Provide the available street or well water pressure.	City water service is provided from street.	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.		See Code Compliance Site Plan

Redacted pursuant to Public Officers Law, Art. 6

NOTICE

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Cultivation
Dispensary Site
Ridge Road
Webster , NY

ISSUE:

SA PROJECT TEAM:
PRINCIPAL P.Silvestri
PROJ. ARCH. _____
DRAFTER _____
JOB CAPT. _____
INTERIORS _____

SEAL:

TITLE:

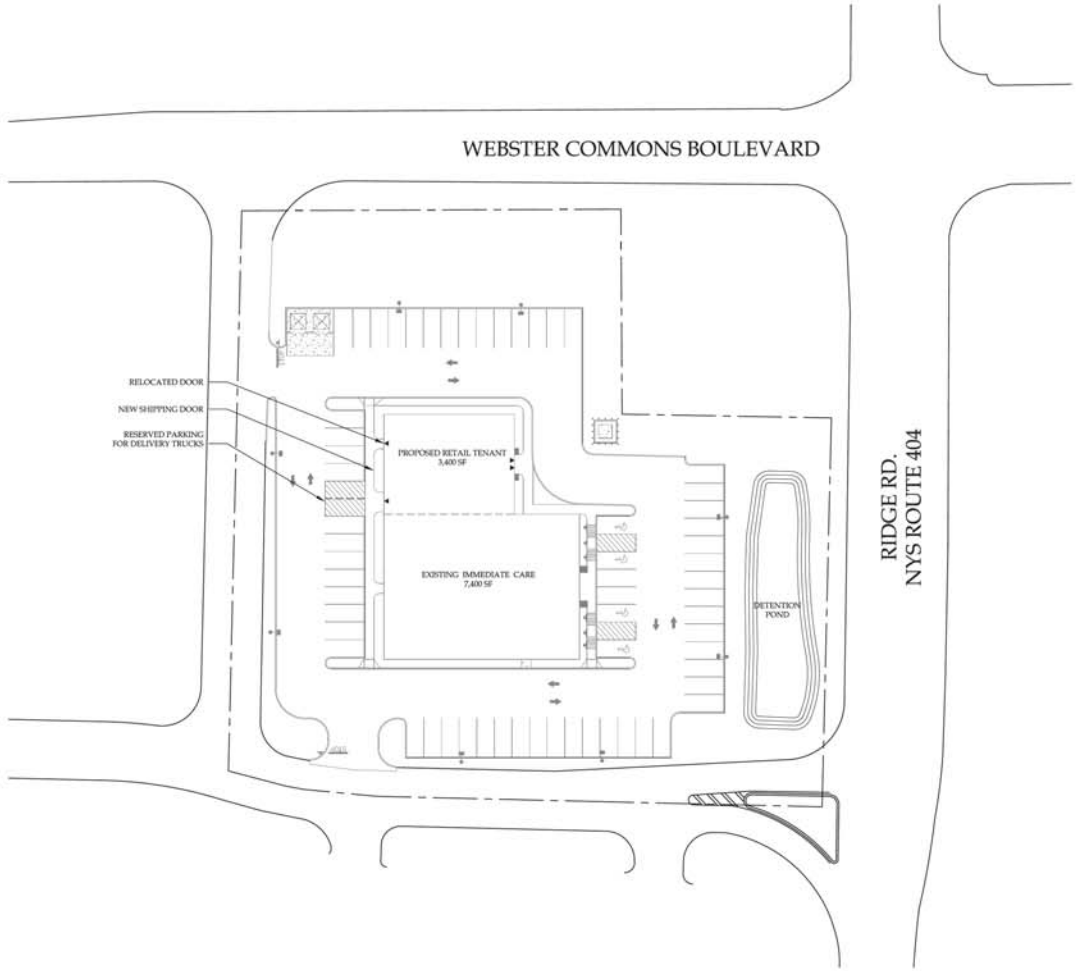
FLOOR PLAN

SILVESTRI
ARCHITECTS • PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-10

DATE: 5-27-15

DRAWING #: A-101



B1 SITE PLAN
SCALE: 1"=50'-0"

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Webster , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:
EXTERIOR ELEVATIONS

SILVESTRI
ARCHITECTS • PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-10
DATE: 5-26-15
DRAWING #: A-201

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ISSUE:

SA PROJECT TEAM:
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PROJ. ARCH. _____
DRAFTER _____
JOB CAPT. _____
INTERIORS _____

SEAL:

TITLE:

CODE COMPLIANCE FLOOR PLAN

SILVESTRI
ARCHITECTS · PC
1321 MILLERSPORT HWY PH. 716.691.0800
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-10

DATE: 5-27-15

DRAWING #: A-001

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Webster , NY

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PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

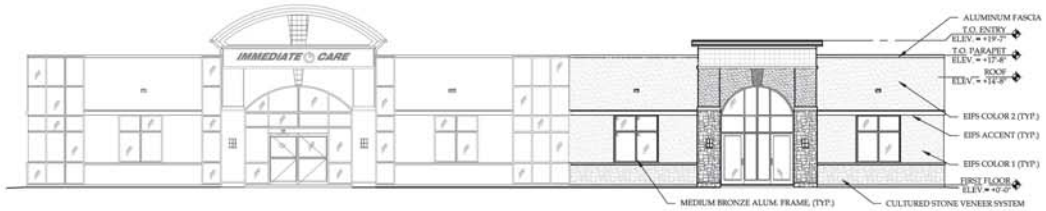
CODE COMPLIANCE SITE PLAN

SILVESTRI
ARCHITECTS • PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-10

DATE: 5-26-15

DRAWING #: AS-001



D1 NORTH ELEVATION
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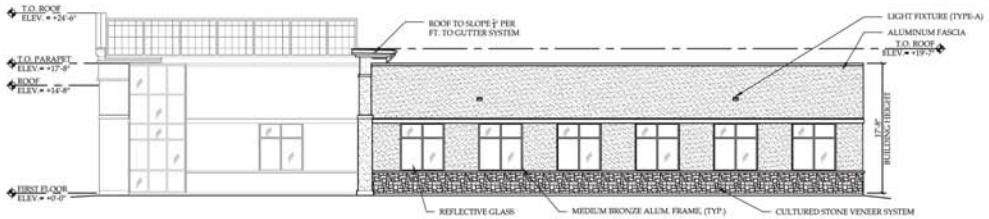

C1 WEST ELEVATION
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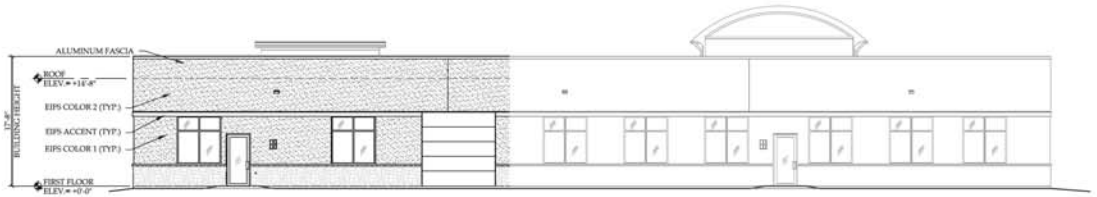

A1 SOUTH ELEVATION
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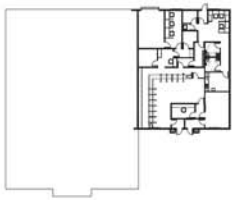

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ISSUE:

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SA JOB #: 15011-10
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DRAWING #: A-201

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Alternative Medicine Associates, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☑
Use and Occupancy Classification:	M (Mercantile)
Building Construction Type and Classification:	IIB, non-combustible
Facility Address:	6489 Ridings Rd, Syracuse, NY
Primary Contact Telephone number:	William Batts 716-580-7208; Cell [redacted]
Primary Contact Fax number:	N/A

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☑	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

☑ Entrance and Exits	☑ Fire Lane and/or Fire Apparatus Road
☑ Public Parking Spaces	☑ Percentage of Green Space
☑ Staff Parking Spaces	☐ Location of Emergency Power Systems
☑ Accessible Parking Spaces	☑ Loading & Unloading
☑ Accessible Route(s)	☐ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:

☐ Natural Gas ☐ Oil ☐ Electric
☐ Solar ☐ Other congeneration plan

Engineering Systems:

☐ Heating System: Type _____, Size_____ Efficiency _____,
Ventilation Requirements _____

☐ Cooling System: Type _____, Size_____ Efficiency _____,
Ventilation Requirements _____

☐ Ventilation & Humidification Systems:
Type _____, Size_____ , Efficiency _____,
Ventilation Requirements _____

☐ Electrical Distribution Available _____

☐ Water Supply: Municipal Water Service _____ or Private Well Water _____

☐ Sewage: Municipal Sewer System _____ or Private Septic System _____

☐ Emergency Power System:
Type _____, Size_____ Efficiency _____,

Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☑	2010 BUILDING CODE OF NYS
☑	2010 FIRE CODE OF NYS
☑	2010 PLUMBING CODE OF NYS
☑	2010 MECHANICAL CODE OF NYS
☑	2010 FUEL GAS CODE OF NYS
☐	2010 PROPERTY MAINTENANCE CODE OF NYS
☑	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☑	2012 IECC COMMERCIAL PROVISIONS
☑	2010 EXISTING BUILDING CODE OF NYS
☑	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☐	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☐	1968 NY CITY CONSTRUCTION CODE
☐	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

Appendix B – Architectural Program

Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☑ Alteration Level 1 ☑ Alteration Level 2	☑ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☑ Demolition ☐ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
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7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	M: IIB	M: IIB
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Non-combustible	Non-combustible

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	None required	None
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>10'	
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA. Building area is less than 12500 sf permitted fire area.
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Required at storage areas exceeding 100 sf and accessory occupancies	See code compliance plan.
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	NA

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	NA. Building is 1 story
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NA	NA
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NA	NA
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NA	NA
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☑ Addressable ☐ Hardwired (zoned)	NA	Not required for the M occupancy.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NA	NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NA	NA
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Maximum travel 200'.	<200' maximum. See Code Compliance Floor Plan.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.		See Code Compliance Floor Plan
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans		See Code Compliance Floor Plan
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.		See Code Compliance Floor Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.		See Code Compliance Floor Pl
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	NA
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.		See Code Compliance Plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.		See Code Compliance Floor Plan
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.		See Code Compliance Floor Plan
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	NA	There are no corridors.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	NA	NA
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	NA	There are no corridors.
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.		See Code Compliance Floor Plan
38	Vertical Exit Enclosures	1020	NA	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	NA
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	All egress travel is less than the permitted 200' of travel distance.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.		See Code Compliance Floor Plan
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		See Code Compliance Floor Plan
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.		See Code Compliance Floor Plan
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Roof: U 0.039 Walls: U 0.078 Fenestration: U 0.38	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Required for exit signs, and means of egress.	
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not required.	Not required.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 per 500 required for type M occupancy.	See Code Compliance Floor Plan
48	Available Street Water Pressure			Provide the available street or well water pressure.	City water service is provided from street.	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.		See Code Compliance Site Plan

Redacted pursuant to Public Officers Law, Art. 6

NOTICE

This document, the property of, prepared and issued by the architect, is submitted for the specific project namely _____ and the recipient by accepting this document assumes custody and agrees that this document will not be copied or reproduced in part or in whole, and any special features peculiar to this design shall not be incorporated in any other project, unless prior agreement has been obtained in writing.These documents will be returned immediately upon completeion of the project or upon the request of the architect.

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Cultivation
Dispensary Site
6489 Ridings Rd.
Syracuse , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

FLOOR PLAN

SILVESTRI
ARCHITECTS · PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-09

DATE: 5-26-15

DRAWING #: A-101

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Cultivation
Dispensary Site
6489 Ridings Rd.
Syracuse , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAP'T. _____ INTERIORS _____

SEAL:

TITLE:

CODE COMPLIANCE FLOOR PLAN

SILVESTRI
ARCHITECTS • PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-09

DATE: 5-26-15

DRAWING #: A-001

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Cultivation
Dispensary Site
6489 Ridings Rd.
Syracuse , NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

CODE COMPLIANCE SITE PLAN

SILVESTRI
ARCHITECTS • PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-09

DATE: 5-26-15

DRAWING #: AS-001

Redacted pursuant to Public Officers Law, Art. 6

I hereby certify that this map was made from an actual survey and same is correct

Licensed Land Surveyor

R.J. Lighton Sr. NYSLS 45373

R.J. Lighton Jr. NYSLS 50534

886 E. Brighton Ave., Syracuse N.Y. 13205

Location Survey on part of Lot 20.

* Town of Dewitt *

Known as No.6489 Ridings Road, Town of Dewitt, County of Onondaga, State of New York.

Drawn by:JRL | Scale: 1"= 30' | Date:10-13-04

Revisions:

VIRTUAL
Medical Sales, Inc.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Alternative Medicine Associates, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☑
Use and Occupancy Classification:	M (Mercantile) & S-2 (Parking garage - secured delivery area)
Building Construction Type and Classification:	IIB, non-combustible
Facility Address:	596 Court St., Binghamton, NY
Primary Contact Telephone number:	William Batts 716-580-7208; Cell [redacted]
Primary Contact Fax number:	N/A

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☑	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- ☑ Entrance and Exits
- ☑ Public Parking Spaces
- ☑ Staff Parking Spaces
- ☑ Accessible Parking Spaces
- ☑ Accessible Route(s)
- ☑ Fire Lane and/or Fire Apparatus Road
- ☑ Percentage of Green Space
- ☐ Location of Emergency Power Systems
- ☑ Loading & Unloading
- ☐ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:

- ☑ Natural Gas
- ☐ Oil
- ☑ Electric
- ☐ Solar
- ☐ Other _____

Engineering Systems:

- ☑ Heating System: Type Nat Gas, Size 250 MBH Efficiency 80%,
  Ventilation Requirements per ASHRAE 62.1
- ☑ Cooling System: Type DX, Size (2) 7.5 T Efficiency 13 SEER,
  Ventilation Requirements per ASHRAE 62.1
- ☐ Ventilation & Humidification Systems:
  Type _____, Size _____, Efficiency _____,
  Ventilation Requirements _____
- ☑ Electrical Distribution Available 225 Amps @ 208 volts
- ☑ Water Supply: Municipal Water Service X or Private Well Water _____
- ☑ Sewage: Municipal Sewer System X or Private Septic System _____
- ☑ Emergency Power System:
  Type Nat Gas, Size 30KW Efficiency 80%,

Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☑	2010 BUILDING CODE OF NYS
☑	2010 FIRE CODE OF NYS
☑	2010 PLUMBING CODE OF NYS
☑	2010 MECHANICAL CODE OF NYS
☑	2010 FUEL GAS CODE OF NYS
☐	2010 PROPERTY MAINTENANCE CODE OF NYS
☑	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☑	2012 IECC COMMERCIAL PROVISIONS
☑	2010 EXISTING BUILDING CODE OF NYS
☑	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☐	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☐	1968 NY CITY CONSTRUCTION CODE
☐	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

Appendix B – Architectural Program

Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☑ Alteration Level 1 ☑ Alteration Level 2	☑ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☑ Demolition ☐ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☐ Roofing ☐ Asbestos Abatement/Environmental ☐ Fire Alarm	☐ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☐ Site Work ☐ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable*, **NR:** *Not Required*, **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	M, S-2	M, S-2

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	M:12500 sf, 55' S-2:26000 sf, 55'	M: 3893 sf S-2: 1027 sf
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		See Code Compliance Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	M & S-2	M & S-2
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	NA	NA
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	M: IIB S-2: IIB	M: IIB S-2: IIB
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Non-combustible	Non-combustible

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	None required	None
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>10'	
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA. Building area is less than 12500 sf permitted fire area.
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Required at corridor and storage rooms exceeding 100 sf	Provided. See code compliance plan.
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	NA

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	NA. Building is 1 story
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NA	NA
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NA	NA
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NA	NA
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☑ Addressable ☐ Hardwired (zoned)	NA	Not required for the M or S-2 occupancies.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NA	NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NA	NA
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Maximum travel 200'.	<200' maximum. See Code Compliance Floor Plan.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	1/60 M Occupancy 1/200 S-2 Occupancy	See Code Compliance Floor Plan
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	3'8" min, 3'0" doors.	See Code Compliance Floor Plan
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.		See Code Compliance Floor Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.		See Code Compliance Floor Pl
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.		See Code Compliance Plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	75' max.	See Code Compliance Floor Plan
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.		See Code Compliance Floor Plan
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	1 Hr.	See Code Compliance Floor Plan

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	3'8" min	See Code Compliance Floor Plan. 5'0" and 4'0".
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	NA	There are no dead ends.
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	2	See Code Compliance Floor Plan. 4 provided.
38	Vertical Exit Enclosures	1020	NA	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.		See Code Compliance Floor Plan
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	All egress travel is less than the permitted 200' of travel distance.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	See Code Compliance Floor Plan
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		See Code Compliance Floor Plan
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.		See Code Compliance Floor Plan
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Roof: U 0.039 Walls: U 0.078 Fenestration: U 0.38	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Required for exit signs, and means of egress.	30KW, Nat Gas, with 1 ATS
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not required.	Not required.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 per 500 M occupancy, 1 per 100 S-2 occupancy.	See Code Compliance Floor Plan
48	Available Street Water Pressure			Provide the available street or well water pressure.	City water service is provided from street.	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.		See Code Compliance Site Plan

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Cultivation
Dispensary Site
596 Court St.
Binghamton, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH: _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

FLOOR PLAN

SILVESTRI
ARCHITECTS · PC
1321 MILLERSPORT HWY PH. 716.691.0900
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-07
DATE: 05-20-15

DRAWING #: A-101

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Cultivation
Dispensary Site
596 Court St.
Binghamton, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

CODE COMPLIANCE FLOOR PLAN

SILVESTRI
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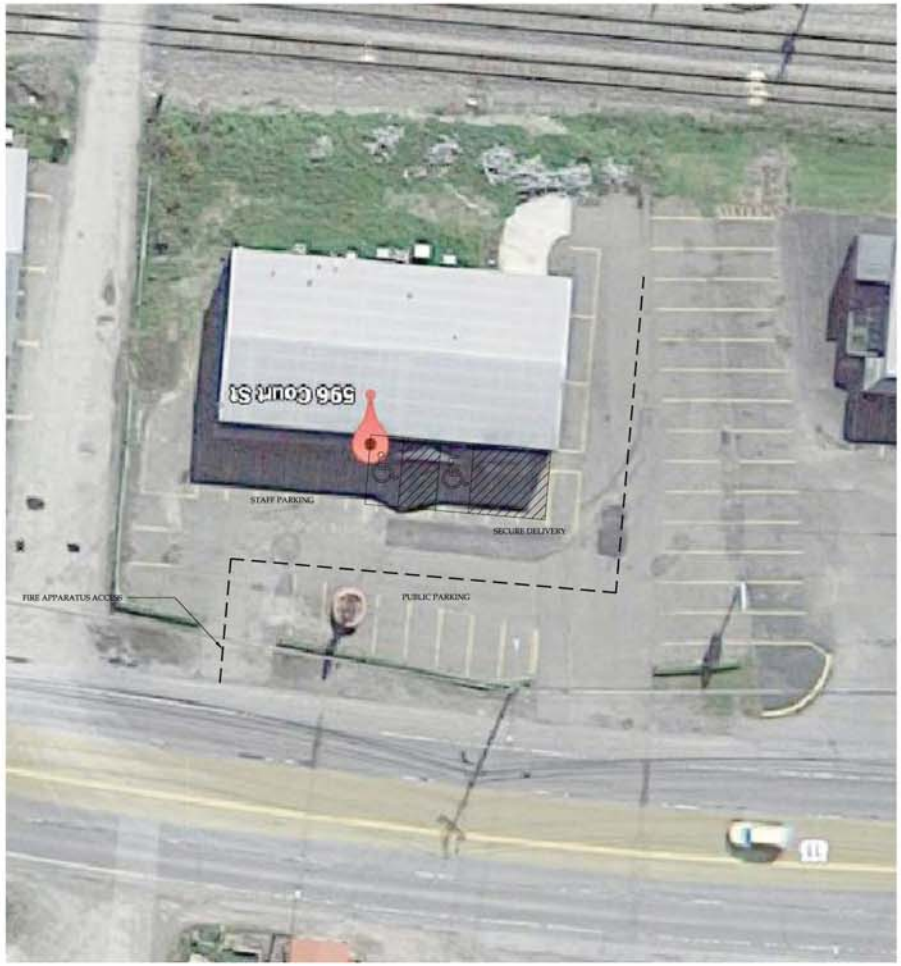
AMHERST, NY 14221 FAX 716.691.4773

SA JOB #: 15011-07
DATE: 05-20-15

DRAWING #: A-001



B2 CODE COMPLIANCE SITE PLAN
1/16"=1'-0"

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Cultivation
Dispensary Site
596 Court St.
Binghamton, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:
CODE COMPLIANCE SITE PLAN

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SA JOB #: 15011-07
DATE: 05-20-15

DRAWING #: AS-001

11
Court St
596 Court St
Bargain Mike's

ALTERNATIVE MEDICINE ASSOCIATES, LLC

OPERATING PLAN

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AMA OPERATING PLAN

Section 5: Security and Control (10 NYCRR § 1004.5(b)(4)(ii))

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **AMA's Security Plan Purpose**

Procedure: AMA shall use acceptable security and reporting practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13. The following is an overview of AMA's security plan policy.

A. The vision and policy of Alternative Medicine Associates, LLC (AMA) is to provide a safe and secure environment for its employees, staff, visitors (patients, caregivers, vendors etc.) and the surrounding community. The purpose of this Security plan is to protect AMA's facilities, physical assets, products, currency and electronic information.
    a. AMA's Security Plan contains the "Standard Operating Procedures" relating to physical, cyber, and procedural security for all company facilities and transportation vehicles.
    b. AMA's Security Division maintains a comprehensive plan in accordance with and as required by section Chapter XIII, Part 1004 is hereby added to Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.

B. Employee Training:
    a. AMA's employees and security personnel will be educated and trained with the information and procedures associated with this Security Plan.

C. Confidentiality:
    a. The details in this Security Plan are security sensitive and must be kept confidential and not disseminated or shared with any unauthorized person(s). Unauthorized release of any security sensitive procedures or protocols will be grounds for immediate dismissal from employment.

D. **Distribution**: A copy of this plan shall reside in each of the following locations:
    a. AMA's Cultivation Center Security Operations Center
    b. AMA's Dispensing Facility Security Offices
    c. AMA's Cultivation Center Operations Center
        i. With the following personnel:
            1. Security Director and Security Managers

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2. Chief Operating Officer
3. All Facility Managers
4. General Counsel (Legal)
5. Chief of Security

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: Confidentiality and Security of Information Plan

AMA shall use acceptable privacy practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. The following is an overview of AMA’s confidentiality and security of information procedures.

Purpose:

A. The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.
    a. [redacted] is a secured program that is password protected and is also set for Biometric Fingerprint scanning to ensure only authorized personnel will be able to access secure documentation within the system.
    b. At no time will an employee access or share health related information that they are not authorized to view. AMA is committed to its patient’s right to privacy and understands it is directly liable for compliance with the provisions of the HIPAA Rules.
B. Reference Unlawful Disclose of Confidential Information for full detail.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Criminal Activity Committed Against AMA**

AMA shall use acceptable security and reporting practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004. The following is an overview of AMA's criminal activity policy.

Procedure:

A. It is of paramount importance that AMA properties remain a safe and crime free environment for employees and the public alike. For this reason, Security personnel shall remain vigilant for any persons that are engaging in criminal conduct.

B. The Assistant Director in charge of Cultivation is responsible for developing and maintaining a close working relationships with the local police precincts covering the AMA facilities. These relationships will prove invaluable while attempting to stem the tide of criminal activity committed against AMA.

C. There are mainly two different types of responses to address criminal activity perpetrated against the AMA facilities:

   a. <u>Criminal Activity Requiring Summary Action:</u>
      i. Security personnel assigned to the Command Center/Security Offices shall monitor the CCTV system during their shifts. The cameras will flip through a cycle that covers all interior/exterior cameras providing coverage for the facility.
      ii. Security personnel assigned to posts in and around a facility shall monitor all persons within their view for criminal activity.
      iii. In the event a person is engaging in criminal conduct outside of the property, a notification shall be made to the Command Center/Security Office for the local police to be contacted for a response. The individual will be visually monitored while the

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police are en route and prohibited from entering the property. The reporting security officer shall meet and brief the responding police officer upon arrival. If a police report is prepared, the Assistant Director of Security assigned to the facility will petition the precinct to obtain a copy.

iv. In the event a person engages in criminal conduct in the parking lot, or inside of a AMA facility, the observing security officer shall immediately contact the Command Center/Security Office with brief details and attempt to engage the individual in order to cease the criminal activity from occurring until police arrival.

v. The Command Center/Security Office shall immediately assign additional security personnel to respond to that location for assistance, and notify the local police through the 911 system.

vi. If possible, the subject shall be escorted to a private area within the facility and await the arrival of police. Security personnel are authorized to use the minimum amount of force necessary to protect themselves, and restrain the subject until police arrive at the scene.

vii. A member of the Security force shall assist the police during arrest processing.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

b. Criminal Activity Not Requiring Summary Action

i. There may be times that criminal activity is detected after the fact, or the circumstances of the crime are not immediately known. These types of occurrences need to be further investigated and reported to local police for immediate follow-up. The following protocols are to be implemented during these cases:

ii. Upon discovering criminal activity, security personnel shall respond and the appropriate Assistant Director of Security shall be notified immediately.

iii. The Assistant Director shall respond and attempt to ascertain the basic facts associated with the occurrence by conducting a brief investigation.

iv. The Assistant Director shall notify the Director of Security with the facts of the occurrence without delay.

v. The Director of Security or his designate, shall notify the appropriate Detective Division Squad covering the affected facility to report the criminal activity and initiate an official criminal investigation.

vi. The Director of Security or his designate, shall initiate immediate internal measures necessary to safeguard AMA from any further loss.

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vii. The Director of Security or his designate shall remain in close contact with the Investigating Detective regarding the progress of the case and assist him in any way possible.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

c. Criminal Conduct Involving Employee

i. It is of paramount importance that AMA properties remain a safe and crime free environment for employees and the public alike. For this reason, all AMA employees must remain above reproach. Security personnel shall remain vigilant for any employees that are engaging in criminal conduct while at the workplace.

ii. AMA has a Zero Tolerance policy regarding employees who choose to engage in criminal activity while on the job. If an employee is caught engaging in criminal conduct while working, they will be summarily arrested, and subsequently terminated.

iii. The appropriate Assistant Director shall be briefed by security personnel on the circumstances of the incident in which the employee was involved.

iv. Security personnel shall immediately escort the offending employee to the Assistant Director's Office for interview.

v. The Assistant Director will make a notification to the Director of Security who shall conference with the Internal Investigations Officer.

vi. Pending the outcome of the information exchange, the Director of Security and/or the Internal Investigations Officer may respond to the place of occurrence and process the employee for termination. This process includes the removal of the following: AMA ID/Access card, Access card profile, and all AMA issued property from the employee's locker. A letter of termination shall be presented to the employee.

vii. Local police will be notified for an arrest response.

viii. The Director of Security shall assure that incidents involving criminal activity are properly categorized and documented on an Incident Report and entered into the IR database.

D. Employees who engage in criminal conduct while on their own time, may be subject to discipline ranging from a verbal reprimand to termination depending on the nature of the crime they are charged with.

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E. Any time an employee is arrested while off duty, it is mandatory that they notify the appropriate Assistant Director of Security of the event, and the circumstances of the arrest before returning to work.

F. After learning the basic facts associated with the arrest, the Assistant Director shall contact the Director of Security and brief him.

G. The Director of Security may contact the Internal Investigations Officer and conference the matter.

H. The employee will be directed to stay at home until a decision is made regarding their standing with AMA. In the event that the employee is suspended or terminated, immediate action to secure their AMA ID/Access card and all other AMA issued equipment is required.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Incident Management**

Procedure: AMA shall use acceptable incident practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13. The following is an overview of AMA’s incident management procedures.

A. A workplace emergency is an unforeseen situation that threatens your employees, customers, or the public; disrupts or shuts down your operations; or causes physical or environmental damage. Emergencies may be natural or man-made. The best way is to prepare to respond to an emergency before it happens. Few people can think clearly and logically in a crisis, so it is important to do so in advance, when you have time to be thorough. AMA has developed plans to mitigate the effects of the specific incidents that jeopardize the good working order of the organization. It is imperative that AMA has the ability to prevent the diversion of cannabis products, and rapidly recover from one of these events in order to service the community it has promised to serve. Safety and security always remain the top priorities.

B. AMA has instituted an Incident Response Protocol in accordance with applicable legal and regulatory requirements to address the following: consumer complaints, public disturbances, natural disaster, fire, explosion, evacuation, hazardous material leak, bomb threats, suspicious mail, employee misconduct which includes the unauthorized use of AMA equipment, unethical behavior, unauthorized access, substance abuse, fire or security alarms, injuries, missing property or data, unlawful disclosure of confidential information, suspicious persons, incidents involving law enforcement for theft, or other criminal activity. Added to this list are any other incidents that may adversely affect AMA, or threaten its participation in the New York State Medical Marihuana program.

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C. Reportable incidents will be recorded on the applicable organizational form and entered into the Incident Report (IR) database at the earliest possible convenience unless otherwise indicated. The IR database will be part of the secure cloud based NYS Seed to Sale database which may be accessed and monitored by the NYS Department of Health 24 hours a day, 7 days a week.

D. AMA has formed a Safety and Incident Review Team, which includes our COO, Internal Investigations Officer, Director of Security, Assistant Directors of Security (2), and other operational leadership which will meet on a quarterly basis to review all reportable incidents and the subsequent corrective measures taken. The purpose of these reviews is to identify, analyze, and understand these incidents in order to reveal the underlying causes to prevent reoccurrences. Procedures may be revised as a result these reviews. The Director of Security may direct that summary changes be made to procedure on a temporary basis prior to the next quarterly meeting to ensure good working order of the organization. Any temporary changes made in this manner will be reviewed during the next quarterly meeting of the Safety and Incident Review Team. The Director of Security shall direct that reportable incidents are followed up and monitored by operational leadership to assure that the corrective measures were successfully implemented.

E. Reportable incidents will be placed in one of the following four (4) categories: No Impact Incident, Minor Incident, Major Incident, and Serious Incident.

a. NO IMPACT INCIDENT: this type of incident in no way adversely impacts the operation of AMA or its employees. This type of incident may have resulted in harm had a different set of circumstances existed. An example of this type of incident is an employee slip but no fall or an audible alarm on a CCTV DVR. A supervisor shall be notified and an IR may be entered into the database.

b. MINOR INCIDENT: this type of incident can be typically dealt with by a person identifying a problem. An example of this type of incident is if a patient or caregiver is denied entrance to the grounds of a facility due to lack of an appointment or possession of an expired NYS Registration card. A supervisor shall be notified and an IR entered into the database.

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c. MAJOR INCIDENT: this type of incident requires immediate action by the person identifying it. A line supervisor shall be advised immediately to assess the situation. Thereafter the supervisor shall contact the emergency services and officials as per specific emergency plan. A supervisor shall direct that an IR be entered into the database.

d. SERIOUS INCIDENT: this type of incident requires immediate action by the person identifying it. A line supervisor should be advised immediately to assess the situation. Thereafter the supervisor shall contact the emergency services and officials, including the NYS Department of Health, and proceed according to NYS DOH regulations and following the specific critical incident emergency plan. A supervisor shall direct that an IR be entered into the database.

F. The aforementioned procedures are to be implemented in the event of a critical incident occurrence. The steps in these procedures may be tailored by a line supervisor in order to address circumstances specific to the critical incident for the purposes of bringing it to a successful conclusion. Any procedural changes must be warranted and subsequently documented on the Incident Report

See "Incident Reporting" Policy for more information.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Injuries to Patient/Caregiver/Authorized Guest**

Procedure: AMA shall use acceptable response to complaint practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10(a)(5). The following is an overview of AMA's complaint procedures.

A. In the event that a Patient or Caregiver becomes injured, a security supervisor will be assigned to respond to the incident. Upon arrival, the security supervisor shall:

a. Assess the injury claimed by the individual
b. Notify 911 in the event the injury requires treatment
c. Attempt to get the story in the aided persons own words
d. Attempt to make a phone notification to a family member of the aided person regarding hospital transport.
e. Locate witnesses and interview them.
f. Prepare a detailed Incident Report documenting the occurrence. Include photos and witness statements.

B. In the event that an employee becomes injured, a security supervisor will be assigned to respond to the incident. Upon arrival, the security supervisor shall:

a. Assess the injury claimed by the employee
b. Notify 911 in the event the injury requires treatment
c. Attempt to get the story in the employees own words
d. Attempt to make a phone notification to a family member of the employee regarding hospital transport.
e. Assign another employee to accompany the injured party to the hospital
f. Locate witnesses and interview them.
g. Prepare a detailed Incident Report documenting the occurrence. Include photos and witness statements.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Maintenance and Testing**

Procedure: AMA shall use acceptable maintenance and testing practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10. The following is an overview of AMA’s maintenance and testing procedures.

A. Systems and Equipment

a. AMA’s security systems and equipment shall be properly maintained and tested in order to ensure its continuous and effective operation.
   i. Maintenance is performed in accordance with the manufacturer's recommendations and guidance.
   ii. Whenever feasible, AMA’s emergency signaling system, Axis, is used to schedule and track routine maintenance.
   iii. Routine maintenance is performed by trained AMA’s Security staff employees who possess the necessary levels of mechanical and technical competence.
   iv. Reference: AMA’s Security Division maintains a comprehensive plan in accordance with and as required by section Chapter XIII, Part 1004 is hereby added to Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.
   v. The Company's Maintenance and Testing Program is consistent with guidelines of the NYS Department of Health.

B. Testing of Security Equipment:

a. The Cultivation Center Security Division, Dispensary Facility Security Division, or agent from the contracted security company, will notify the Security Central Monitoring Station and local law enforcement of the test/Inspection prior to commencement.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Mobile Communication and Security**

Procedure: AMA shall use acceptable security practices and conform to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.13. The following is an overview of AMA’s mobile communication and security procedures.

A. Every AMA security personnel will be equipped with an advanced cellphone on a reliable cellular network.

B. We will secure the cellphone with mobile device management to allow our security department to have the following capabilities.

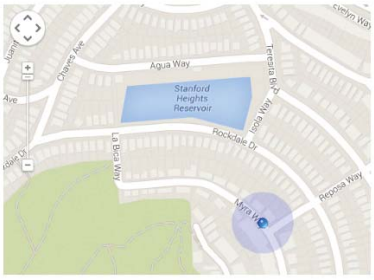
   a. PROVISION

      i. AMA will deploy wireless and VPN connectivity settings, push apps and content, or restrict usage—based on user groups.

1.

   b. MONITOR

      i. Locate and track laptops and mobile devices anywhere in the world. Get real time visibility on device health, security posture, and software and hardware inventory for your entire fleet of devices.

1. 

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c. SECURE

i. Ensure security for your organization from devices all the way through to network policies. Protect devices and their data with encryption enforcement, enterprise remote wipe, and integrated network access control.

1.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Policy: **Natural Disasters**

Procedure: AMA shall use acceptable practices to all applicable laws and rules of New York State in all phases of its cultivation of medical marihuana, in compliance with the New York State Department of Health (DOH) regulations, specifically NYCRR 10 Part 1004.10. The following is an overview of AMA's procedure in the event of an act of God.

A. **Hurricanes:** Hurricanes are destructive storms with sustained winds of more than 74 miles per hour can flatten homes, topple trees and turn loose objects into deadly projectiles. The storm's driving winds and torrential rains can cause massive and dangerous flooding in low-lying and poor-drainage areas. Hurricane season lasts from June to November.

a. Employees shall monitor local media (television and radio) for the most up to date information regarding the storm. During a Hurricane Watch, employees should think carefully about whether it is safe to respond to work for their shift. Employees shall monitor their personal electronic devices for an announcement regarding closure.

b. If weather conditions deteriorate during a day that normal business operations are being conducted, the Director of Security shall communicate with the AMA CEO for any decisions regarding facility closure.

c. In the event of a mid-day closure, the Assistant Director of Security in charge of the facility shall immediately direct that the Evacuation procedure regarding the safeguard of cannabis products is initiated by Security Teams assigned there.

d. In the event of a mid-day closure, employees will be notified via the public address system and leave the facility in an orderly manner.

e. AMA shall cease business operations in the affected facilities and immediately notify the AMA Call Center to begin cancelling previously scheduled appointments if possible.

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f. The Director of Security shall ensure that outside emergency response agencies are contacted if necessary.

g. The Director of Security shall make a determination regarding security staffing at each of the affected facilities.

B. **Tornadoes:** In the event of a tornado threat to the localized area when normal business operations are being conducted, the Assistant Director of Security in charge of the facility shall direct security personnel to accompany employees to safety in the following manner:
   a. Accompany employees to the basement or the lowest point in a building. If an underground shelter is not available, move to a small interior room or hallway on the lowest floor and get under a sturdy piece of furniture.
   b. Instruct employees to stay away from windows.
   c. Security personnel shall avoid places with wide-span roofs, such as auditoriums, cafeterias, large hallways.
   d. Security personnel shall watch out for fallen power lines and stay away from damaged areas.
   e. Listen to the radio for information and instructions.
   f. The Director of Security shall assure that the incident is properly categorized and documented on an Incident Report and entered into the IR database if indicated.

Note: the plan to provide safety for employees may be required to change as dictated by the circumstances of a specific incident. If exigency exists, the focus needs to shift towards the preservation of life and well-being of employees present.

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665 Perry St
Buffalo, NY

ISSUE:

SA PROJECT TEAM: PRINCIPAL P.Silvestri
PROJ. ARCH. _____ DRAFTER _____
JOB CAPT. _____ INTERIORS _____

SEAL:

TITLE:

SECURITY PLAN

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AMHERST, NY 14221 FAX. 716.691.4773

SA JOB #: 15011-04
DATE: 05-26-15

DRAWING #: A-103

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REVIEWED
FINANCIAL STATEMENTS

ALTERNATIVE MEDICINE ASSOCIATES, LLC

For the Period January 1, 2015 through June 1, 2015 and
For the Period November 6, 2014 (Inception) through December 31, 2014

ALTERNATIVE MEDICINE ASSOCIATES, LLC

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AMA STAFFING PLAN

Staffing Plan

Our Organization

Alternative Medicine Associates (AMA) is a natural pharmaceutical organization managed by physicians and healthcare professionals. Our core leadership personnel are individuals with impressive credentials and competencies in the organizational management of successful enterprises both within and external to the healthcare industry. Core members of our organization have built start-up companies into multi-million dollar businesses enterprises.

Mission

Our physician-led organization was created to advance the clinical benefits of medical marihuana pharmaceuticals within the medical community. As clinicians and health care administrators, we seek to advance all appropriate conventions of the marihuana plant as a medicine. The central focus of our talented team of health professionals is to identify and perfect the most clinically effective means of integrating marihuana-based medicine into comprehensive treatment plans for patients with serious illnesses.

Vision

Our vision is to become the leading model of excellence for the provision of medical marihuana. To ensure that we maintain healthy and prosperous communities, we have established a functional emphasis on anti-diversion, addiction prevention and community education in concert with local municipalities. Our revolutionary approach to quality patient care, safe and effective treatment options, community preservation, and corporate integrity distinguishes us within a highly scrutinized environment surrounding regulated medical marihuana markets.

AMA's Unique Differentiators include:

Physician-led organization with extensive healthcare management experience

AMA has a unique combination of accomplished entrepreneurs, experienced physicians and well-respected administrators on our leadership team which defines us as a superior candidate organization for licensure from the Department of Health. Several key members have tremendous clinical and administrative experience in the tightly regulated healthcare industry.

Our CEO, Gregory Daniel MD, MBA has led the growth of a national leader in healthcare delivery organization from 2000 to 2012. During this time he successfully integrated healthcare organization which started managing 165,000 patients and grew to over 750,000 patients annually. Along the way he

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incorporated multiple service lines including Emergency Medicine, Hospitalist Medicine, Urgent Care, Occupational Medicine, and Primary Care Medicine.

The Urgent Care entities received the distinction of becoming the first grouping of Centers on the East Coast to receive Joint Commission Accreditation. The Primary Care practice located in Las Vegas, Nevada received the status of the first NCQA Level 2, Patient Centered Medical Home in that region.

Our ability to direct all aspects of the design, growth and ultimate success of Emergency Departments, Urgent Care Centers and Occupational Health brands nationwide demonstrate our capability to deliver high quality patient care to a sizeable population of patients across an extensive geographic distribution. Our working knowledge of building and maintaining healthcare delivery infrastructure in the State of New York is a specific area of knowledge, experience and unmatched strength that differentiates us.

Student internship initiatives through university partners

AMA has partnered with The State University of New York in Cobleskill to plan and execute an internship program where enrolled Horticulture students can gain industry experience and on the job training. This program will be presented as a requirement for course promotion and graduation for several degree programs offered at the University. Ultimately, the program will contribute to the number of qualified workers in New York State.

Minority-, veteran-, and women-owned business representation

AMA is comprised of a diversified mix of entrepreneurs who represent minority, veteran and women owned businesses in New York State. Dr. Daniel has the distinction of having led the largest minority owned physician group within Western New York.

Medical Advisory Board

In concert with research initiatives, we have established a Medical Advisory Board (MAB or the Board). This board will consist of distinguished physicians, researchers and legal ethics professionals who will be tasked with the job of driving physician education, new product formulation along with promoting clinical and scientific research activities as mentioned below.

The MAB will advise the CEO regarding:

- The long-range strategy of the Organization for achieving its mission to promote marihuana research and scientific education programs;
- Proposals for new research program and grant programs;

- Other matters concerning scientific programs and performance upon which the CEO requests advice and recommendations.

The MAB will consist of up to ten members including a Chairman. The term of appointment for each member is four years. Appointments will be made by the CEO. The CEO and Chief Counsel will serve as ex officio members of the MAB.

The Medical Advisory Board will meet a minimum of once every quarter.

Research Initiative

It is the organizational intent to ensure that productive research into the numerous medical benefits of marihuana is continuously being evaluated. As such, we have proposed the appropriation of a percentage of our revenue towards future investigational research along with the administration of an advisory board consisting of two world-class scientific investigators.

Through the leadership of our experienced clinical research investigators, Dr. Vijay Kumar, Dr. R Lorraine Collins and Dr. David Schucard, AMA has embarked upon the development of the Medical Marihuana Research Center (MMRC). The purpose of MMRC will be to promote research towards studies that may enhance the clinical efficacy of medical marihuana for clinical use in treating various diseases with special emphasis on Post-Traumatic Stress Disorder (PTSD). The scope of research activities will include pharmacological and other studies thus providing insight into the initiation and prevention of the disease process along with the long and short term effects of treatment with medical marihuana. The studies will be done in collaboration with various clinical and university research centers.

In addition, AMA will establish a comprehensive medical marihuana strain registry to record and document qualitative and quantitative patient data on particular strains and their clinical implications. This registry will contribute to a critical mass of data that can be used for long-term, evidence-based research studies.

Staffing Philosophy

We believe that talented personnel are the lifeblood of any respectable organization. It is of great importance that AMA constructs the proper organizational framework to ensure that our employees can thrive in a productive and regulated environment. AMA has a comprehensive staffing plan to provide and ensure adequate staffing levels for all accessible business hours, regulated oversight for safe production and sanitation practices, and adequate security for theft prevention and anti-diversion compliance.

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AMA's organizational structure ensures all lower level employees are directly responsible to a manager or supervisor and the management staff is directly responsible to the executive staff and the executive staff is directly responsible to the Board of Directors.

Staff Requirements:

This staffing plan contains fixed job requirements to ensure eligible staff possess the necessary skills for open positions and also to ensure compliance with the guidelines in NYCRR 10 Part 1004. AMA's staffing model will employ well-paid, qualified personnel for all open positions. All staff members must be over the age of twenty-one (21). In addition, all staff involved in the manufacturing of medical marihuana must be trained in and conform to general sanitary practices. Third, AMA shall perform careful screening to ensure that it does not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances. In fact, recruitment practices will include background checks to ensure no employee has a criminal record.

AMA has set metrics to ensure a high staff-to-patient ratio in the dispensary to support a high-touch model of patient care. Our application and interview process, which includes the calling of references, will help us to engage and promote individuals who are succinct with AMA's mission. A two week, supervised training period is a requirement for all new hires. Each standing employee will be subject to continuous on-the-job training as necessary from evolving operations requirements and cultivation techniques. An employee manual, cultivation manual, and company Standard Operating Procedures are provided to all employees.

Employee turnover is a palpable loss in any business. New job opportunities, leaves of absence and retirement are common causes of turnover. Perpetual records of qualified individuals' resumes are kept on file to mitigate instances of turnover's effect on AMA's operations.

Within a department, managers are directly responsible for resolving subordinate issues, reprimands and performance evaluations. Managers are to report all reportable interactions and hazardous situations to superiors on regular basis.

The following is AMA's staffing plan, including job descriptions, qualifications, and hiring criteria:

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Executive Members

The AMA executive team consists of highly skilled and accomplished professionals from a plethora of business sectors. Our executive members are individuals with impressive credentials and capabilities in their respective fields. We are confident that our highly-talented executive team will be able to manage a successful and sustainable medical marihuana organization managed by physicians and healthcare professionals. Our core leadership personnel are individuals with impressive credentials and capabilities in organizational management of successful enterprises inside and outside of the healthcare industry. Core members of our organization have taken an idea, built start-up companies and grown them into multi-million dollar business enterprises.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Chief Executive Officer**		
Reports to:	***Board of Directors***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Dr. Gregory Daniel, MD, MBA.**		
Biography:	Dr. Daniel brings a unique mix of clinical aptitude, business experience, and innovative influence to his role as Chief Executive Officer of Alternative Medicine Associates. Dr. Daniel holds over 20 years of medical experience		

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	as an emergency room physician and has founded several companies that, through his leadership, have grown into multi-million dollar enterprises. [redacted] [redacted]Dr. Daniel earned his doctorate of medicine and a bachelor's degree in biochemistry from the University of Wisconsin, Madison, and is licensed to practice medicine in eight states. He earned his MBA from the University of California, Irvine, and was named "Best Leader" for his class.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Chief Operating Officer**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Christopher J. Jerzewski.**		
Biography:	Over the last 25 years, Mr. Jerzewski has acquired a diverse set of executive management experience which includes operations, sales, marketing,		

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	financial oversight, acquisition management, contract negotiations, and compliance control. [redacted] Additionally, Mr. Jerzewski brings over 15 years of banking experience which included managing entire partnership programs that grew to over $1 billion in assets, creating and implementing corporate securitization strategies, and managing daily servicing operations for a mortgage business that generated over $5 billion in assets, per annum. Mr. Jerzewski received his B.S. in Mathematics from SUNY Potsdam in 1989 and his MBA from JL Kellogg School of Management at Northwest University in 2003.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Chief Financial Officer**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Dan Tirone, CPA**		
Biography:	Daniel Tirone, CPA has practiced public accounting for over thirty years as the [redacted] of a leading professional accounting, auditing and		

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consulting practice in [redacted] with a strong concentration in small business and government. He was [redacted] He is a graduate of the SUNY Center for Entrepreneurial Leadership Core Program (2011), SUNY Buffalo (1981, Bachelor of Science, Business Administration), the Harvard Business School Club Management Development Program (2005) and a past member of the New York State Society of CPA's, where he held the position of Buffalo Chapter President and past Chair of the Chapter Governmental Accounting and Audit Committee. Mr. Tirone also taught at [redacted] and Erie Community College where he developed and delivered courses to industry professionals on emerging technology topics. He is also a former member of the State Society's Governmental Accounting Committee and the Emerging Technology, Banking and Subchapter S Committees. Active in various community organizations, Mr. Tirone is Chairman of the Erie County Audit Committee, an exempt [redacted], a past board member of the Community Music School of Buffalo, and past board member of the Center for Entrepreneurial Leadership Alumni Association and the St. Joseph Neighborhood Initiative, Inc. and Past-President of Clarence Toastmasters.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Chief Medical Officer**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Steve Lakomy, MD**		
Biography:	A renowned Board Certified emergency medicine physician with over 30 years of clinical experience, Dr. Lakomy is well recognized in the community for his dedication to his patients and for his philanthropic initiatives. Dr. [redacted]		

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	[redacted]. He sits on several boards and has served as the [redacted]. Dr. Lakomy is also known for being a physician advocate for the Compassionate Care Act legislation in New York to allow doctors to recommend medical marihuana to patients with serious illnesses. He has also made strides to advance clinical research initiatives to broaden the scope of knowledge regarding medical marihuana within the medical community.

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Prepared by:	Effective Date:
AMA Management Group, LLC ("AMA")	May 2015
Approved By:	**Amendment Date(s):**
Board of Managers	

Job Title:	**Chief Information Officer**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Margaret Kuchy**		
Biography:	Margaret Kuchy is a recognized technology leader known for her ability to craft the requisite strategic vision to achieve business goals. Ms. Kuchy offers a unique blend of executive acumen, team building and IT solutions development credited with strong return on investment and operational improvements. [redacted]		

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	[redacted] Ms. Kuchy holds a Master's in Computer Science at Florida International University; and her Bachelor of Science in Management Information Systems from Ithaca College.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Director of Security and Anti-Diversion**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Charles Tomaszewski (DEA Retired)**		
Biography: 	Charles Tomaszewski holds decades of specialized law enforcement and military experience. After being hired out of college as an Inspector for the Immigration and Naturalization Service (INS), Mr. Tomaszewski worked at the local ports of entry (Peace Bridge and Rainbow Bridge) and at pre-flight operations at Toronto International Airport in Canada. After taking a leave of absence from INS, he served a six year active duty tour as a C 130 Navigator with the US Air Force. After his service, he was hired as a Special Agent for the Drug Enforcement Administration assigned to Baltimore, Maryland as a street agent focusing on heroin trafficking organizations and money launderers in the Baltimore/DC		

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	area. During this time, Mr. Tomaszewski completed numerous undercover assignments and seized millions in drug assets. In 2003, Mr. Tomaszewski was reassigned overseas as the DEA Country Attaché in Berlin, Germany and later Warsaw, Poland where he coordinated major drug investigations with foreign law enforcement agencies from Germany, the Czech Republic, Poland and the Ukraine disrupting the drug distribution operations of Colombian and Russian trafficking organizations in Europe. While in this position, he was able to convince Polish law enforcement to allow a ton of cocaine from Colombia to enter Poland which led to uncovering and arresting major international traffickers across Europe and Colombia. By 2009, he returned to Buffalo, New York as the Resident Agent in Charge of the Buffalo DEA Office and was later named Deputy Commissioner of the Buffalo Police Department. As the Chief of Operations, Mr. Tomaszewski managed a department of over 750 officers, the largest in Western New York. Mr. Tomaszewski graduated from the FBI National Executive Institute in 2012 and previously earned a B.S. in Criminal Justice from the State University of New York at Buffalo.

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Prepared by:	Effective Date:
AMA Management Group, LLC ("AMA")	May 2015
Approved By:	**Amendment Date(s):**
Board of Managers	

Job Title:	**General Counsel**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Joseph P. DiVincenzo, Esq.**		
Biography:	Mr. DiVincenzo has nearly two decades of legal experience, including over ten years of in house service counseling entities in the healthcare industry. [redacted] He also served as counsel for the New York State Court System. A former member		

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	of the Erie County Board of Ethics, Mr. DiVincenzo received the Special Services Award from the Western District of New York Federal Court System. An experienced attorney with years of experience surrounding the subjects of corporate law, contracts, compliance, risk and litigation, he possesses a degree in finance and accounting and [redacted] Mr. DiVincenzo has extensive training in several disciplines making him a dynamic asset to the core team. He earned his law degree from the University at Buffalo. He formerly served as the assistant executive editor of The Buffalo Law Review.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Chief Compliance Officer**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Andrea Tarshus, Esq.**		
Biography:			

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Andrea A. Tarshus, Esq., Chief Compliance Officer, has a superior background and knowledge in resolving corporate and healthcare-related risk, compliance, legal and ethical issues.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Albany County District Attorney's Office in the Major Offense Unit. She graduated Cum Laude from Marist College where she studied communications at both the New York campus and abroad in Sydney, Australia. Ms. Tarshus went on to earn her Juris Doctorate with a health law concentration with honors from Albany Law School. She is admitted to practice in New York State, where she received an above-average score on the Multistate Professional Responsibility Examination for her competence in legal ethics and professional conduct. While at Albany Law School, Ms.

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	Tarshus undertook diverse studies in the field of bioethics and was awarded a fellowship at the Alden March Bioethics Institute at Albany Medical Center. There she helped create the institute's academic program and participated in rounds in the hospital assessing and advising medical professionals on patients whose illnesses presented challenging ethical issues.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Director of Security Intelligence**		
Reports to:	***Chief Executive Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Ikram Massabini**		
Biography:	Mr. Massabini is th [redacted] With over 15 years of experience, Mr. Massabini has extensive skills in IT Applications, Network Design, Operations, Infrastructure Design and Implementation, Managed		

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	Services Solutions, and Cloud Computing. [redacted] Mr. Massabini graduated from the University of Buffalo with a Bachelor of Engineering Degree in Electrical and Electronics Engineering.

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Prepared by:	Effective Date:
AMA Management Group, LLC ("AMA")	May 2015
Approved By:	**Amendment Date(s):**
Board of Managers	

Job Title:	**Director of Outreach and Philanthropy**		
Reports to:	***Chief Operating Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Chad Houston, MBA**		
Biography:	Mr. Houston's extensive experience with community outreach spans both the corporate and community services sectors. [redacted] His unique background working in marketing		

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	and community outreach on both the for profit and not-for-profit sectors makes him exceptionally skilled at relating to and capturing a wide scope of consumers. Mr. Houston earned an MBA in Marketing from Canisius College and holds a B.A. in Communications from Howard University.

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Prepared by:	Effective Date:
AMA Management Group, LLC ("AMA")	May 2015
Approved By:	**Amendment Date(s):**
Board of Managers	

Job Title:	**Government Relations Liaison**		
Reports to:	***Chief Operating Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Dan Humiston**		
Biography:	Mr. Humiston is one of Western New York's leading businessmen and entrepreneurs. [redacted] Mr. Humiston went on to found the International Cannabis Association, recognized as the premiere association for organizing and hosting cannabis expositions throughout the United States. He was named "Entrepreneur of the Year" by Ernst and Young, and has received numerous other prestigious accolades. Mr. Humiston holds a B.S. in Education from Muskingum College and is a graduate of the Center for Entrepreneurial Leadership at the University at Buffalo.		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Clinical Investigator**		
Reports to:	***Chief Medical Officer***	**FTE:**	*3 Contracted Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are filled by Dr. R. Lorraine Collins, Dr. Vijay Kumar and Dr. David Shucard**		

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Biographies:

Dr. David Shucard:

Dr. Shucard earned a B.A. in Biology and Chemistry with a minor in Literature from the University of Colorado, and a M.S. in Zoology (Physiology), and a Ph.D. in Psychophysiology/Experimental Psychology from the University of Denver. He was a National Institute of Mental Health (NIMH) postdoctoral fellow in the interdisciplinary training program at the University of California, San Francisco Medical School and Stanford University where he received training in cognitive neuroscience, animal and human neurophysiology, and clinical electroencephalography. Upon completion of his postdoctoral work, he returned to Denver as an assistant professor of Psychiatry at the University of Colorado School of Medicine and established the Brain Sciences Laboratories at the National Jewish Hospital and Research Center and UCSM. While in Denver he achieved the rank of professor.

Dr. Shucard moved to Buffalo, NY in 1985 as professor of Neurology, Pediatrics, and Psychology at the State University of New York at Buffalo and [redacted] and is a Diplomate in the American Board of Sleep Medicine and a Fellow in the American Psychological Association. His research is in the area of cognitive neuroscience with particular interest in the neurophysiological basis of cognitive functioning, intellectual abilities, attention, and the role of sleep and sleep disorders, such as apnea, on neurocognitive functioning. The major methodological approach used in his laboratory is a combination of electrophysiological (mainly event-related brain potentials) neuropsychological, and other behavioral methods. Positron emission tomography (PET) studies have also been conducted in combination with electrophysiology. Both clinical and nonclinical populations are being studied. Populations include infants, children, and adults, as well as animals. Dr. Shucard touts multiple published clinical research studies on the effects of Cannabis treatment on PTSD patients.

Dr. Vijay Kumar

Dr. Vijay Kumar is an established research investigator with over 30 years of experience. He is Board Certified in Clinical Immunology (ABMLI),

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Microbiology (ABMM) and Clinical Chemistry (NRCC). Through his work emerged the discovery of new biomarkers for several autoimmune disease diagnosis, most notably, Celiac Disease.

[redacted] Research Associate Professor in the Department of Microbiology at the University at Buffalo, Research Associate Professor in the Department of Dermatology and a Clinical Associate Professor in the Department of Laboratory Sciences at the State University of New York at Buffalo. He also served as the Assistant Director of the, Ernest Witebsky Center for Immunology in the Department of Microbiology at the State University of New York at Buffalo.

Dr. Kumar holds accreditations as an Immunologist from the New York State Department of Health and as a Clinical Laboratory Director from the American Board of Bioanalysis. Dr. Kumar published over 100 original publications in various journals with a focus on clinical and diagnostic immunology. He has been recognized by Buffalo Business First as one of the 50 leaders in the medical field. Dr. Kumar graduated with a Bachelor of Science and a Master of Science from Panjab University in Chandigarh, India and a PhD from the University at Buffalo.

R. Lorraine Collins

Psychologist R. Lorraine Collins is the Associate Dean for Research and Professor of Health Behavior in the School of Public Health and Health Professions at The University at Buffalo. Dr. Collins has served on several National Institute of Health (NIH) review committees and on the NIH Advisory Councils of the National Institute on Drug Abuse and the Center for Scientific Review. Dr. Collins has mentored numerous graduate students, post-doctoral fellows, K-awardees, and junior faculty. [redacted]

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	[redacted] Dr. Collins conducts research on cognitive and psychosocial factors in substance use among emerging and young adults. She has a well-established publication record in substance use (mainly alcohol and marihuana) research and a 23-year history of NIH-funded research as a Principal Investigator or Co-Investigator. Her impressive research accomplishments also include introducing the construct of drinking restraint, a conceptual framework, involving limit setting and negative affect, for describing the process through which restrained heavy drinkers move to excessive, problem drinking to literature on alcohol use and abuse. Dr. Collins also pioneered the use of modern technology in her research studies by using cell phones to collect ecological momentary assessment data. The use of cell phones introduces flexibility in collecting data in the field and allows for the utilization of emerging smart phone technologies. Dr. Collins is motivated by the real-world impact of her research within the community in which she works and lives. Her current research focuses on understanding young adults' recreational marihuana use as well as the use of technology in interventions to help them reduce their recreational marihuana use.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Third Party Liaison**
Reports to:	***Chief Operations Officer*** **FTE:** *1 Full Time Position*
Job Description:	Redacted pursuant to N.Y. Public Officers Law, Art. 6
Job Qualifications:	
Status:	**This position is filled by Gregory Daniel Jr.**
Biography: 	Greg Daniel Jr Redacted pursuant to N.Y. Public Officers Law, Art. 6

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	Redacted pursuant to Public Officers Law, Art. 6 Greg completed his Bachelor's Degree at University of North Carolina-Chapel Hill in 2009 and completed an MBA from University at Buffalo in May 2015.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Executive Director of Patient Flow and Design**		
Reports to:	***Chief Operations Officer***	**FTE:**	*1 Contracted Position*
Job Description:	Redacted pursuant to N.Y. Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is filled by Philip Silvestri**		
Biography: 	Philip Silvestri is Redacted pursuant to N.Y. Public Officers Law, Art. 6		

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	experience with healthcare design brings a unique skill set to the organization.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Human Resources Manager**		
Reports to:	***Chief Operating Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is currently open**		

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Cultivation and Dispensary Staff

AMA will employ well-paid, qualified personnel for all Cultivation and Dispensary staff positions. Organizational structure ensures all lower level employees are directly responsible to a manager and the management staff is directly responsible to a member of the Executive Team. The staffing plan ensures staff possesses the necessary skills for positions. All staff members must be over the age of twenty-one (21). High staff-to-patient ratio ensures quality treatment of patients. Recruitment practices include background checks that ensure no employee has a criminal record and that we promote individuals dedicated to the Organization's mission. All employees will become certified cultivation center agents in accordance with state law. In depth training of new hires for all positions is a requirement for all cultivation center agents and all cultivation staff will participate in ongoing training. A staff handbook, cultivation manual, and company Standard Operating Procedures are provided to all employees.

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Lead Pharmacist**		
Reports to:	***Chief Operating Officer***	**FTE:**	*9 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	○ **Two of these positions are filled by Mark Prior, Dr. Sasko Dorce Stojanovski.** ○ **Seven of these positions are currently open.**		
Biography:	**Mark Prior** Mark Prior has a variety of pharmacy and business experience including high volume pharmacy dispensing, patient education, acute and chronic care management, immunization and all aspects of clinical administration. As the [redacted] Mr. Prior is a registered New York State Pharmacist and a licensed Chiropractor. He earned his Doctor of Chiropractic degree from Palmer		

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College in Davenport, Iowa and his Doctor of Pharmacy degree from the State University of New York at Buffalo.

Dr. Sasko Dorce Stojanovski

Dr. Sasko Dorce Stojanovski is originally from [redacted]. He Earned a Bachelor of Science in Pharmacy in 1999 and a Doctor in Pharmacy in 2001, from the Albany College of Pharmacy and Health Sciences. Professional experiences include completing a pharmacy practice residency in Pediatrics at Sacred Heart Hospital under [redacted] and a pediatric pharmacotherapy fellowship at The Ohio State University College of Pharmacy. Currently Dr. Stopjanovski is a [redacted]. Areas of professional interest include further research in pediatric medication efficacy and safety and epilepsy pharmacotherapy.

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Dispensary Agent**		
Reports to:	***Lead Pharmacist***	**FTE:**	*9 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open.**		

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Cultivation Facility Manager**		
Reports to:	***Chief Operating Officer***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			

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	[redacted]
Status:	**This position is currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Horticulturist III**		
Reports to:	***Cultivation Facility Manager***	**FTE:**	*5 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Horticulturist II**		
Reports to:	***Cultivation Facility Manager***	**FTE:**	*15 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Horticulturist I**		
Reports to:	***Cultivation Facility Manager***	**FTE:**	*20 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Harvest Supervisor**		
Reports to:	***Cultivation Facility Manager***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**This position is currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Harvest Leader**		
Reports to:	***Harvest Supervisor***	**FTE:**	*6 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Harvester**		
Reports to:	***Master Grower***	**FTE:**	*70 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Quality Assurance Officer**		
Reports to:	***Cultivation Facility Manager***	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open. However, AMA has contracted with [redacted] to recruit and provide qualified candidates to fill these slots and will do so once AMA has been granted a license.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Assistant Security Director**		
Reports to:	*Director of Security and Anti-Diversion*	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open.**		

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Prepared by: AMA Management Group, LLC (“AMA”)	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Transportation Team Leader**		
Reports to:	*Director of Security and Anti-Diversion*	**FTE:**	*1 Full Time Position*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open.**		

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Prepared by: AMA Management Group, LLC ("AMA")	**Effective Date:** May 2015
Approved By: Board of Managers	**Amendment Date(s):**

Job Title:	**Security Guards**		
Reports to:	*Assistant Security Director*	**FTE:**	*16 Full Time Positions*
Job Description:	Redacted pursuant to Public Officers Law, Art. 6		
Job Qualifications:			
Status:	**These positions are currently open.**		

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

MEDICAL ADVISORY BOARD BYLAWS

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ALTERNATIVE MEDICINE ASSOCIATES, LLC

MEDICAL ADVISORY BOARD DUTIES

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ARTICLE I Alternative Medicine Associates Medical Advisory Board Function

ARTICLE II Alternative Medicine Associates Medical Advisory Board Subcommittee Functions

2.1 Dispensary Committee

2.2 Research Initiative Workgroup

2.3 The Internal Policy Formation Committee

2.4 The Prevention and Public Education Committee

ARTICLE III Board Member Biographies

3.1 Chairperson – Steven Lakomy, MD, FACEP, FAAEM, AOA

3.2 Physician – Frank M. Lee, MD

3.3 Clinical Researcher 1 – Vijay Kumar, PhD

Clinical Researcher 2 – Janet Shucard PhD

Clinical Researcher 3 – David Shucard PhD

Clinical Researcher 4 – Lorraine Collins PhD

3.4 Pharmacist 1 – Mark Prior

Pharmacist 2 – Sasko Dorce Stojanovski

3.5 Production Dept. Representative – Chris Hudalla PhD

3.6 Director of Government Affairs – Dan Humiston

3.7 Legal Ethics – Andrea Tarshus, Esq

3.8 Liaison – Gregory F. Daniel Jr, MBA

Article I Alternative Medicine Associates Medical Advisory Board Function

The Alternative Medicine Associates (AMA) Medical Advisory Board's (MAB) chief responsibility is guiding AMA leadership regarding the clinical research of medicinal cannabis. The Medical Advisory Board is positioned at the forefront of innovative clinical research of medicinal uses of marihuana. The officers of the medical advisory board contribute to the advancements in medicinal marihuana competencies covered in New York State Law through intentionally placed leadership in research, operations and governmental affairs initiatives. The AMA medical advisory board consists of a chairperson, three clinical researchers, a pharmacist, a manager from the production department, a manager from the grow facility, corporate liaison, a director of government affairs and a legal ethics professional. The aforementioned individuals will convene once each quarter for a formal meeting to discuss dispensary operations, research opportunities, internal policy review, public education, employee education and additional subjects submitted for discussion. The MAB will have the following standing committees therein, AMA Dispensary Employee Education Committee, Research Initiatives Workgroup, Internal Policy Formation Committee and Prevention and Public Education Committee.

Article II Alternative Medicine Associates Medical Advisory Board Subcommittee Functions

In addition to the quarterly meetings, the following standing committees within the advisory board convene as often as is necessary, separate from the quarterly meeting.

2.1 The dispensary committee is responsible for the reviewing of all medical aspects of the AMA dispensary locations. Their responsibilities include reviewing patient access concerning disease management organizations and the availability of patient education materials (pamphlets, signs, and webpages) offered ON location, to assist patient understanding of the uses and effects of the different strains of medicinal cannabis approved by New York State via Alternative Medical Associates. The dispensary committee reviews the educational competencies AMA employees are required to master before they are permitted to serve patients in the dispensary. The Committee oversees ongoing recognition and re-recognition of new diseases added to the scope of medicinal cannabis treatments under the direction of the Advisory Board.

2.2 The Research Initiatives Workgroup dually reports to the AMA Medical Advisory Board. The mission of this committee is to identify beneficial research initiatives that further the usefulness of medicinal cannabis and patient access to the treatment. The research initiatives workgroup investigates ongoing external research of note concerning medical marihuana advancement. The Committee reviews breakthroughs concerning current diseases and new disease processes that have the potential for addition to the scope of medicinal cannabis treatments. This committee reports any research findings with the possibility of improving patient care and access, to the advisory board.

2.3 The Internal Policy Formation Committee will review internal policies of the Alternative Medicine Associates organization ensure they are in line with best practices. Internal policies will also be review for ethical and legal accuracy. Upon final committee review, the IPFC recommends to the advisory board on changes to internal policies for submission to the CEO.

2.4 The Prevention and Public Education Committee offers recommendations to the Advisory Board regarding addiction prevention objectives and shall develop recommendations aimed at public education and enhancing awareness of AMA employees and patients. This committee oversees the development of educational materials with important information on treatment for addiction and pain management. PPEC

will develop patient education materials (pamphlets, signs, and webpages) offered by AMA to ensure patients have a setting to acquire legitimate information on significant knowledge concerning medicinal cannabis.

ARTICLE III Board Member Biographies

The board members we have chosen for the Alternative Medicine Associates Medical advisory board are some the most experienced members of their respective fields of practice. Their employment and research experience traverses a complete gamut of clinical, exploratory and legal functions. The following members exemplify the AMA medical advisory board positions.

3.1 Chairperson / Physician

The chair of the AMA medical advisory board **Steven Lakomy, MD, FACEP, FAAEM, AOA** brings 30 years of clinical experience as a board certified emergency medicine physician. Dr. Lakomy has contributed to several hospital committees responsible for Bylaws, ethics, critical care etc. Dr. Lakomy has served as chair on various medical boards throughout the healthcare industry. Dr. Lakomy's wealth of experience and medical knowledge at the chair position provides the AMA medical advisory board with the leadership required to ensure that important growth and progress in the research in to medicinal cannabis continues forward. His three decades of clinical experience guarantees that patient care and access to medicinal cannabis is at the forefront of his service to the board.

3.2 Physician

Our second physician, **Frank M. Lee, MD** is a board certified emergency physician who is currently the [redacted]. Dr. has held several leadership positions within the healthcare field in addition to practicing emergency medicine. His clinical input will critical in maintaining AMA medical advisory board focus on patient care.

3.3 Research

The clinical research members of the AMA Medical Advisory Board are **Vijay Kumar Ph.D., Janet Shucard Ph.D., David Shucard Ph.D., and Loraine Collins Ph.D.** Dr. Kumar is a celebrated clinical researcher in the field of autoimmune disorders; his work is published in a multitude of texts covering a wide range of clinical studies. Dr. Kumar's research interests are comprised of autoimmunity-clinical immunology and immunopathology to study the mechanism of various autoimmune disorders, identification of new biomarkers, immunoassays for the detection and diagnosis of autoimmune disorders. Autoimmune disorders represent a significant portion of the disease processes covered in the New York State Regulations. Dr. Kumar's participation in the AMA MAB offers guidance in identifying clinical research opportunities for studying the medicinal effects of marihuana on autoimmune diseases.

Janet Shucard Ph.D. is a licensed clinical psychologist in New York State with an impressive track record of neuroscience experience. Dr. Shucard has a lifetime of experience interest in cognitive neuroscience and event-related brain potentials (ERPs). Specifically electrophysiological, neuropsychological, and neurobiological aspects of inhibitory control, attention, and executive function in

Post-traumatic Stress Disorders; electrophysiological, neuropsychological, and biological markers of working memory/processing speed deficits in Systemic Lupus Erythematosus and Multiple Sclerosis; the relationships among cognitive function, psychological function, and quality of life in Systemic Lupus Erythematosus and Multiple Sclerosis; and 4) ERPs as a measure of frontal cognitive control and inhibitory functions in non-clinical populations; 5) neuropsychological and electrophysiological correlates of sex-differences in spatial and verbal abilities in children and adults. Dr. Shucard has over thirty year of experience with grant funded research spanning studies of post-traumatic stress syndrome, white and gray matter brain damage, multiple sclerosis and several other that can be found in the attached CV.

David Shucard PhD is trained in cognitive neuroscience, animal and human neurophysiology, and clinical electroencephalography. His current research interest is in the cognitive and behavioral neurosciences and the relationships between behavioral and biological variables, with an emphasis on the neurophysiology of the brain as the dependent measure. Dr. Shucard specializes in study of the neurophysiology associated with cognitive processes, such as working memory and attention; information processing; intellectual abilities; learning disorders; intellectual/cognitive development; language development; psychological disorders; drug effects; and immunological reactions. He has served as chair, co-chair and member of countless committees in the neuropsychology field including but not limited to medical ethics, planning, research, etc. Dr. Shucard has participated in more than thirty funded studies concerning neurology; including a current grant for “Does Working Memory Training Improve Brain Function and Cognition in Multiple Sclerosis” The National Multiple Sclerosis Society. Neurological conditions represent several of the diseases slated for treatment with medicinal cannabis. Dr. Shucard’s long career in the neurosciences offers a unique opportunity to assist the AMA medical advisory board in the directing of research initiatives and choosing beneficial exploration opportunities.

Loraine Collins PhD brings a lifetime of research and practical experience in the study of psychoactive substances including nicotine, alcohol and marihuana . Dr. Collins’ work is published in a vast number of peer-reviewed journals and books on the relationship between human behavior and the use of psychoactive substances. Dr. Collins has participated as the principle investigator on more than 20 funded grants her research interests include cognitive and behavioral approaches to the conceptualization, prevention, and treatment of addictive behaviors. Psycho-social issues (e.g., gender, socio-economic status) related to substance use and misuse as well as other high-risk behaviors. Research methods that use technology for assessment and intervention. Dr. Collins is an essential member of the medical advisory board due her unparalleled experience with the study of the effect of psychoactive substances on behavior and pointed research on addiction. In addition to providing guidance on research opportunities for the study of medicinal marihuana Dr. Collins provides a wealth of knowledge on drug abuse and addiction. Her input is critical in the development of patient and employee education in the prevention and treatment of addiction, allowing AMA to assist with safe and knowledgeable patient access to medicinal marihuana.

3.4 Pharmacy

Mark C. Prior is pharmacist with a variety of experience including high volume pharmacy dispensing, education, acute and chronic care management, immunization and all aspects of clinical administration as the [redacted]. Mr. Prior's pharmacy experience includes assessment of patient requirements, development of treatment plans, a thorough knowledge of medications, physician consultation and varied abilities within the pharmacy setting. The knowledge and experience Mark Prior brings to the AMA medical advisory board is essential to the development of patient education on medicinal cannabis, internal policy formation and the selecting of research initiatives. His participation contributes invaluable advice to the medical advisory board on use and effect of medicinal cannabis.

Sasko Dorce Stojanovski is a [redacted]. Staojanovski completed his pediatric pharmacotherapy fellowship at The Ohio State University, College of Pharmacy. Staojanovski's experience in pediatric pharmacology, in conjunction with his current work at the [redacted] make him an invaluable member of the AMA medical advisory board. He contributes valuable insights on proper recommendations for dosing and usage of people suffering from a multitude of medical issues. His input is also critical to our ability to choose beneficial research projects in the medicinal cannabis field.

3.5 Production Department

Chris Hudalla PhD is the [redacted] with a lifetime of experience and research in the field of laboratory chemistry. Dr. Hudalla's brings the AMA medical advisory board a wealth of information in the process of testing and processing medicinal cannabis. His organization [redacted] is the vanguard of standardization of lab testing, processing methods and protocols in the cannabis industry. His insights into new technologies and protocols for producing medicinal cannabis is critical to the medical advisory board's ability to produce the most effective focuses of research.

3.6 Director of Government Affairs

Dan Humiston serves as the Director of Governmental Affairs for Alternative Medicine Associates. He is responsible for the inception of the International Cannabis Association, which is nationally recognized for its contribution to advancing the medicinal uses of cannabis. Mr. Humiston supports the initiatives of the medical advisory board by facilitating communication with local and federal health organizations. Communicating findings produced by AMA MAB research initiatives is essential to the advancement of medicinal marihuana in addition to safe, measured progress for the expansion and coverage of new disease processes for patient access.

3.7 Legal Ethics

Andrea A. Tarshus, Esq., General Counsel/Chief Compliance Officer, has a superior background and knowledge in resolving corporate and healthcare-related risk, compliance, legal and ethical issues. Ms. Tarshus is currently [redacted]

[redacted]. Her participation on the AMA medical advisory board as an ex offcio member allows her to be a fair and impartial member of the board with a focus on ethical and legal research and practices in the study, education and production of medicinal cannabis.

3.8 Liaison

Greg Daniel Jr, MBA is currently the [redacted]

His experience will be invaluable to the structuring of board meetings and organization of new research projects.

APPENDIX I Board Member Curriculum Vitae

- **A I. Chairperson**
- **A II. Physician**
- **A III. Clinical Researcher 1**
- **A IV. Clinical Researcher 2**
- **A V. Clinical Researcher 3**
- **A VI. Clinical Researcher 4**
- **A VII. Pharmacist 1**
- **A VIII. Pharmacist 2**
- **A IX. Production Dept. Representative**
- **A X. Legal Ethics**
- **A XI. Liaison**

APPENDIX I **Board Member Curriculum Vitae**

A I. Chairperson / Physician

Steven Lakomy, MD, FACEP, FAAEM, AOA

[redacted]

Born: [redacted]

Residence: [redacted]

Training: Allegheny General Hospital, Pittsburgh, Pennsylvania

Emergency Medicine Residency 7/82 to 12/84

Education: Creighton University, Omaha, Nebraska

Internship, combined Internal Medicine/Psychiatry 7/81 to 6/82

Creighton University School of Medicine

Clinical Sciences, MD, Cum Laude, AOA 8/79 to 6/81

St. George's University School of Medicine

Grenada, West Indies

Basic Medical Sciences 1/77 to 12/78

S.U.N.Y. at Buffalo

Bachelor of Arts, Psychology/Biology, Cum Laude 9/72 to 5/76

Certifications: Board Certified by the American Board of Emergency Medicine-1987. Recertified in 1997 and 2007. Expires in 2017.

Licenses: New York Valid 174087 issued 3/88 Expiration Date: 8/31/12

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Experience:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

EMS: Western Regional Emergency Medical Advisory Committee (REMAC) 1991-present

REMAC Protocol Subcommittee (Chairman) 1992-2006

Medical Director for Town of Cheektowaga police Emergency Medical Dispatch center 1998- 2002

[redacted]

Town of Cheektowaga EMS Board 1990-2002

[redacted]

"Physician of Excellence" award from the Wyoming-Erie Regional Council 1998, 2005

Base Station course completed 1997

Base Station Course instructor 12/98, 1/99, 6/99, 11/99, 1/00, 6/00, 6/01, 7/04, 6/05, 11/06, 6/07, 7/08, 7/09, 11/09, 7/11

Protocol in-service to EMTs: Niagara Falls 7/6/11, Lockport 7/26/11

Diversion lecture to EMS personnel, nurses and physicians 1/00

Out of Hospital Deaths lecture 2/00.

CME: Over 150 hours of credit over the past 3 years.

Memberships:

American College of Emergency Physicians American Academy of Emergency Medicine American Medical Association

Medical Society of the State of New York

Medical Society of the County of Erie

Alpha Omega Alpha Honor Medical Society

Physicians for Social Responsibility

Teaching: EMTALA lectures to the ED nurses of: Joseph Hospital on 8101; the Catholic Health

System on 11101 and 10103, Kenmore Mercy Hospital on 8103, Mercy Hospital9104.

Environmental Emergencies, yearly lecture to physician assistant students at D'Youville

College, Buffalo

Violence in the ED, lecture to CHS ED nurses, 4104, 9104

Academic Appointments: [redacted]

Clinical Assistant Professor, Department of Emergency Medicine (part-t ime)·University of Buffalo Medical School, 1192- 12104

Other: Emergency medicine case reviewer for the New York State Department of Health Office of Professional Medical Conduct (OPMC) 1997 - present

Publications: Adult and Pediatric Advanced Life Support Protocols, published by the Western Regional Emergency Medical System (WREMS), 1995, 1998, 2002, 2006

Transfer Protocols, published by WREMS, 1995

Emergency Department charts for the Catholic Health System 1998-2008

Emergency Department charts for Mt. St. Mary's Hospital 2003 – presen

A II. Physician

Frank Michael Lee, MD

[redacted]

EDUCATION

1997 - 2000 SUNY @ Buffalo School of Medicine Buffalo, NY

Emergency Medicine Residency

1993 - 1997 SUNY @ Buffalo School of Medicine Buffalo, NY

Medical Doctorate

1989 - 1993 SUNY at Buffalo Buffalo, NY

Bachelor of Arts, Biological Sciences – Summa cum Laude

BOARD CERTIFICATION

New York State License (#213144) February 1999

American Board of Emergency Medicine board certified on June 15, 2001 (#200759)

RESEARCH

1997 – 2000 Subinvestigator for GUSTO IV AMI at Millard Fillmore Suburban Hospital

Primary investigator for Informed Consent study (GUSTO IV)

1990 – 1991 Isolation of blood factors from Fiddler Crabs under the supervision of Dr. Herreid in the Biology Department at SUNY at Buffalo

RESIDENCY

EMRA representative

BLS, ACLS, PALS, ATLS certified

Completed emergency vehicle operation course (EVOC)

SMART (Specialized medical assistance response team) member

Credentialed in ED bedside ultrasound

Experience with Telemedicine

Extensive experience in Level 1 trauma center (ECMC)

Extensive experience with Pediatrics (CHOB)

Grand Rounds Lecture on Inflammatory Bowel Disease 2/17/98, Brain abscess 10/27/98 and Thrombolytics/GIIb-IIIa inhibitors 8/21/99

Lectured Local Chapter of the FBI on ballistics and field survival tips

Lectured Twin City Paramedics on Carbon Monoxide Poisoning

Instructor for the Western Regional Emergency Medicine Service Base Station Course

WORK EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

HONORS AND AWARDS AND INVOLVEMENTS

Current

Awarded [redacted] Caritas Award in 2006

Awarded EPIC Inaugural Advantage Award in 2012

[redacted]

Physician leader of the [redacted] RENAISSANCE Project

[redacted]

Medical School

University Medical Alumni Scholarship

Dean's Letter of Commendation for 1st and 2nd year

Undergraduate

Phi Beta Kappa

Samuel P. Capen Award

Grace W. Capen Memorial Award

Dean's List all 4 years

University Honors Program

Phi Eta Sigma (freshmen honors)

Golden Key National Honor Society

Empire State and Regents Scholarship

EXTRACURRICULAR ACTIVITIES

[redacted]

A III. Clinical Researcher 1

Vijay Kumar, Ph.D

[redacted]

Professional Summary

Innovative, hands on hard working, highly motivated, multi tasking experienced with demonstrated ability to deliver results on timely fashion. Established research investigator , discovery of new biomarkers for disease diagnosis. Publications in leading journals, book editor, graduate student adviser. Teaching Medical, Dental and Graduate students. Presentation at various scientific meetings with recognition as the best speaker.

Successful entrepreneur, served as chief scientific officer, President and CEO of biotechnology company. Integrated R&D with health care. Established standard operating procedures, quality control, regulatory compliance, FDA submissions.

Organized national and international meetings and served on various committees and boards.

Skill Highlights

Project planning & management
Leadership/communication skills
Product development
New product delivery
Employee relations
Self-motivated
Customer-oriented
Small business development
Personal and professional integrity

Accomplishments

Identified new biomarkers for autoimmune diseases such as Celiac disease.
Organized conferences at the national and international levels.
Recognized as an outstanding speaker
Served on Credentials committees.
Served on the Deans Advisery Council
Recognized by US Small business administrator as the exporter of the year.
Teaching Medical, Dental& Graduate students.
Advisor to many graduate students
Recipient of several patents
Fogarty International Fellow
Leaders in Health Care 50 in Medical Field
Board certified in clinical immunology (ABMLI); Microbiology (ABMM) & Clinical Chemistry (NRCC)

EDUCATION

Panjab University, Chandigarh, India, B.Sc. (Hons.)
Panjab University, Chandigarh, India, M.Sc.(Hons.)
State University of New York at Buffalo, Buffalo, New York, Ph.D.
State University of New York, Buffalo NY, Enterprenurial program 1994

EXPERIENCES

[redacted]

1986 - present	Research Associate Professor, Department of Microbiology, University at Buffalo, Buffalo, New York
1983 - Present	Research Associate Professor, Department of Dermatology, SUNY at Buffalo, Buffalo, New York
1980 - Present	Member, The Ernest Witebsky Center for Immunology, Department of Microbiology & Immunology, University at Buffalo, New York
1978 - Present	Clinical Associate Professor, Department of Laboratory Sciences, SUNY at Buffalo, Buffalo, New York
1988 - 1993	Assistant Director, Ernest Witebsky Center for Immunology, Department of Microbiology, SUNY at Buffalo, Buffalo, New York

[redacted]

1980 - 1986	Assistant Professor, Department of Microbiology, SUNY at Buffalo, Buffalo, New York
1976 - 1980	Clinical Assistant Professor, Department of Microbiology, SUNY at Buffalo, Buffalo, New York
1974 - 1976	Postdoctoral Fellow, Department of Microbiology and Immunology, Erie County Laboratory, Buffalo, New York
1974 - 1976	Clinical Instructor, Department of Microbiology, SUNY at Buffalo, Buffalo, New York

[redacted]

1969 - 1973	Research Assistant, Department of Biochemistry, SUNY at Buffalo, Buffalo, New York

[redacted]

Board Certifications

Clinical Chemist - National Registry in Clinical Chemistry

Diplomate - American Board of Medical Laboratory Immunology (ABMLI)

Diplomate - American Board of Medical Microbiology

ACCREDITATIONS

Immunologist - New York State Department of Health	1980
Clinical Laboratory Director - American Board of Bioanalysis	1983
Fogarty International Fellowship	1985
Fellow - Academy of Clinical Biochemistry	1992

Member, Professional Advisory Panel, MLO/Medical laboratory Observer 1988-90

Best Teacher Award, American Society for Clinical Chemistry 1995

Abstract reviewer for the annual AACC Meeting 1999, 2000.

Leaders in Health Care 50 in Medical Field , Business First , Buffalo, 2006

Outstanding speaker Award, AACC 2002, 2005

Key Note Speaker, India Association of Buffalo 2008 .

PROFESSIONAL AFFILIATIONS

American Association for Clinical Chemistry (AACC)
Association of Medical Laboratory Immunologists (AMLI)
Clinical Immunology Society (CIS)

Patents

Immunological assay for detection of antibodies in Celiac disease (6,703,208)
Automated Diagnostic workstation (WO2010011931A2)
Compositions and methods for determinign Celiac disease (WO2011/112792A1)

COMMITTEES

Organizing Committee - Methods of immunologic research and diagnosis 1980, 1982, 1986

Organizing Committee - Seventh International Conference on Defined Immunofluorescence, Immmoenzyme Studies and Related Labeling Techniques 1981, 1983, 1985

Faculty Council - Departmental Representative

Member, By-Laws Committee, School of Medicine 1985-1986

Clinical & Diagnostic Immunology Division, AACC 1995-99

NIH Review Committee 1999

AACC Immunology Division 2001-03

Board Member-CUBRIC 2002-2005

Board Member-Health Care Industries Association, Buffalo 2004-2007

Board Member-Dean's Advisory Council, School of Arts and Sciences,

University at Buffalo, 2005-

Board Member-Word Trade Center, Buffalo, NY 2007-2009

Chairperson-Board of Directors, AICF$_{wny}$ 2011-

EDITORIAL BOARDS

Expert Opinion on Medical Diagnostics 2007-2010

Immunological Communications 1992-94

STUDENT RESEARCH

Supervised and guided the research of six Ph.D students from the department of Microbiology, two master students from the Department of Medical Laboratory Sciences, and several post-doctoral fellows, Medical residents, and undergraduate students.

GRANTS

Principal Investigator. CTL2 ELISA: A Diagnostic Test for Autoimmune Hearing Loss, NIH 2007-8.

Principal Investigator. A novel ELISA method for accessing the risks of developing insulin dependent or type 1 Diabetes (IDDM). Contract No. N43-DK-6-2223 Phase 1 1996; Phase II 1998-2000.
Principal Investigator . BSRG grant - Immunology of Vesiculo-bullous diseases. 1981-1982

Co-Investigator. Standardization of assays for antibodies for islet cells. SBIR Grant R44 DK38246-03 Phase ! and II. 1988-1990.
Co-Principal Investigator. NIDR contract - Prepration of reagents for the detection of oral microorganism. - 1977-1979

Co-Investigator. Studies related to endoglycosidases, NIH. GM24392 1979-1982.

RESEARCH INTERESTS

Autoimmunity-clinical immunology and immunopathology to study the mechanism of various autoimmune disorders, identification of new biomarkers, immunoassays for the detection and diagnosis of autoimmune disorders.

CONFERENCES
96th general meeting, American Society For Microbiology,
AACC Upstate NY Section, Fall meeting, 1989, 1990, 1994.
American College of Rheumatology, October 11-15, 1992.
Society for Investigative Dermatology, 1989, 1990, 1992.
Annual Meeting, American Association for Clinical Chemistry, 1989, 1992-1998.
9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.

American Association for Clinical Chemistry, Chicago July 29-Aug 1, 2001

Australian Institute of Medical Scientists, Melbourne, Australia, September 4-7, 2001.

Shaping Tomorrow's laboratory, SQBC-CSCC 2003 Sympoisa, St-Sauveur, Quebec, Canada June 2-5,2003.

55th Annual AACC Meeting, Philadelphia, PA. July 20-24, 2003.

11th International Symposium on Coeliac Disease, 28-30 April, 2004, Belfast, UK

NIH Consensus Development Conference on Celiac Disease. June 28-29, 2004, NIH, Bathesda, MD

56th Annual AACC Meeting, Los Angeles, CA. July 25-29, 2004.

XIX International Congress of clinical chemistry. Orlando, FL. July 23-28, 2005

Annual AACC Meeting, Chicago, Il, July 2006..

Discovery2Diagnostics, IBC, Boston, MA September 25-27, 2006.

Federation of Clinical Immunology Socieities, Sheraton San Diego, June 7-11, 2007

40th Annual Oak Ridge Conference, AACC Breakthrough Technologies for Clinical Diagnsotics April 17, 18, 2008, San Jose, CA

Bio-Harmony: A life sciences breakfast seminar. May 15, 2008, Buffalo, NY

American Medical Laboratory Immunology (AMLI): August 7-10, 2009 Boston, MA

Annual AACC Meeting, 2007, 2008, 2009, 2010, 2011, 2012.

AACC Upstate NY Spring 2011 meeting Niagara Falls, ONT, Canada. May 5-6, 2011

COURSES AND SYMPOSIUMS

- Methods of Immunologic Research and Diagnosis. The Ernest Witebsky Center for Immunolgy. June 1-13, 1981.
- Sexually Transmissible Diseases. American Society for Microbiology. May 1, 1981.
- Medical Laboratory Immunology Symposium, Clearwater, Fl. Nov 6-9, 1983.
- Immunohistochemistry Expo, AMLI, Clearwater, FL. Oct 13-14, 1984.
- Ninth International Convocation on Immunology. School of Medicine, SUNY, Buffalo, June 25-28, 1984.
- Ist ASM Conference on Biotechnology. March 21-23, 1986.
- International Symposium on Psoriasis. Stanford University Medical Center, July 6-11, 1986.
- International Symposium on the immunology of the gastrointestinal tract and liver. Jerusalem, Israel. March 22-27, 1987.
- Basic techniques in recombinant nucleic acid technology and sequencing. Miami Beach, FL. May 7-8, 1988.
- Immunolgy and Immunopathology of the Alimentary Canal, School of Medicine, June 19989
- Methods of Immunologic Research and Diagnosis. The Ernest Witebsky Center for Immunolgy. June 1-13, 1989.
- Immune complex mediated diseases. SUNY, Buffalo. Nov, 9, 1989.
- Role of Cyclosporine, SUNY, Buffalo. April, 21, 1990.
- Summer Immunology Program, School of Medicine and Biomedical Sciences, June 2-14, 1991.
- Complete DOS. Erie Community College, May 9, 1992.
- Recombinant DNA Methadology. Exon-Intron, Inc, Maryland. June 15-19, 1992.
- Advanced Urinalysis workshop, National Laboratory Training Network Eastern Area Resource Office, October 21, 1992.
- Doing it right the first time in one minute, American Association for clinical chemistry, July 18, 1995
- Buying or Selling a business program. School of Management, SUNY, Buffalo, Nov-Dec, 1994
- Standards of laboratory practice: Guidelines for the diagnosis and monitoring of thyroid disease, July14-15, 1995.
- International Symposium on Clinical Immunology, Clinical Immunology Society and IUIS, San Francisco, July 21-23, 1995.
- 7th International Symposium on Antiphospholipid Antibodies, New Orleans, LA Oct9-13, 1996
- The mystery golden key-early diagnosis of celiac disease. Mount Sinai Medical Center, New York, 9th November, 1996.
- Nutrition Chemistry, American Association for clinical chemistry, July 19, 1997.
- Fourth International Symposium on Clinical Immunology, European Immunology Meetin, Amsterdam, June 19-22, 1997.
- Strategic Mapping Consortium. Technology Development Center. April –December 1998.
- 4th Dresden Symposium on Autonatibodies, Dresden, Germany. October 21-24, 1998.
- Celiac disease serodiagnosis conference/workshop, Marina Del Rey, California, Feb 27-28, 1999.
- 2nd International Congress on Autoimmunity. TelAviv, Israel. March 7-12, 1999.
- Autoimmunologia La Diagnostica Di Laboratorio, X Convegno Annuale di Studio. Chioggia, Italy. September 23-24, 1999.
- Symposium: New treatment for Meniere's disease and autoimmune inner ear disorders; Courses Autoimmune inner ear disease; Hereditary hearing loss: The cutting edge. AAO-HNSF Annual Meeting, September 27-28,1999.
- NIH Review Committee-Prevalence of celiac disease, Bathesda, MD, Nov 19, 1999
- Inventing and Patenting Workshop. Office of Technology Transfer & Licensing, SUNY, Buffalo. May 1, 2000.
- Immunology 2000 Meeting, May 12-16,2000. Seattle, WAS
- 5th Dresden Symposium on Autonatibodies, Dresden, Germany. October 18-21, 2000.
- Federation of Cliniical Immunology Societies (FOCIS) 1st Annual Meeting, Boston, MA May 4-7,2001.
- Spring research Festival, University at Buffalo, May 15-16,2001.
- Fifth workshop of the australian ANCA study group. September 3, 2001, Howard Florey institute, University of

- Melbourne. Melbourne, Australia.
- Immunology workshop-Standardization interpretation and emerging technologies of autoimmune testing.
- Australian Institute of Medical Scientists, Melbourne, Australia.
- 10th International Vasculitis & ANCA workshop. April 25-28, 2002. Cleveland, Ohio.
- Aggiornament nella Diagnostica delle Patologie Autoimmuni, Parma, Italy, 22 May 2002.
- 5th European conference on Systemic lupus erythematosus. Athens, Greece, 26-30th May 2002.
- Autoimmunity of Cochlea 2002 update: Biology of hearing and hearing loss in autoimmune ear disease. University of Genoa. Genoa, Italy Nov 1-2, 2002.
- Autoimmunity and Autoimmune Diseases. First Roamnian Symposium with International participation. April 22-24, 2003, Poiana Brasov, Romania.

- Free Radicals-The –Pros and Cons of Anti-Oxidants. National Institute of Health, Bathesda, MD. June 26-27, 2003.
- Technology Advances for Medical and Health Informatics. University at Buffalo, January 13, 2004
- Grifols User Group Meeting, Arden Hotel, June 16-17, 2004, Birmingham, UK
- NIH Consensus Development Conference on Celiac Disease, June 28-30, 2004. NIH, Bathesda, MD.
- Annual AACC Meeting, Los Angeles, CA, July 25-29, 2004.
- Annual AACC Meeting, Orlando, FL, July 23-27, 2005.
- Ion Channel Targets, September 20-21, 2005, Waltham, MA
- Developing New Standards for Antibody Measurement:bringing Metrology to serology, NIST Gaithersburg, MD February 21-22. 2006.

39th Annual Oak Ridge Conference: Harnessing New Technology for clincial diagnostics. St. Louis, Mo April 19-20, 2007.

NIDCD Workshop on Immune mediated Ear Disorders/Hearing loss. Bathesda, MD July 22-23, 2008.

High quality plates for immunoassay ELISA, Webinar Greiner March 13,2013

Improvements in Microplate Technology and Its Impact on Your Efficiency, Webinar Lab Manager March 28, 2013.

TEACHING

Participated in the teaching of the following courses to the medical, dental and graduate students.

Medical and Dental Microbiolgy and Immunology
Immunochemistry
Autoimmunity
Immunopathology

PRESENTATIONS

- Serological diagnosis of celiac disease. WNY Gluten-free diet support group. Mercy Hospital, Buffalo, September 14, 1991.
- Overview of the endomysial antibody test. 16th Annual Conference, Celiac Sprue Association, Oct 8th, 1993, Hyatt Regency Hotel, Buffalo, NY.
- Serology of Celiac disease, Canadian Celiac Association, June 4, 1994.
- Antiendomysial and antigliadin antibodies in the diagnosis of celiac disese. Department of Pediatrics, McMaster University, Hamilton, Ontario, canada, September 29th, 1994.
- Research directions and how celiacs can help. WNY Gluten-free diet support group. Millard Fillmore Suburban Hospital, Buffalo, NY, October 8, 1994.
- Serological Aspects of Celiac dises diagnosis. Rochester Celiac Support Grooup, May,10, 1995.
- Celiac diseases. serological methods for diagnosing gluten sensitive enteropathy. Hotel Juan Carlos I, Barcelona, Spain, November 15, 1994.
- Advances in the diagnosis of celiac syndrome-clinical and laboratory importance. Dr Calvo Mackenna Hospital, Santiago, Chile, September 27, 1995
- Advances in the diagnosis of celiac syndrome-clinical and laboratory importance. Hospital Regional de Conception,Chile. September 28, 1995.

- Updates on serological markers of celiac disease. St. Joseph Hospital, Buffalo, NY Sept 12, 1998.
- Autoimmunity and Sensorineural hearing loss. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.
- Role of serum antibody studies towards the diagnosis of celiac disease. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.
- Immunopathology of Vesiculo-bullous disorders. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.
- Autoantigens andautoantibodies of primary biliary cirrhosis (PBC) and autoimmune hepatitis. 9th Annual Electra-Box Immunology Days, Stockholm, Sweden. October 15, 1998.
- Teleconference- Laboratory technology issues:Autoimmunity and autoimmune disease. December 8, 1998.
- Sensitivity, specificity and predictive value of current serologic assays for celiac disease and dermatitis herpetiformis. Celiac disease conference/workshop, Marina Del Rey, California, Feb 26, 1999.
- Are serum antibody tests effective in celiac disease diagnosis? 2nd International Congress on Autoimmunity. Tel Aviv, Israel. March 11, 1999.
- Autoimmune Disease Seminar, Pharmatrade, Tel Aviv, Israel. March 14th, 1999.
- Immunology of Vesiculo-bullous disorders. Department of Dermatology, SUNY, Buffalo. May 17, 1999.
- Anti-oxidized LDL antibodies and their significance. Autoimmunologia La Diagnostica Di Laboratorio, X Convegno Annuale di Studio. Chioggia, Italy. September 23, 1999.
- Western immunoblot method of detecting anti-68kD antibodies associated with autoimmune hearing loss. 5th Dresden Symposium on Autonatibodies, Dresden, Germany. October 19th, 2000.
- Immunological aspects of Celiac disease. Celiac Society chapter Hamilton, Canada. March 28, 2001.
- Autoimmune Disorders-Current & Future Impact on the clinical Lab August 1, 2001, Chicago, IL
- Immunology and Immunopathology of Vesciculo-bullous disorders. Australian Institute of Medical Scientists (AIMS) National Scietific meeting September 5, 2001, Sydney, Australia.
- Immunological assays of diagnosiing Celiac Disease. Roundtable 54th Annual AACC Meeting Orlando, FL July 29th, 2002.
- Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Roundtable 54th Annual AACC Meeting Orlando, FL July 30th, 2002.
- Serological effectiveness towards the diagnosis of Celiac Disease. Westchester Celiac Sprue Support Group. Phelps Memorial Hospital. White Plains, NY March 9th, 2003.
- Immunology of Vesciculo-bullous disorders, Autoimmunity and Autoimmune Diseases, Poiana Brasov, Romania. April 23, 2003.
- Immunodiagnostics aspects of celiac disease. Autoimmunity and Autoimmune Diseases, Poiana Brasov, Romania. April 24, 2003.
- Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Annual AACC Meeting, Philadelphia, PA, July 21, 2003.
- Immunological Assays of Diagnosing Celiac Disease. AACC Meeting, Philadelphia, PA, July 22, 2003.
- Are the serological methods of diagnosing celiac disease as effective as you think? 26th CSA Meeting, Buffalo, NY October 10, 2003
- Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Roundtable, Annual AACC Meeting, Los Angeles, CA, July 28, 2004.
- Anti-Neutrophil Cytoplasmic Antibodies (ANCA). Roundtable Annual AACC Meeting, Orlando, Fl,July 25, 2005.
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EDUCATION

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1993 – 1994		Veterans Administration Hospital, Buffalo, NY APA accredited Clinical Internship
1976		Metropolitan State College, Denver, CO. Teaching Certification
1972	**B.A.**	University of Denver, Denver, CO. Major: Psychology

LICENSING Licensed Clinical Psychologist in New York State, #012942

CURRENT AND PREVIOUS POSITIONS

2011 – present	Associate Professor of Clinical Neurology, University at Buffalo, School of Medicine and Biomedical Sciences

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2008 – 2011	Assistant Professor of Clinical Neurology, University at Buffalo, School of Medicine and Biomedical Sciences
1998 – 2008	Assistant Professor of Neurology, University at Buffalo, School of Medicine and Biomedical Sciences
1997 - present	Associate Director, Division of Cognitive and Behavioral Neurosciences, Dept. of Neurology, University at Buffalo
1997 - present	Head of the Department of Neurology Medical Psychotherapy Service, University at Buffalo.
2003 – present	Senior Member of the Graduate Faculty, University at Buffalo
1999 – present	Adjunct Associate Professor, Department of Counseling and Educational Psychology, University at Buffalo
2009 – 2012	Center for Brain and Behavior Informatics. Faculty of funded UB2020 Center
2004 – 2007	Head of the Insomnia and Behavioral Sleep Medicine Service, Department of Neurology, University at Buffalo

1998 – 2004	Head of Practicum Training Program in Medical Psychology/ Neuropsychology, Department of Neurology, University at Buffalo, for Counseling Psychology graduate students
1996 - 1997	Research Assistant Professor, Division of Developmental and Behavioral Neurosciences, Department of Neurology, University at Buffalo
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1985 – 1995	Instructor, Division of Developmental & Behavioral Neurosciences, Department of Neurology, University at Buffalo
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GRANTS

2014-2015	**Does Working Memory Training Improve Brain Function and Cognition in MS?** Principal Investigator, National Multiple Sclerosis Society (total award $44,000).
2011	**Anti-Phospholipid Antibodies and C-Reactive Protein as Biomarkers of Cognitive Deficits and Microscopic White and Gray Matter Brain Damage in Systemic Lupus Erythematosus.** **Jog for the Jake Award** Principal Investigator (total award $12,000).
2006-2011	**Neurological indices of CNS involvement in "Non-CNS" SLE.** **NIH R01,** Principal Investigator, (total award $1,228,548).
2007-2008	**Associations between Posttraumatic Stress Symptoms, Brain Function, and Brain Structure in Police Officers: A Pilot fMRI Study.** Supplemental award NIOSH (Co-Investigator, $13,000).

2007-2009 **Single-Trial Latency Variability of the ERP as an Index of Cognitive Neural Efficiency in MS.**

Co-Principal Investigator. National Multiple Sclerosis Society. ($44,000).

2006 **Neurological Indices of CNS Involvement in SLE**. James H. Cummings Foundation. Co-Principal Investigator, (total award $179,267)

2002–2004 **Electrophysiological Measures of Processing Speed and Working Memory Deficits in Multiple Sclerosis** (Principal Investigator). National Multiple Sclerosis Society. ($36,000).

2003-2004 **Electrophysiological and Neuropsychological Indices of Gender Differences in Verbal and Spatial Working Memory in Children**, (Co-PI). From IREWG (6/1/2003-6/1/2004) ($3,000).

1996-1999 **Neurocognitive Indices of Attention in PTSD. NIH RO3** Principal Investigator, (co-investigators H. Szymansky, M. Morphy) (total award $152,000).

1998-2001 **WNY Systemic Autoimmune Disease Center**: **Neurocognitive Deficits in SLE**, Oishei Foundation, (PI - J. Ambrus, Jr., J. Shucard, & D. Shucard, Co-investigators). ($120,000 to our laboratory).

1998-2000 **Functional Neuroimaging of Auditory Attention**, James H. Cummings Foundation

(R. Benedict, P.I.; A. Lockwood, J. Shucard, D. Shucard, Co-investigators)

1991-1994 **Prenatal Sex Hormones in Neurocognitive Development**

NIH R01 Co-Principal Investigator.

1982 - 1986 **Electrophysiological Studies of Brainstem, Cortical and Cognitive Development in Low Birth-weight Infants**. (Co-Investigator). March of Dimes Birth Defects Foundation.

RESEARCH INTERESTS

Overall interest in cognitive neuroscience and event-related brain potentials (ERPs). Specific areas include: 1) electrophysiological, neuropsychological, and neurobiological aspects of inhibitory control, attention, and executive function in Post-traumatic Stress Disorder; 2) electrophysiological, neuropsychological, and biological markers of working memory/processing speed deficits in Systemic Lupus Erythematosus and Multiple Sclerosis; 3) the relationships among cognitive function, psychological function, and quality of life in Systemic Lupus Erythematosus and Multiple Sclerosis; and 4) ERPs as a measure of frontal cognitive control and inhibitory functions in non-clinical populations; 5) neuropsychological and electrophysiological correlates of sex-differences in spatial and verbal abilities in children and adults.

REVIEWER

Developmental Psychology

Developmental Neuropsychology

International Journal of Psychophysiology

Biological Psychology

Clinical Neurophysiology

Neuropsychobiology

Journal of Cognitive Neuroscience

UNIVERSITY TEACHING and INVITED LECTURES (local)

2000 – present **Undergraduate Research Mentor**: research training of undergraduate students from Psychology and Biomedical Sciences: 3 – 5 students/year. Involves 12 – 15 hours per week of intensive research training for a minimum of one year (2 semesters). See attached Addendum.

2007 – 2010 **Neurosciences graduate course (NRS 521).** Lecture series on Attention.

2008 – 2010 **Introduction to Research Design and Statistical Analysis.** Course for Department of Neurology medical residents, fellows, and staff.

1995 - present **Research training** of predoctoral students, postdoctoral fellows, medical students, and neurology residents in research design and methods, statistics, electrophysiological and behavioral techniques/thesis supervision, clinical psychological assessment and therapy techniques. (Department of Neurology, University at Buffalo)

1/31/2008 **Neurology Grand Rounds**. The Neurobiology of Attention in Posttraumatic Stress Disorder.

2007 **Introduction to Research Design and Statistical Analysis.** Eight week course to Department of Neurology medical residents, fellows, and staff.

3/2006 **Invited Speaker: "**Cognitive Dysfunction in Systemic Lupus Erythematosus." Lupus Alliance of Western New York Annual Workshop

2005 – present **University Sleep Medicine Fellowship:** Training of sleep medicine fellows (Depts of Neurology and Pulmonary Medicine) in the assessment and cognitive behavioral treatment of insomnia.

1998 – 2009 **Neuropsychology Residency Training Program (APPCN) primary faculty**: Research training of Neuropsychology residents.

1998 - 2006 **Practicum Training Program** in Medical Psychology/Neuropsychology. Clinical training of predoctoral students (Department of Counseling and Educational Psychology) in psychological assessment, medical psychotherapy, psychological management of patients with chronic neurological and medical illness, and assessment and treatment of insomnia.

2/2003 **Invited Speaker**: Clinical Psychology Brown-bag lecture. "Neuropsychology and Neurobiology of Post-traumatic Stress Disorder." Department of Psychology, University at Buffalo.

4/2000 **Sleep Medicine Lecture Series**, Insomnia: Diagnostic Aspects and Treatment Modalities, University at Buffalo

2000 - **2001** **Neuroscience Seminar**, Research Methods and Statistics lectures to Neurology Residents, University at Buffalo

9/1998 **Invited Speaker**: "Families coping with Multiple Sclerosis." Fall workshop for the National Multiple Sclerosis Society, Western New York Chapter.

4/1998 **Invited Speaker**: "Self-esteem and chronic illness." Center for Women with Disability, Focus Group Lecture, Western NY Neuroscience Center

1990 to 1991 **Recitation Instructor/Teaching Assistant** Psychological Statistics (Department of Psychology, University at Buffalo). Professor: Dean Pruitt, Ph.D.

1990 **Teaching Assistant** for undergraduate class in Introduction to Psychology (Department of Psychology, University at Buffalo). Professor: Kenneth Kurtz, Ph.D.

INVITED LECTURES and PLATFORM PRESENTATIONS: (National and International)

Behavioral and Electrophysiological Correlates of PTSD Symptomatology. Invited Teleconference presentation to Eli Lilly, April, 2010.

New Approaches to PASAT Scoring and Assessment of Working Memory in Multiple Sclerosis. Invited presentation at *Controversies in Neuropsychology of Multiple Sclerosis Symposium*. Serono Symposia International. Boston, MA., Oct. 2005.

Event-related potential measures during working memory relate to neuropsychological dysfunction and brain atrophy in Multiple Sclerosis. Platform presentation at the Society for Neuroscience meeting, October, 2004.

Posttraumatic stress disorder and event-related potentials during auditory and visual sustained attention. Symposium presentation. Society for Psychophysiological Research meetings, October, 2000.

Event-related potentials during functional neuroimaging of auditory attention. Platform presentation at The Society for Neuroscience meeting, October, 1997.

DISSERTATION and MASTERS THESIS COMMITTEES

5/2001 **Hope Klopchin, Ph.D.** Department of Counseling and Educational Psychology, University at Buffalo

Dissertation: *Etiological Factors in the Development of Depression in Systemic Lupus Erythematosus*.

6/2002 **Marisol Hanley, Ph.D.** Department of Counseling and Educational Psychology, University at Buffalo

Dissertation: *A Predictive Model of Health-Related Quality of Life in Obstructive Sleep Apnea Patients*.

5/2005 **Danielle C. McCabe, Ph.D.** Department of Psychology, University at Buffalo

Dissertation: *The Effects of Stimulus Deviance and Novelty on Cerebral Lateralization in Event-Related Potentials During Auditory and Visual Continuous Performance Tasks*.

12/2006 **Carolyn Brueggemeier, MS**. Department of Psychology, University at Buffalo

Masters Thesis: *An Event-Related Potential Study of Sustained and Focused Attention in PTSD*.

5/2006 **Helene Cook, MS**. Department of Psychology, University at Buffalo

Masters Thesis: Gender *Differences in Obstructive Sleep Apnea: The Relationship Between the*

Epworth Sleepiness Scale and Objective Measures of Sleep-Related Respiratory Disturbances.

3/2007 **Ravi Pande, MS., MD**. Interdisciplinary Masters Program, University at Buffalo

Masters Thesis: *Determinants of CPAP Compliance in Newly Diagnosed Obstructive Sleep Apnea Patients.*

5/2009 **Trevor Chichelli, MS**. Neuroscience Program, University at Buffalo

Masters Thesis: *ERP P3 Amplitude Change Over Trials During the Performance of a Working Memory N-back Task in Older versus Younger Adults*.

5/2010 **Thomas Covey, MS**. Neuroscience Program, University at Buffalo

Masters Thesis: *Behavioral Indices of Information Processing Speed, Neural Efficiency, and Working Memory and Their Relationship With Quantitative MRI in MS*.

5/2013 **Victoria Kordovski**, **MS**. Psychology, University at Buffalo

5/2013 **Yina Ma, MS**. Neuroscience Program, University at Buffalo

5/2013 **Stevie Night MS**. Psychology, University at Buffalo

PROFESSIONAL SOCIETIES

American Psychological Association

Society for Neuroscience

Society for Psychophysiological Research

UNIVERSITY COMMITTEES

University at Buffalo Faculty Council Member: June 2007 – May 2009

UB 2020 Initiative, Aging and Chronic Disease Focus Group. Invited participant.

The Women's Health Collaborative Research Group, Steering Committee Member, Department of Neurology, 1997 to 2000.

GENERAL COMMITTEES

Medical Ethics Committee, Kaleida Health, University at Buffalo Center for Clinical Ethics and Humanities in Health Care. 2002 to present.

Turskey Award Review Committee, 44th annual meeting, Society for Psychophysiological Research, 2004.

Society for Psychophysiological Research Program Committee, for 42nd annual meeting, 2002.

Medical Ethics Committee, Buffalo General Hospital, 1997- 2002.

COMMUNITY SERVICE

Medical Ethics Consultant, Buffalo General Hospital. Serve as a psychologist on medical ethics consultant team. 2000 – 2014.

Caring Committee member, Temple Beth Am, June 2009 – present

Campaign treasurer for Candidate for Amherst Town Clerk. July 2011 – Feb. 2012.

Amherst Democratic Committee, elected member, July 2004 to present

Social Action Committee Co-chair, Temple Beth Am, April 2003 - 2013

Clinical Advisory Committee member for The National Multiple Sclerosis Society, Western New York Chapter. August 1998 to present.

Representative of the Joint Steering Committee for Public Policy on Capitol Hill Day, Washington D.C. July 14, 2004. Met with Congressional Representatives to discuss funding for NIH.

Mentor Programs, Mentor for high school students beginning Sept. 1999.

Minority Student Summer Fellowship Program. University at Buffalo, 2001 and 2012.

Co-Chairperson: New York State Task Force for the Prevention of Lead Poisoning in Children 1987-1990.

Board Member for the Western New York Task Force on Prevention of Mental Retardation and Developmental Disabilities. 1987 - 1991.

PUBLICATIONS (PEER REVIEWED)

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1977). Auditory evoked potentials as probes of hemispheric differences in cognitive processing. *Science, 197*, 1295-1298.

Shucard, D.W., & **Shucard, J.L.** (1978). Stimulus intensity expectation and visual evoked brain potentials. *Psychophysiology, 15*, 522-530.

Thomas D., Campos, J., Shucard, D.W., Ramsay, D., & **Shucard J.L.** (1981). Semantic comprehension in infancy: A signal detection analysis. *Child Development, 52*, 708-803.

Shucard, J.L., Shucard D.W., Cummins K.R., & Campos, J.J. (1981). Auditory evoked potentials and sex-related differences in brain development. *Brain and Language, 13*, 91-102.

Shucard, D.W., Cummins K.R., Thomas D.G., & **Shucard, J.L.** (1981). Evoked potentials to auditory probes as indices of cerebral specialization of function - replication and extension. *EEG and Clinical Neurophysiology, 52*, 389-393.

Shucard, D.W., **Shucard, J.L.**, Campos, J.J., & Salamy, J.G. (1982). Some issues pertaining to auditory evoked potentials and sex-related differences in brain development. *Brain and Language, 16,* 342-347.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1984). The development of cerebral specialization in infants: Electrophysiological and behavioral studies. In: R.N. Emde and R.J. Harmon (Eds), *Continuities and Discontinuities in Development*. Plenum Publishing Corp., New York, *54*, 293-314.

Shucard, D.W., Spector, S.L., Euwer, R.L., Cummins, K.R., **Shucard, J.L.**, & Friedman, A. (1985). Central nervous system effects of anti-asthma medication - An EEG study. *Annals of Allergy, 68*, 303-310.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1987). Auditory event related potentials in waking infants and adults: A developmental perspective. *EEG and Clinical Neurophysiology. 68*, 303-310.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1987). Sex differences in the patterns of scalp-recorded electrophysiological activity in infancy - possible implications for language development. Philips, S, Steele, S., & Tanz, C. (Eds.), *Language, Sex and Gender in Comparative Perspective*. Cambridge University Press, 278-295.

Shucard, D.W., **Shucard, J.L.**, & Thomas, D.G. (1988). Neurophysiological studies of human cognitive development in premature infants: An approach to the study of maturational brain processes. *Neurotoxicology, 9*, 299-316.

Shucard, J.L, Shucard, D.W., Patterson, R., & Guthrie, R. (1988). Prenatal lead exposure and its potential significance for developmental disabilities: A preliminary study of umbilical cord blood lead levels. *Neurotoxicology, 9*, 317-326.

Thomas, D.G., Shucard, D.W., **Shucard, J.L.**, & Campos, J.L. (1989). The effects of stimulus and laboratory experience on auditory evoked potentials in infancy. *Developmental Neuropsychology, 5*, 25-32.

Shucard, J.L., & Shucard, D.W. (1990). Auditory evoked potentials and hand preference in 6-month-old infants: Possible gender related differences in cerebral organization. *Developmental Psychology, 26*, 923-930.

Shucard, D.W., **Shucard, J.L.**, Clopper, R.R., & Schachter, M. (1992). Electrophysiological and neuropsychological indices of cognitive processing deficits in Turner Syndrome. *Developmental Neuropsychology, 8*, 299-323.

Benedict, R. H., Lockwood, A. H., Shucard, D.W., & **Shucard, J.L.** (1998). Functional neuroimaging of sustained attention in the auditory modality. *NeuroReport, 9*, 121-126.

Shafer, V.L., Shucard, D.W., **Shucard, J.L.**, & Gerken, L.A.(1998). An electrophysiological study of infants' sensitivity to the sound patterns of English speech*. Journal of Speech, Language, and Hearing Research, 41*, 874-886.

Everhart, D. E., **Shucard, J. L**., Quattrin, T., & Shucard, D.W. (2001). Sex-related differences in ERPs, face recognition, and facial affect processing in prepubertal children. *Neuropsychology. 15*, 329-341.

Tekok-Kilic, A., **Shucard, J.L.**, & Shucard, D. W. (2001). Stimulus Modality and Go/NoGo effects on P3 during parallel visual and auditory continuous performance tasks. *Psychophysiology, 38*, 578-589.

Benedict, R.H.B, Shucard, D.W., Santa Maria, M.P., **Shucard, J.L.**, Abara, J.P., Coad, M., Wack, D., Sawusch, J., Lockwood. A.H. (2002). Covert Auditory Attention Generates Right Anterior Cingulate Activity in Humans. *Journal of Cognitive Neuroscience, 14*, 637-645.

Shucard, J.L., Parrish, J., Shucard, D.W., McCabe, D.C., & Benedict, R.H.B., Ambrus, J. (2004). Working memory and processing speed deficits in Systemic Lupus Erythematosus as measured by the Paced Auditory Serial Addition Test*. Journal of the International Neuropsychological Society, 10*, 35-45.

Everhart, E. E., **Shucard, J.L.**, Quatrin, T., & Shucard, D.W. (2004). Event-related potential differences during face recognition among prepubertal children and Turner Syndrome girls. P*sychoneuroedocrinology, 29*, 1260-1271.

Shucard, D.W., Abara, J.P., McCabe, D.C., Benedict, R.H.B., & **Shucard, J.L**. (2004). The effects of covert attention and stimulus complexity on the P3 response during an auditory continuous performance task. *International Journal of Psychophysiology, 54*, 221-230.

Thoman, J.E., Duffner, P.K., **Shucard, J.L**. (2004). Do serum sodium levels predict febrile seizure recurrence within 24-hours? *Pediatric Neurology, 31*, 342-344.

Parmenter, B.A., **Shucard, J.L**., Benedict, R.H.B, & Shucard, D.W. (2006). Working memory deficits in multiple sclerosis: Comparison between the n-back task and the Paced Auditory Serial Addition Test. *Journal of the International Neuropsychological Society, 12,* 677-687.

Shucard, J.L., Gaines, J., Ambrus, J., & Shucard, D.W. (2007). C-reactive protein and cognitive deficits in Systemic Lupus Erythematosus. *Cognitive and Behavioral Neurology, 20*, 31-37.

Parmenter, B.A., **Shucard, J.L**., Shucard, D.W. (2007). Information processing deficits in Multiple Sclerosis: a matter of complexity. *Journal of the International Neuropsychological Society, 13*, 417-423.

Benedict, R.H.B., **Shucard, J.L.**, Zivadinov, R., & Shucard, D.W. (2008). Neuropsychological impairment in systemic lupus erythematosus: A comparison with multiple sclerosis. *Neuropsychology Review*, *18*, 149-166.

Shucard, J.L. & McCabe, D.C. & Szymanski, H. (2008). An Event-related potential study of attention deficits in posttraumatic stress disorder during auditory and visual go/nogo continuous performance tasks. *Biological Psychology*, *79*, 223-233.

Shucard, J.L., Tekok-Kilic, A., Shiels, K., & Shucard, D.W. (2009) Stage and load effects on ERP topography during verbal and spatial working memory. *Brain Research*, 1254, 49-62.

Covey, T.J., Zivadinov, R., **Shucard, J.L**., Shucard, D.W. (2011). Information processing speed, neural efficiency, and working memory performance in multiple sclerosis: Differential relationships with structural imaging. *Journal of Clinical and Experimental Neuropsychology*, 33, 1129-1145.

Shucard, J.L., Lee, W.H., Safford, A. S., & Shucard, D.W. (2011). The relationship between processing speed and working memory demand in Systemic Lupus Erythematosus: Evidence from a visual n-back task. *Neuropsychology,* 25, 45-52.

Shucard, J.L., Cox, J., Shucard, D.W., Fetter, H., Chung, C., Ramasamy, D., & Violanti, J. (2012). Symptoms of posttraumatic stress disorder are related to structural MRI and behavioral measures of affective stimulus processing in police officers. *Psychiatry Research*: *Neuroimaging,* 204, 25-31.

Covey, T.J., **Shucard, J.L**., Shucard, D.W., Stegen, S., Benedict, R.H.B., (2012). Comparison of neuropsychological impairment and vocational outcomes in Systemic Lupus Erythematosus and Multiple Sclerosis patients. *Journal of the International Neuropsychological Society,* 18, 1-11.

Covey, T.J., **Shucard, J.L**., Violanti, J., Lee, J., Shucard, D.W. (2013). The effects of exposure to traumatic stressors on inhibitory control in police officers: A dense electrode array study using a Go/NoGo continuous performance task. *International Journal of Psychophysiology.* 87, 363-375.

Shucard, J.L., Shucard, D.W. (2013). Electrophysiological and neuroimaging studies of cognitive control: Introduction to special issue. *International Journal of Psychophysiology*. 87, 215-216.

Zivadinov, R. **Shucard, J.L**., Hussein, S. Durfee, J., Cox, J.L., Bergsland, N., Dwyer, M.., Benedict, R.H.B., Ambrus, J., Shucard, D.W. (2013). Multimodal imaging in systemic lupus erythematosus patients with diffuse neuropsychiatric involvement. *Lupus*. 22, 675-683.

Cesar, B., Dwyer, M.G. Shucard, J.L., Polaka, P., Bergsland, N., Benedict, R., Weinstock-Guttman,B., Shucard, D.W., Zivadinov, R. (2015) Cognitive and white matter tract differences in MS and diffuse Systemic Lupus Erythematosus. *American Journal of Neuroradiology*, In Press.

(Italics denote postdoctoral fellow, graduate student, or medical student, under my supervision)

BOOKS AND EDITED JOURNALS

J.L. Shucard and D.W. Shucard, Co-Editors (2013). ***Electrophysiological and Neuroimaging Studies of Cognitive Control: Evidence from Go/NoGo and Other Executive Function Tasks.*** Special Issue of the *International Journal of Psychophysiology*. Volume 87.

MANUSCRIPTS IN PREPARATION FOR SUBMISSION

Shucard, J.L., Zivadinov, R., Benedict, R.H.B., Shucard, D.W. MRI measures of microscopic gray and white matter and working memory deficits in Systemic Lupus Erythematosus.

Shucard, J.L., Hamlin, & Shucard, D.W. Age-related changes in increased activation of the frontal P3 during working memory: a comparison of young and middle aged adults. Manuscript to be submitted to the *Journal of Cognitive Neuroscience*.

Shucard, D.W., Benedict, R., **Shucard, J.L.** The contribution of biological and psychosocial factors to depression in Systemic Lupus Erythematosus. Manuscript to be submitted to *Rheumatology*.

Shucard, J.L.**, Lee, J., Covey, T.J., Violanti, J., Shucard, D.W. Frontal dysregulation during a Go/NoGo task with ambiguous visual stimuli in police officers exposured to traumatic stressors: a dense electrode array ERP study. Manuscript to be submitted to *Neuroimage*.**

PAPERS PRESENTED AND PUBLISHED ABSTRACTS

Shucard, D.W., Spector, S.L., & McCloskey (Shucard), J.L. (1974). Electroencephalography and anti-asthma medication. Clinical Research, 22, 323.

Shucard, D.W., & McCloskey (Shucard), J.L. Effect of suggestion and experience on visual evoked potentials of children with asthma. Presented at Society for Research in Child Development Meetings, Denver, April, 1975.

Shucard, D.W., Shucard, J.L., & Thomas, D.G. The auditory evoked potential and the assessment of cerebral lateralization of cognitive processing. Presented at Society for Psychophysiological Research , San Diego, October, 1976, Psychophysiology, 1977, 14, 91.

Shucard, D.W., Shucard, J.L., & Campos, J. (1978). Auditory evoked responses and "fast habituation" in infants. Invited participant, Conference on Event-Related Potentials in Man, Virginia, April 1977

(Sponsored by the Clinical Research Branch of the NIMH and the Scientific Organizing Committee.) In: E. Callaway, P. Tueting and S.H. Koslow (Eds) Event-Related Brain Potentials in Man. Academic Press, New York, 623.

Shucard, D.W., & Shucard, J.L. Auditory evoked potentials as probes of lateralized information processing in adults and infants. Invited participants, Conference on Event-Related Potentials in Man-Application and Problems, Konstanz, West Germany, August, August, 1978 (Sponsored by NATO). In: D. Lehmann and E. Callaway (Eds) Human Evoked Potentials, Applications and Problems, Plenum Press, New York, London, 1979, 473.

Shucard, D.W., Shucard, J.L. Cummins, K.R., & Thomas, D.G. Information processing and the "two tone probe technique" replication and extension. Presented at Society for Psychophysiological Research Meetings. Madison, WI,1978. Psychophysiology, 1979, 16, 189.

Shucard, D.W., Shucard, J.L., & Cummins, K.R. Auditory evoked potentials and sex-related differences in brain development. Presented at Society for Research in Child Development Meetings, San Francisco, California, March, 1979. Society for Research in Child Development Abstracts of Individual Papers. 1979, 2, 181.

Shucard, D.W. & Shucard, J.L. AERP waveform comparisons between waking infants and adults. Presented at the Society for Psychophysiological Research Meetings, October, 1979. Psychophysiology, 1980, 17, 289.

Thomas, D.G., Shucard, D.W., Shucard, J.L., & Cummins, K.R. Auditory event-related potentials and fast habituation in infants and adults. Paper presented to the International Conference on Infant Studies, New Haven, Connecticut, April, 1980.

Shucard, D.W., Molfese, D., Thomas, D., & Shucard, J.L. Electrophysiological studies of CNS development in infancy. Symposium presented at Society for Research in Child Development Meetings, Boston, April, 1981. Society for Research in Child Development Abstract of Individual Papers, 1981.

Shucard, D.W., Spector, S.R., Euwer, R.L., Cummins, K.R., & Shucard, J.L. Central nervous system effects of anti-asthma medication - An EEG study. Presented at the American EEG Society Meetings, Chicago, Illinois, June, 1981. EEG and Clinical Neurophysiology, March, 1982, 53, 29.

Shucard, D.W., & Shucard, J.L. Sex related differences in brain development as measured by auditory event related potentials. Presented at the Society for Psychophysiological Research Meetings, Washington, DC, October, 1981. Psychophysiology, 1982, 19, 347.

Shucard, J.L, Shucard, D.W., & Thomas, D.G. Relationships between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Developmental Psychobiology Research Group Retreat, Estes Park, Colorado, June, 1982.

Shucard, D.W., Shucard, J.L., Dean, K.G., & Pennington, B.F. Electrophysiological and neurophysiological indices of visuospatial deficits in Turner Syndrome adults. Presented at the 90th annual meeting of American Psychological Association, Washington, D.C., August, 1982.

Shucard, J.L., Shucard, D.W., & Thomas, D.G. Relationship between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Society for Psychophysiological Research Meetings, Minneapolis, Minn., October, 1982, Psychophysiology, 1982, 19, 585-586.

Shucard, D.W., & Shucard, J.L. Sex differences in the patterns of scalp-recorded electrophysiological activity in infancy-possible implications for language development. Invited presentation at the Conference on Sex Differences in Language, University of Arizona, Tucson, AZ, January, 1983.

Thomas, D.G., Shucard, D.W., Shucard, J.L., & Minarick, D.D. Auditory evoked potentials in infancy: effects of stimulus and laboratory experience. Presented at the Society for Psychophysiological Research Meetings, Asilomar, California, September, 1983. Psychophysiology, 1984, 20, 474.

Shucard, D.W., Shucard, J.L., Thomas, D.G., & Cummins, K.R. The two-tone probe technique: Applications in developmental neuropsychology. In: International Neuropsychological Society Symposium: The Probe Evoked Potentials Paradigm: Rationale and Applications in Neuropsychology. Presented at the 12th annual meeting of the International Neuropsychological Society, Houston, Texas, February, 1984.

Shucard, D.W., Thomas, D.G., & Shucard, J.L. Auditory evoked response asymmetries in premature infants. The International Conference on Infant Studies, New York, 1984. Infant Behavior and Development, 1984, 7, 331.

Thomas, D.G., Shucard, D.W., & Shucard, J.L. Auditory evoked potential variability in infancy. Presented at the Society for Research in Child Development Meetings, Toronto, Ontario, Canada, April, 1985.

Shucard, J.L., & Shucard, D.W. Probe evoked potentials and hemispheric asymmetries during visual discrimination in children. The Eighth International Conference on Event-Related Potentials of the Brain. Stanford, June, 1986.

Shucard, D.W., Cummins, K.R., & Shucard, J.L. Biobehavioral relationships in dyslexia. Society for Neuroscience Abstracts, 1987, 13, 653. Presented at the Society for Neuroscience, New Orleans, November, 1987.

Shucard, D.W., & Shucard, J.L. Neurophysiological studies of human cognitive development. Presented at the Fifth International Neurotoxicology Conference. Little Rock, Arkansas, 1987.

Clopper, R., Schachter, M., Shucard, J., & Shucard, D. (1988). Neuropsychological and electrophysiological differences in Turner Syndrome. Neuroscience Abstracts, 14, 1015. Presented at the Society for Neuroscience Meetings, Toronto, Canada, November, 1988.

Shucard, D.W., Cummins, K.R., & Shucard, J.L. (1990). Auditory evoked potential asymmetry and patterns of human abilities in normal and disabled readers. Neuroscience Abstracts, 15, 478.

Thomas, D.G., Shucard, J.L., Crow, C.D., & Shucard, D.W. (1990). Relationships among gestational age, event related potentials at three months and Bayley scores at twelve months. Presented at the International Conference on Infant Studies, Montreal, Canada, April, Infant Behavior and Development.

Shucard, J.L. & Shucard, D.W. Maturational changes in the AEP: A longitudinal study of alert infants. Platform presentation at the Fourth International Evoked Potentials Symposium. Toronto, Sept. 1990.

Shucard, D.W., & Shucard, J.L. Probe evoked potentials: What can they tell us about the development and functional organization of the brain? Presented at the Fourth International Evoked Potentials Symposium, Toronto, 1990.

Shucard, D.W., Shucard, J.L., Rogers, B.T., Shafer, V.L., & Ram, D. A longitudinal study of neurocognitive functioning in two infants with perinatal brain insult. Presented at the New York Neuropsychology Group Twelfth Annual Conference, Joint meeting with the New York Academy of Sciences, April, 1991.

Shucard, D.W. & Shucard, J.L. Asymmetries of probe evoked potentials and measures of human abilities in normal and disabled readers. Presented at the TENNET II Conference on Theoretical and Experimental Neuropsychology, Montreal, May, 1991.

Shucard, D.W., & Shucard, J.L. Asymmetries of probe evoked potentials and intellectual performance in cognitively impaired children. Platform presentation at the Society for Neuroscience meetings, New Orleans, Louisiana, November, 1991. Society for Neuroscience Abstracts, 1991, 17, 20.

Shucard, D.W., & Shucard, J.L. The probe evoked potential: A review of its role in the study of neurocognitive development. Platform presentation at the International Conference on Infant Studies, Miami, May, 1992.

Shafer, V.L., Shucard, D.W., Shucard, J.L., & Gerken, L.A. (1992) An electrophysiological study of infants' sensitivity to the sound structure of English function words. Neuroscience Abstracts, 18, 584. Platform presentation, Society for Neuroscience Meetings, Anaheim, Oct, 1992.

Shucard, J.L., Shucard, D.W., Shafer, V.L., Ferretti, L.E., & Kubow, S.A. (1992). Fast habituation of scalp-recorded auditory evoked potentials to paired tone stimuli in infants. Neuroscience Abstracts, 18, 584. Platform presentation at the Society for Neuroscience Meetings, Anaheim, October, 1992.

Shafer, V.L., Gerken, L.A., Shucard, J.L., & Shucard, D.W. 'The' and the brain: An electrophysiological study of infants' sensitivity to English function morphemes. Platform presentation, Boston University Conference on Language Development, Boston, Oct., 1992.

Shucard, D.W., Shucard, J.L., & Shafer, V.L. (1993). Auditory evoked potentials to probe stimuli: possible implications for attention and allocation of cerebral resources in infants. Presented at Developmental

Neuropsychology Satellite Conference, New Orleans, Louisiana, March, 1993. Developmental Neuropsychology, 1993.

Shucard, J.L., Shucard, D.W., Clopper, R.L., Kubow, S.A., Ciupak, G.L., & Dixon, R. (1993). Auditory evoked potentials and cognitive sex differences in pre-adolescent children. Presented at the Society for Neuroscience Meetings, Washington, DC, November, 1993. Neuroscience Abstracts, 19, 561.

Ferretti, L.E., Shucard, D.W., Shucard, J.L., Shafer, V.L., & Rogers, B.T. (1993). Impact of perinatal asphyxia on the cortical auditory evoked potential in infants: a longitudinal perspective. Neuroscience Abstracts, 19, 182. Presented at the Society for Neuroscience Meetings, Washington,D.C. November 1993.

Dixon, R.F., Shucard, D.W., Podkulski, M.C., Shucard, J.L., & Fishkin, Z.B. (1994). Contributions of single trial latency variability to fast habituation in scalp-recorded auditory evoked potentials to paired tone stimuli in infants. Presented at the Society for Psychophysiological Research 34th Annual Meeting, Atlanta, Georgia, October, 1994. Psychophysiology,31, S40-S41.

Shucard, J.L., Shucard, D.W., Ciupak, G.L., Schaeffer, C.P., Clopper, R.L., Quattrin, T., & Voorhess M.L. (1994). Auditory evoked potentials and verbal and spatial abilities in preadolescent children. Neuroscience Abstracts, 20, 1424. Presented at the Society for Neuroscience Meetings, Miami Beach, FL, November, 1994.

Quattrin, T., Ciupak, G.L., Shucard, J.L., Voorhess, M., & Shucard, D.W. Turner Syndrome: Further delineation of visual spatial abilities and the role of estrogen replacement therapy. Presented at the American Pediatric Society and Society for Pediatric Research Annual Meetings, San Diego, CA, May, 1995.

Shucard, J.L., Maltz, L.M., & Shucard, D.W. (1995) Probe ERPs and visual-spatial processing in pre-pubertal children. Presented at the 35th Annual Meeting of the Society for Psychophysiological Research, October, 1995. Psychophysiology, 32, S70.

Shucard, D.W., Shucard, J.L., Ciupak, G.L., Jaeger, J.J., & Lockwood, A.H. ERPs and sex differences in regular and irregular past tense verb formation. Neuroscience Abstracts, 22, 1111. Presented at the Society for Neuroscience Meetings, Washington, D.C. Nov., 1996.

McCabe, D.C., Shucard, J.L., & Shucard, D.W. A P300 (P3) study of target detection, response inhibition, and novelty during auditory and visual sustained attention. (1997). Presented at The Society for Psychophysiological Research, Ocotber, 1997. Psychophysiology, 34, S62.

Benedict, R.H.B., Shucard, D.W., Shucard, J.L., Murphy, B., Wack, D., & Lockwood, A. H. (1997). Functional anatomy of auditory attention. Presented at The Society for Neuroscience, October, 1997. Neuroscience Abstracts, 23, 1584.

Shucard, J.L., Ciupak, G.L., Quattrin, T., & Shucard, D.W. (1997). An event related potential study of spatial abilities in Turner Syndrome. Presented at The Society for Psychophysiological Research, October, 1997. Psychophysiology, 34, S81.

Shucard, J.L., Benedict, R.H.B., Shucard, D.W., McCabe, D.C., & Lockwood, A.H.(1997) Event-related potentials during functional neuroimaging of auditory attention. Platform presentation at The Society for Neuroscience, October, 1997. Neuroscience Abstracts, 23, 300.

Everhart, D.E., Shucard, J.L., & Shucard, D.W. (1998). Sex differences in ERPs and facial processing in prepubertal children. Presented at the Society for Psychophysiological Research, Sept. 1998. Psychophysiology, 34, S29.

Shucard, J.L., McCabe, D., Sparks, J., & Szymanski, H. (1998). Neuropsychological and electrophysiological measures of attention and executive function in post-traumatic stress disorder. Presented at The Society for Psychophysiological Research, September, 1998. Psychophysiology, 35, S74.

Shucard, J.L., McCabe, D., Szymanski, H., & Sparks, J. (1998). Event-related potentials and attentional deficits in posttraumatic stress disorder. Presented at The Society for Psychophysiological Research, September, 1998. Psychophysiology, 35, S74.

Shucard, J.L., McCabe, D., Sparks, J., Tekok-Kilic, A., & Szymanski, H. (1998). Electrophysiological indices of attentional deficits in post-traumatic stress disorder. Presented at the Society for Neuroscience Meetings, Los Angeles, CA, November, 1998. Society for Neuroscience Abstracts, 24, 69.3.

McCabe, D.C., Shucard, J.L., Shucard, D.W., (1999). ERPs and categorization of novel stimuli during auditory and visual continuous performance tasks. Presented at the Society for Psychophysiological Research, Oct., 1999. Psychophysiology, 36, S77.

Shucard, J.L., Shucard, D.W., Benedict, R.H.B., McCabe, D., Lockwood, A. (1999). Event-related potentials and functional neuroimaging of the cocktail party phenomenon: early and late ERP component analysis. Presented at the Society for Psychophyiological Research, Oct., 1999. Psychophysiology, 36, S105.

Everhart, D.E., Shucard, J.L., Shucard, D.W., Neurophysiological differences in face recognition in TS girls and prepubertal children. Presented at the National Academy of Neuropsychology, November, 1999.

Shucard, J.L., Shucard, D.W., Benedict, R.H.B., McCabe, D., Lockwood, A. (1999). Event related potentials and functional neuroimaging of auditory attention: a temporal analysis of differing attentional demands. Presented at the Society for Neuroscience meetings, October, 1999. Society for Neuroscience Abstracts, 25, 2167.

Abara, J.P., Shucard, J.L., McCabe, D.C., Benedict, R.H.B., Shucard, D.W. Effects of motor response and stimulus type on P300 during an auditory continuous performance task. Presented at the Society for Psychophysiological Research 40th Annual Meeting, San Diego, CA, October, 2000. Psychophysiology, 2000, 37, S23.

Benedict, R.H.B., Santa Maria, M.P., Abara, J.P., Shucard, D.W., Shucard, J.L., Coad, M.L., Wack, D., Lockwood, A.H. Assessment of Auditory Attention and Motor Function Using ^{15}O H_2O PET. Presented at the Cognitive Neuroscience Society 7th Annual Meeting, San Francisco, CA, April, 2000. Cognitive Neuroscience, 2000, 77.

Everhart, D.E., Shucard, J.L., Shucard, D.W. (2000). Neurophysiological differences in face recognition among prepubertal children and Turner Syndrome girls. Presented at International Neuropsychological Society 28th Annual Meeting, Denver, CO, 2000. Journal of the International Neuropsychological Society, 2000, 6 (2), 162.

Shucard, J.L., McCabe, D.C., Szymanski, H. (2000). Posttraumatic stress disorder and event-related potentials during auditory and visual sustained attention. Symposium presentation. Presented at the Society for Psychophysiological Research meetings, October, 2000. Psychophysiology, 37, S3.

Abara, J.P., McCabe, D.C., Benedict, R.H.B., Shucard, J.L., Shucard, D.W. (2001). P300 during an auditory continuous performance task: effects of task relevance and task difficulty. Presented at the Cognitive Neuroscience 8th Annual Meeting, New York, NY, March, 2001. Cognitive Neuroscience, 2001, 108.

McCabe, D., Shucard, J.L., Savage, J., Shucard, D.W. (2001). An event-related potential study of focused and sustained attention during an auditory Go/NoGo continuous performance task. Presented at The Society for Neuroscience meetings, November, 2001.

Abara, J.P., Shucard, J.L., McCabe, D.C., Shucard, D.W. (2001). Event-related potentials and working memory during verbal and spatial n-back tasks. Presented at the Society for Neuroscience, 31st Annual Meeting, San Diego, CA, November, 2001.

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McCabe, D.C., Shucard, J.L., Abara, J.P., Parrish, J.B., Shucard, D.W. (2001). An event-related potential study of verbal and spatial working memory. Presented at the Society for Neuroscience, 31st Annual Meeting, San Diego, CA, November, 2001.

Parrish, J., Shucard, J., Shucard, D., McCabe, D., Benedict, R.H.B., Ambrus, J. (2002). Working memory deficits in Systemic Lupus Erythematosus. Presented at the International Neuropsychological Society 30th Annual Meeting, Toronto, Ontario, February, 2002. Journal of the International Neuropsychological Society, 8 (2), 254.

Everhart, D., Shucard, D., Shucard, J., Benedict, R. (2002). Adult sex-related ERP differences in facial affect perception. Presented at the International Neuropsychological Society 30th Annual Meeting, Toronto, Ontario, Canada, February, 2002. Journal of the International Neuropsychological Society, 2002, 8 *(2)*, 239.

Hanley, M., Donnelly, J., Shucard, D., Shucard, J. (2002). Predictors and moderators of quality of life in sleep apnea. Presented at the American Psychological Association 110th Annual Convention, Chicago, IL, August, 2002.

Shucard, J.L., McCabe, D.C., Shucard, D.W., Abara, J.P., Savage, J.A., Ambrus, J. (2002). ERP indices of processing speed and working memory deficits in systemic lupus erythematosus. Society for Neuroscience, 32nd Annual Meeting, Orlando, FL, November, 2002.

Block, S.A., Shucard, J., Rifkin, D.I. (2003). Multiple sclerosis and sleep: Correlation of a questionnaire and

polysomnograms. Sleep, 26, A348-A349.

Shucard, J.L., McCabe, D.C., Shucard, D.W., Savage, J.A. An ERP study of working memory deficits in systemic lupus erythematosus. (2003). Presented at the Society for Psychophysiological Research meetings. Oct. 2003. Psychophysiology, S40, 79.

Gaines, J.J., Shucard, J.L., Shucard, D.W., Savage, J. C-reactive protein and working memory deficits in systemic lupus erythematosus. (2004). Journal of the International Neuropsychological Society.

Shucard, J.L., McCabe, D.C., Shucard, D.W., Shiels, K., Cho, R.T. An ERP study of encoding and maintenance deficits during working memory in Multiple Sclerosis. Presented at the Society for Psychophysiological Research 44th Annual Meeting, Santa Fe, New Mexico, Oct, 2004. Psychophysiology, S 41.

Shucard, J.L., McCabe, D., Shucard, D.W., Benedict, R. H. B., Weinstock-Guttman, B., and Braun, J. (2004). Event-related potentials and working memory deficits in multiple sclerosis. Journal of the International Neuropsychological Society, 10(S1), 73-74.

Shucard, J.L., Zivadinov, R., Benedict, R., Weinstock-Guttman, B., & Shucard, D.W. Event-related potential measures during working memory relate to neuropsychological dysfunction and brain atrophy in Multiple Sclerosis. (2004). Platform presentation, Society for Neuroscience meetings, October, 2004.

Parmenter, B.A., Shucard, J.L., Cho, R.T., McCabe, D.C., Benedict, R.H.B., & Shucard, D.W. (2005). Working memory deficits in multiple sclerosis: a comparison between PASAT and n-back measures. Journal of the International Neuropsychological Society, 11(S1), 41.

Shucard, J. L., Parmenter, B., DeFraine, W., & Shucard, D. W. (2006) Electrophysiological correlates of working memory deficits in systemic lupus erythematosus. Psychophysiology, 43, S91-92.

Shucard, D.W., Parmenter, B. A., DeFraine, W., Brueggemeier, C.R., Shucard, J.L. ERP indices of deficits during stages of working memory in systemic lupus erythematosus. Society for Neuroscience meetings, October, 2006.

Brueggemeier, C.R., Shucard, J.L., & Shucard, D.W. (2007). An electrophysiological and neuropsychological study of attention in PTSD. Journal of the International Neuropsychological Society, 13 (S1), 201.

Hamlin, A.S**.**, Shucard, J.L., Tekok-Kilic, A., Shucard, D.W. (2007). Increased activation of the frontal P3 during encoding is associated with poorer working memory performance in middle aged adults. Presented at the Society for Psychophysiological Research meeting Oct. 17, 2007.

Syed, A., Shucard, J.L., Shucard, D.W. (2008). The contributions of cognitive, biological, and psychosocial factors to depression in Systemic Lupus Erythematosus. Journal of the International Neuropsychological Society, 14 (S1), 201. Feb., 2008.

Pande, R.U., Paroski, M., Shucard, J.L., Rifkin, D.I. Determinants of CPAP compliance in newly diagnosed previously untreated obstructive sleep apnea patients. Presented at the Associated Professional Sleep Societies Meeting June 2008. Journal of Sleep and Sleep Disorders Research, 31, A158.

Chichelli, T.L., Shucard, D.W., Yildirim, E.E., Varley, M.A., Carr, K.A., Lampell, S.A., & Shucard, J.L. An ERP study of P3 amplitude change over trials during the performance of a working memory n-back task in older versus younger adults. Society for Neuroscience meetings, November 2008.

Bittner, T., Shucard, D.W., Goldberg, L., & Shucard, J.L. Qualitative analysis of cognitive event-related brain potentials: an ontological approach. Accepted for platform presentation. Society for Neuroscience meetings, November, 2008.

Shucard, J.L., Fetter, H., Shucard, D.W., Cox, J., Chung, C., Bordanaro, R., Magill, A., Violanti, J. Symptoms of posttraumatic stress disorder are related to structural MRI and behavioral measures of affective stimulus processing in police officers. Society for Neuroscience Annual Meetings, Chicago, IL. October, 2009.

Covey, T., Shucard, D.W., Zivadinov, R., Lee, W., Dwyer, M., Shucard, J.L. Complex, not simple, processing speed is associated with the working memory performance and structural MRI indices of brain damage in multiple sclerosis. Presented at the Society for Neuroscience 39th Annual Meeting, Chicago, IL, October 17-21, 2009.

Shucard, D.W., Chichelli, T.L., Lee, W.H., Covey, T.J., Lee, T. J., Shucard, J.L. ERP P3 amplitude change over trials during the performance of a working memory n-back task in older versus younger adults. Presented at the Society for Psychophysiological Research 49th Annual Meeting, Berlin, Germany, October, 2009. Psychophysiology, 2009.

Shucard, J.L., Lee, J., Covey, T.J., Violanti, J., Shucard, D.W. Evidence of frontal dysregulation associated with heightened attention to task-irrelevant stimuli in police officers with high PTSD symptomatology: a dense electrode array ERP study. Society for Neuroscience meetings, November, 2010.

Zivadinov, R., Shucard, D.W., Hussein, S., Durfee, J., Cox, J.L., Benedict, R.H.B., Shucard, J.L. Conventional and non-conventional MRI manifestations of central nervous system involvement in systemic lupus erythematosus. Accepted for publication in Neuroimage, and presentation to the Society for Human Brain Mapping, June, 2011.

Covey, TJ, Shucard, JL, Lee, JT, & Shucard, DW. Single trial variability of event-related brain potentials as an index of neural efficiency during information processing. Presented at the 41st annual meeting of the Society for Neuroscience, Washington 2011.

Covey, TJ**,** Shucard, JL, Lee, JT, Zivadinov, R, & Shucard, DW. Electrophysiological, behavioral, and structural indices of working memory dysfunction in Systemic Lupus Erythematosus. Presented at the 42nd annual meeting of the Society for Neuroscience, New Orleans, 2012.

Cesar, B. Shucard, J.L., Dwyer, M., Polak, P., Bergsland, N. Benedict, R.H.B., Shucard, D.W., Zivadinov, R.

Comparing white matter tracts of patients with relapsing-remitting multiple sclerosis, systemic lupus erythematosus, and healthy controls using tract-based spatial statistics (TBSS). Presented at the American Academy of Neurology annual meeting, March, 2013.

Shucard, J.L., Shucard, D.W., Hussein, S. Durfee, J., Cox, J.L., Bergsland, N., Dwyer, M.G., Benedict, R.H.B., Ambrus, J., Zivadinov, R. Multimodal imaging manifestations of neuropsychiatric involvement in systemic lupus erythematosus. Platform presentation (R. Zivadinov, presenter) at the American Academy of Neurology annual meeting. March, 2013.

Shucard, D.W., Chin, R., Covey, T.J., Shucard, J.L. Perceptual task difficulty and inhibitory control during a Go-NoGo task: An event related potential study. Presented at the 44 annual meeting of the Society for Neuroscience. November, 2014.

A V. Clinical Researcher 3

David William Shucard, M.S., Ph.D., FAASM

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Personal

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Division of Cognitive and Behavioral Neurosciences

The State University of NY School of Medicine and Biomedical Sciences
The State University of NY at Buffalo School of Medicine and Biomedical Sciences

Sherman Hall, Room 114A

Buffalo, NY 14214

Telephone Numbers: [redacted]

716-829-2099 or 5987 (work)

Education

B.A. University of Colorado, 1962

Distributed major - Zoology, Chemistry, Literature

M.S. Department of Zoology, University of Denver, 1967

Thesis: The Effects of Unilateral Vagotomy on the Heart and Respiratory Rates of the Albino Rat.

Ph.D. Department of Psychology, University of Denver, 1969

Dissertation: Relationship Among Measures of the Cortical Evoked Potential and Abilities Comprising Human Intelligence.

Major Professor: Dr. John L. Horn

Postdoctoral Education:	1969 - 1971
	NIMH Postdoctoral Fellow
	University of California
	Langley Porter Neuropsychiatric Institute and
	Stanford University

Board Certification Diplomate, American Board of Sleep Medicine

Present Position and Academic Appointments

Founder/Director, Division of Developmental (Now Cognitive) and Behavioral Neurosciences, Department of Neurology, The State University of NY at Buffalo School of Medicine and Biomedical Sciences
of Medicine, Buffalo, NY (August 1985 - present)

Professor, Departments of Neurology and Pediatrics, The State University of NY at Buffalo School of Medicine and Biomedical Sciences, Buffalo, NY

(August 1985 - present)

Professor, Department of Psychology, State University of NY at Buffalo, Buffalo, NY (September 1989 - present)

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Director, Center for the Study of the Biobehavioral and Social Aspects of Health, State University of NY at Buffalo,

Buffalo, NY (1992 -1996)

[redacted]

Professor, Department of Psychiatry, University of Colorado School of Medicine, Denver, CO

(March 1984 - June 30, 1985)

Associate Professor, Department of Psychiatry, University of Colorado School of Medicine, Denver, CO

(January 1978 - March 1984)

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Assistant Professor, Department of Psychiatry, University of Colorado School of Medicine, Denver, CO
(September 1971 - 1976)

[redacted]

Teaching and Training

Topics of courses taught and/or lectures for courses

(a) General experimental psychology

(b) Psychophysiology

(c) Learning

(d) General Statistics

(e) Neuroanatomy and neurophysiology

(f) Clinical electroencephalography and neurophysiology

(g) Neuropsychology

(h) Neurolinguistics

(i) Developmental Neurobiology

Supervisor and major professor of undergraduate honors students, medical students, medical residents, masters and doctoral graduate students and postdoctoral fellows (M.D.s and Ph.D.s) from a number of disciplines that include Speech Pathology, Professional and Clinical Psychology, Experimental Psychology, Linguistics, Behavioral Neurosciences, Neuroscience. **Currently in laboratory:** 3 Undergrads (1 visiting from UB Singapore), 5 Masters (3 Psych, 1 Neuroscience, 1 Counseling and Ed Psych), 1 Ph.D. (Neuroscience).

Clinical Duties

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Administrative Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Founder and Director of The Division of Developmental and Behavioral Neurosciences and The Neurodiagnostic Laboratory (see above), Department of Neurology, SUNY at Buffalo School of Medicine and Buffalo General Hospital in 1985. Administrative responsibilities are similar to 1-6 above, and included:

(7) Development and Administration of Intraoperative Monitoring

(8) Interfacing of electrophysiological methodologies with brain imaging technology at SUNY PET Center

Director of the Center for the Study of Biobehavioral and Social Aspects of Health, one of the 17 University supported centers of excellence for multidisciplinary research activities, April 1992 - 1996.

Honors and Professional Societies

NASA Predoctoral Fellow, University of Denver, 1965 - 1967

NIMH Postdoctoral Fellowship, University of California Medical Center and Langley Porter Neuropsychiatric Institute,

San Francisco, 1969 - 1971

Phi Sigma Society (National Biological Honor Society)

Sigma Xi (Member) (National Scientific Honor Society)

Psi Chi (Psychological Honor Society)-President of Denver Chapter, 1967 - 1968

Fellow: American Psychological Association, Division 6: Behavioral Neuroscience and Comparative Psychology (1997 –

present)

Fellow: American Psychological Association, Division 7: Developmental Psychology (1999 - present)

Fellow: American Psychological Association, Division 40: Clinical Neuropsychology (1997- present)

Society for Psychophysiological Research (Member)

American Institute for Biological Sciences (Member)

American Association for the Advancement of Science (Member)

American Electroencephalographic Society (Member)

American Epilepsy Society (Member)

Fellow: American Academy of Sleep Medicine (formerly American Sleep Disorders Association)

Society for Neuroscience (Member)

British Brain Research Association (Honorary Member)

Clinical Sleep Society (Member)

European Brain and Behavior Society (Honorary Member)

Developmental Psychobiology Research Group, University of Colorado School of Medicine (Member, 1972-1985)

International Neuropsychological Society (Member)

New York Academy of Sciences (Member)

Research Interests

Overall research interest is in the cognitive and behavioral neurosciences and the relationships between behavioral and biological variables, with an emphasis on the neurophysiology of the brain as the dependent measure: study of the neurophysiology associated with cognitive processes, such as working memory and attention; information processing; intellectual abilities; learning disorders; intellectual/cognitive development; language development; psychological disorders; drug effects; and immunological reactions. This research focuses on the study of the nervous systems of both animals and humans. Electrophysiological, behavioral, neuropsychological, immunological, biochemical, and neuroimaging techniques are used in this work. Some of the research involves the development of new techniques and paradigms in cognitive/behavioral neuroscience and applying these to clinical problems. Current clinical projects address cognitive disturbances in Multiple Sclerosis, Systemic Lupus Erythematosus, and PTSD.

Committees

Society for Psychophysiological Research - Chairman, Membership Committee (1980 - 1983), Membership Committee

(1979 - 1980)

Animal Care Committee - NJHRC (1976 - 1984)

Education Committee - NJHRC (1976 - 1978)

Biomedical Research Support Committee - NJHRC (1976 - 1984)

Developmental Psychobiology Research Group Planning Committee, University of Colorado School of Medicine (1979 -

1980)

Developmental Psychobiology Research Group Executive Committee, University of Colorado School of Medicine (1980 - 1983)

MacArthur Foundation Network for Transition from Infancy to Early Childhood, Colorado Node Executive Committee

(1983 - 1985)

Gerontology Long Range Planning Committee, University of Colorado School of Medicine (1984)

Neuroscience Planning Committee, Co-Chairman, SUNYAB School of Medicine (1987 - 1989)

Medical Computing Committee, SUNYAB School of Medicine (1986 - 1989)

Institutional Animal Care and Use Committee, SUNY at Buffalo (1991-1993)

Institutional Review Board, Buffalo General Hospital (1987 - 1999)

Buswell Fellowship Committee, SUNY at Buffalo School of Medicine and Biomedical Sciences (1993 - 1999)

Hospital Research Committee, Buffalo General Hospital (1994 - 1999)

Advisory Committee on Academic Personnel, Department of Neurology, SUNYAB School of Medicine (1986 - present)

Research Committee, Department of Neurology, SUNYAB School of Medicine (1986 - 2000)

Search Committee, Department of Neurology, SUNYAB School of Medicine (1986 - 2000)

Advisory Committee, Center for the Study of Behavioral and Social Aspects of Health, SUNYAB (1987 - 1992)

Budget Committee, Faculty Council, SUNY at Buffalo (1988 - 1990)

Steering Committee - GRI in Cognitive and Linguistic Sciences (1988 - 1989)

Scientific Advisory Committee for the Research Institute on Alcoholism (1987 - 1991)

Steering Committee, Center for Cognitive Science, SUNY at Buffalo (1989 - 1994)

Cognitive Science Search Committee, SUNY at Buffalo (1989 - 1990)

Cognitive Psychology Search Committee, Dept. of Psychology, SUNY at Buffalo (1989 - 1990)

Neuroscience Task Force Subcommittee on Research, SUNY at Buffalo (1990)

Neuroscience Planning Committee (1987 - 2000)

Medical Ethics Committee, Buffalo General Hospital (1994 - 2001)

Medical Ethics Committee, Kaleida Health (2001-2011)

Joint Center/University Clinical Education Committee, SUNY at Buffalo (1994 - 2000)

Center for Clinical Ethics and Humanities Committee, SUNY at Buffalo (1994 - 2000)

Doctoral Committees for Departments of Linguistics, Psychology, and Neurosciences (ongoing)

Promotions Committee, Department of Neurology, SUNYAB School of Medicine (1996-present)

Steering Committee, Women's health Collaborative Research Group (1998 - 2000)

Chairman, Medical Ethics Database Sub-Committee, Buffalo General Hospital (1999 - 2000)

Steering Committee, Interdisciplinary Graduate Program in Biomedical Neurosciences, SUNY at Buffalo School of Medicine and Biomedical Sciences (1999-present)

Graduate Admissions Committee, Interdisciplinary Graduate Program in Biomedical Neurosciences, SUNY at Buffalo School of Medicine (1999-present)

Consultant to the Civil Aeromedical Institute (CAMI) of the Federal Aviation Administration, Oklahoma City, OK (June

1999-present)

Faculty Senate, SUNY at Buffalo, Buffalo NY (2001- June 2003; 2008-present)

Advisory Committee, Electroneurodiagnostic Technology, Niagara County Community College (2001 - 2003).

Society for Psychophysiological Research –Member, Tursky Award Committee for Excellence in Predoctoral Research (Oct, 2004)
The Sleep Fellowship Selection Committee (2005-2008)
Ad Hoc Committee on Promotions to Clinical Ranks, SUNY at Buffalo (Dec 12, 2005- June 30 2008)

Research Groups and Extramural Activities

Member, NIH Center for Scientific Review Special Emphasis Panel (Fellowships: Behavioral Neuroscience ZRG1 F02A-J (20), 2010-2012)

Member, NIH Study Section (ad hoc): National Center for Complimentary & Alternative Medicine Special Emphasis Panel (ZAT1 G15; 2005)
Member, NIH Study Section (ad hoc): Risk Prevention and Health Behavior 2 (2000-2002)

Chairman, Medical Ethics Database Sub-Committee, Buffalo General Hospital,(1999 - 2000)

Chairman, ADAMHA (NIH) Mental Health Research Education Review Committee (Biological and Neuroscience Sub-

Committee; 1984 - June 1986)

Member, ADAMHA (NIH) Mental Health Research Education Review Committee (Biological and Neuroscience Sub-

Committee; 1979 - 1981, 1982 - June 1986)

Member, ADAMHA (NIH) Physician Scientist and Clinical Investigator Award Special Review Committee (1985)

Member, Neuroscience Project Advisory Team for Navy Personnel Research and Development Center (1985)

Member, National Institute of Health, Site Visit and Special Review Committee, Centers for Learning Disabilities (1989)

Member, National Institute on Drug Abuse Special Review Committee - Human Development (1990)

Developmental Psychobiology Research Group (University of Colorado School of Medicine)

Member, MacArthur Foundation Network for Transition from Infancy to Early Childhood (September 1982 -1985)

Neuroscience Research Group (University of Colorado School of Medicine, and University of Colorado, Boulder)

Developmental Biobehavioral Research Group, SUNYAB School of Medicine, Founder and Organizer (1986 -1989)

Member, Epilepsy Affinity Group, Department of Neurology, SUNYAB

Member, Professional Advisory Board, Epilepsy Association of Western New York, (1988 - 2000)

Member, Medical Subcommittee of the Health Services Advisory Council, Head Start, Buffalo (1988 - 1992)

Member, Scientific Advisory Board for Research Institute on Alcoholism, Buffalo (1989 - 1991)

Consulting Editor for Psychophysiology

Consulting Editor for Perceptual and Motor Skills

Consulting Editor for Science

Consulting Editor for Pediatric Research

Consulting Editor for Cognitive Psychology

Consulting Editor for Pharmacology, Biochemistry and Behavior

Associate and Consulting Editor for The Behavioral and Brain Sciences

Consulting Editor for Experimental Gerontology

Consulting Editor for Developmental Psychology

Consulting Editor for Child Development

Consulting Editor for Developmental Neuropsychology

Consulting Editor for International Journal of Psychophysiology

Outside reviewer for Clinical and Diagnostic Laboratory Immunology

Outside reviewer for National Science Foundation

Outside reviewer for National Institute on Mental Health

Outside reviewer for the March of Dimes Foundation

Outside reviewer for the Ontario Mental Health Foundation

Reviewer for MacArthur Foundation

Reviewer for Thrasher Foundation

Outside reviewer for Research Committee of Henry Ford Hospital, Detroit Michigan

Editorial Board for Neurobiology of Aging (1992 - 2001)

Guest Editor with Janet L. Shucard for Special Issue of International Journal of Psychophysiology (2011-2012)

Editorial Board (Action Editor) for International Journal of Psychophysiology (2014-present)

Recent Community Service
Independent Health Sleep Advisory Panel. 2012- Present

Medical Ethics Consultant, Buffalo General Hospital (Kaleida Health). Served on medical ethics consultations as a member of the Medical Ethics Committee. 2000 – 2012

Campaign Manager for Committee to Elect John Radel for Amherst Town Clerk, 2011.

Amherst Democratic Committee, elected member, July 2004 to present

Social Action Committee Co-chair, Temple Beth Am, April 2003 - 2012

Representative of the Joint Steering Committee for Public Policy on Capitol Hill Day in Washington D.C. July 14, 2004. Met with congressional representatives to discuss funding for NIH.

Grants and Awards

2014- 2015 Does Working Memory Training Improve Brain Function and Cognition in MS?

(Co-PI). From The National Multiple Sclerosis Society

2012-2012 Single Trial Latency Variability of Brain activity in Multiple Sclerosis: A Functional marker of Neural Efficiency, (PI). From The Jog for the Jake Foundation 01/01/12-12/31/2012)

2011-2011 Anti-Phospholipid Antibodies and C-Reactive Protein as Biomarkers of Cognitive Deficits and Microscopic White and Gray Matter Brain Damage in Systemic Lupus Erythematosus, (Co-PI). From The Jog for the Jake Foundation 1/01/2011-12/21/2011)

2006-2011 Neurological Indices of CNS Involvement in "Non-CNS" SLE, (Co-PI). From NIH - NINDS

(01/01/06-12/31/11, includes 1 year extension)

2007-2010 Electrophysiological measures of processing speed and working memory deficits in MS, (Principal Investigator). From National Multiple Sclerosis Society (5/1/07-05/01/2010)

2006-2006 Neurological Indices of CNS Involvement in “Non-CNS” SLE, (Principal Investigator). Equipment grant. From James H. Cummings Foundation, Inc. (5/11/2006-8/28/2006)

2002-2004 Electrophysiological measures of processing speed and working memory deficits in MS (Co-Investigator). From National Multiple Sclerosis Society (9/1/02-2/28/05)

2003-2004 Electrophysiological and Neuropsychological Indices of Gender Differences in Verbal and Spatial

Working Memory in Children, (PI). From IREWG (6/1/2003-6/1/2004)

2003-2004 Long Term Effects of CNS Therapy on Survivors of Childhood All: 25 year follow-up (Co-

Investigator). From Roswell Park Alliance Foundation (6/1/2003-5/31/2004)

2000-2002 Sustained Moderate Hypoxia - The Cerebral Effects, (Co-Investigator). From The American Lung

Association (7/1/2000-6/30/2002)

1998-2002 Psychological and Neurocognitive Aspects of CNS-SLE, (Co-PI). From Oishei Foundation (3/1/1998-2/29/2002)

2000-2001 Neurotoxicity of Polybrominated Diphenyl Ethers, (Co-PI). From New York Great Lakes Research Consortium (9/1/2000-6/30/2001)

1998-2000 Functional Neuroimaging of Auditory Attention, (Co-PI). From James H. Cummings Foundation

(8/1/1998-7/31/2000)

1995 - 1998 Electrophysiological and Neuropsychological Studies of the Cognitive Deficits in Autism (Buswell Postdoctoral Fellowship Award, D. Shucard, Sponsor) From SUNY at Buffalo Multi-disciplinary Development Fund (7/1/95 - 6/30/98)

1995 - 1996 Functional Anatomy of Selective and Divided Auditory Attention (Co-Investigator). From SUNY at Buffalo Multi-disciplinary Development Fund (7/1/95 - 6/30/96)

1991 - 1995 Sex Hormones in Neurocognitive Development (PI). R01 From NIH, HD25718 (7/1/91 - 6/30/95)

1990 - 1991 Start up funds for Developmental Neurocognitive Assessment Center (Principal Investigator). From the Junior Board of Buffalo General Hospital, #091 (6/1/90 -12/31/91)

1987 - 1989 Neurocognitive Effects of Growth Hormone Treatment in Patients with Turner's Syndrome (Co-Investigator). From Genentech, Inc. (10/1/87 - 12/31/89)

1986 - 1988 Differential Diagnosis in Reading Disability - Program Project Supplement (Principal Investigator). From NIH, HD11681 (7/1/86 - 6/30/88)

1982 - 1987 Network for Transition from Infancy to Early Childhood (Co-Investigator). From MacArthur Foundation (9/1/82 - 8/31/87)

1984 - 1986 Brain Bases of Behavior in the Transition Period (Co-Principal Investigator). From MacArthur Foundation (1/1/84 - 12/31/86)

1981 - 1987 Electrophysiological Studies of Brainstem, Cortical, and Cognitive Development in Low Birth weight Infants (Principal Investigator). From the March of Dimes Birth Defects Foundation (3/1/81 - 2/28/87)

1979 - 1985 Differential Diagnosis in Reading Disability - Program Project (Co-Principal Investigator). From NIH, HD11681 (7/1/79 - 6/30/85)

1981 - 1984 Neurobehavioral Development in High-Risk Infants (Co-Principal Investigator with David G. Thomas). From NIH, HD15844 (7/1/81 - 12/31/84)

1980 - 1984 Brain Reactive Antibodies in Autoimmune Mice (Co-Investigator). From NIH, NS15855 (8/1/80 - 7/31/84)

1983 - 1984 Resource Allocation in Cerebral Specialization of Function: Behavioral and Electrophysiological Studies (Principal Investigator). From the Office of Naval Research (4/1/83 - 12/31/84)

1980 - 1983 Neurophysiological Substrates of Resource Allocation in Cerebral Specialization of Function (Principal Investigator). From the Office of Naval Research (7/1/80 - 3/31/83)

1979 - 1983 CNS pathology During Immune Complex Disease (Co-Investigator). From NIH, NS15843 (12/1/79 - 11/30/83)

1978 - 1981 Neurophysiological Effects of Antiasthma Medication (Principal Investigator). From The John A. Hartford Foundation, Inc. 77333 (3/1/78 - 12/31/81)

1978 - 1981 Electrophysiological Measures of Cerebral Specialization in Infants and Children (Principal Investigator). From NIH, HDNS11747 (6/1/78 - 3/31/81)

1975 - 1979 CNS Involvement in Immune Complex Disease (Co-Principal Investigator with R. Harbeck). From NIH, NS 12394 (6/1/75 - 6/30/79)

1976 - 1977 Evoked Potentials and Cerebral Specialization In Infants (Principal Investigator). From NIMH, MH-28513 (4/1/76 - 3/31/77)

1977 - 1978 Levels of Cerebral Specialization and Event Related Auditory Potentials in Human Infancy (Principal Investigator). From W.T. Grant Foundation (7/1/77 - 6/1/78)

Training Grants

Neuropsychology Post-Doctoral Training Program, (9/98- 2010)

Pre- and Postdoctoral Training Grant, Core Faculty, "Development of Spoken Language Capacities", SUNY at Buffalo, Department of Psychology, from NIH, National Institute of Deafness and Communication Disorders (7/1/92 - 6/30/97)

Postdoctoral Training Grant, Core Faculty, "Multidisciplinary Research in Orofacial Pain and Sensory-Motor Dysfunction", SUNY at Buffalo School of Dental Medicine, Department of Oral Medicine, NIH, (9/1/91 - 8/31/96)

Postdoctoral Training Grant, Core Faculty, "Development and Etiology of Maladaptive Behavior", University of Colorado School of Medicine, NIMH, (1976 - 1981, 1982 - 1987)

Predoctoral Training Grant, Core Faculty, Child Psychology, University of Denver, NIMH (7/1/79 - 6/30/83)

Postdoctoral Training Grant, Core Faculty, Developmental Psychology, University of Denver, NIMH

(7/1/76 - 6/30/84)

Published Articles and Book Chapters

Homzie M .J., Shucard D. W., Trost R .C. Effects of percentage of reinforcement in fear conditioning upon the acquisition of an instrumental response. Psychonomic Science, 1969, 17, 143 - 146.

Shucard D. W., Horn J.L., Metcalf, D. An objective procedure for the hand scoring of cortical average evoked potentials. Behavior Research Methods and Instrumentation, 1971, 3, 5-7.

Shucard D. W., Horn J.L. Evoked cortical potentials and measurement of human abilities. Journal of Comparative and Physiological Psychology, 1972, 78, 59-68.

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Shucard D.W., Callaway III, E. Relationship between human intelligence and frequency analysis of cortical evoked responses. Perceptual and Motor Skills, 1973, 36, 147-151.

Shucard D. W., Horn J.L. Evoked potential amplitude change related to intelligence and arousal. Psychophysiology, 1973, 10, 445-452.

Shucard D. W., Callaway III, E. Auditory evoked potential amplitude and variability-effects of task and intellectual ability. Journal of Comparative and Physiological Psychology, 1974, 87, 284-294.

Kinsman R.A., Spector S., Shucard D.W., Luparello T.J. Observations on patterns of subjective symptomatology of acute asthma. Psychosomatic Medicine, 1974, 36, 129-143.

Shucard D. W., Andrew M., Beauford C. A safe and fast-acting surgical anesthetic for use in the guinea pig. Journal of Applied Physiology, 1975, 38, 538-539.

Carr R.I., Shucard D.W., Hoffman S.A., Hoffman A.A., Bardana E.J., Harbeck R.J. Neuropsychiatric Involvement in Systemic Lupus Erythematosus. In: D.Bergsma and A.L. Goldstein (Eds.), Neurochemical and Immunologic Components in Schizophrenia. Alan R. Liss, Inc., New York, 1978, 209-235.

Shucard D. W., Andrew M. Atropine induced bradycardia in the guinea pig: dose-response. Research Communications in Chemical Pathology and Pharmacology, 1977, 16, 401-410.

Shucard D.W., Shucard J .L., Thomas D.G. Auditory evoked potentials as probes of hemispheric differences in cognitive processing. Science, 1977, 197, 1295-1298.

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Harbeck R. J., Hoffman A.A., Hoffman S.A., Shucard D.W., Carr R.I. A naturally occurring antibody in New Zealand mice cytotoxic to dissociated cerebellar cells. Clinical and Experimental Immunology, 1978, 31, 313-320.

Hoffman S.A., Shucard D.W., Harbeck R.J., Hoffman A.A. Chronic Immune Complex Disease: Behavioral and Immunological Correlates. Journal of Neuropathology and Experimental Neurology, 1978, 37, 426-436.

Shucard D. W., Shucard J. L. Stimulus intensity expectation and visual evoked brain potentials. Psychophysiology, 1978, 15, 522-530.

Harbeck R .J., Hoffman A.A., Hoffman S.A., Shucard D.W. Cerebrospinal fluid and the choroid plexus during acute immune complex disease. Clinical Immunology and Immunopathology, 1979, 13, 413-425.

Brodie H.A., Shucard D.W., Hoffman S.A. A simple apparatus for blocking small animal brains. Brain Research

Bulletin, 1979, 4, 439-441.

Hudgel D. W., Shucard D. W. Coexistence of sleep apnea and asthma resulting in severe sleep hypoxemia. Journal of the American Medical Association, 1979, 242, 2789-2790.

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Crnic L., Reite M.L., Shucard D.W. Animal models of Human Behavior: Their application to the study of attachment. In: R. Emde and R. Harmon (Eds.), Attachment & Affiliative Systems: Neurobiological and Psychobiological Aspects. Plenum Publishing Corp., New York, 1982, 31-42.

Selinger M., Shucard D.W., Prescott T. Relationships between behavioral and electrophysiological measures of auditory comprehension. In: R.H. Brookshire (Ed.) Clinical Aphasiology Conference Proceedings. BRK publishers, Minneapolis, Minnesota, 1980, 217-225.

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Hoffman S.A., Shucard D.W., Brodie H.A., Reifenrath C., Harbeck R.J. Suppression of water intake by immune complex formation in the hypothalamus: Implications for systemic lupus erythematosus. Journal of Neuroimmunology, 1982, 2, 167-176.

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Hoffman S.A., Arbogast D.N., Day T.T., Shucard D.W., Harbeck R.J. Permeability of the blood cerebrospinal fluid barrier during acute immune complex disease. Journal of Immunology, 1983, 130, 1695-1698.

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Salamy J. G., Wolk D.J., Shucard D.W. Psychophysiological assessment of statements about pain. Psychophysiology, 1983, 20, 579-584.

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Welch T.M., Church M.W., Shucard D.W. A method for chronically recording brainstem and cortical auditory evoked potentials from unanesthetized mice. EEG and Clinical Neurophysiology, 1985, 60, 78-83.

Shucard D. W., Cummins K.R., Gay E. Electrophysiological studies of reading disabled children: In search of subtypes. In: D. Gray and J. Kavanagh (Eds.), Biobehavioral Measures of Dyslexia. York Press, Maryland, 1985, 87-106.

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Shucard J. L., Shucard D. W., Patterson R., Guthrie, R. Prenatal lead exposure and its potential significance for developmental disabilities - a preliminary study of umbilical cord blood lead levels. In: S. Sparber, J. Cranmer, H. Tilson (Eds.), Cognition Dysfunction in Children and Adults: Clinical and Basic Science Issues. Neurotoxicology, 1988, 9, 317-326.

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Hoffman S.A., Narendran A., Shucard D.W., Harbeck R.J. Antibodies, immune complexes, and behavioral disorders: Neuropsychiatric involvement in systemic lupus erythematosus. Drug Development Research, 1988, 15, 237-251.

Thomas D. G., Shucard D. W., Shucard J. L., Campos J.J. The effects of stimulus and laboratory experience on auditory evoked potentials in infancy. Developmental Neuropsychology, 1989, 5, 25-32.

Duffner P. K., Cohen M.E., Seidel F.G., Shucard D.W. The significance of MRI abnormalities in children with neurofibromatosis. Neurology, 1989, 39, 373-378.

Selinger M., Prescott T.E., Shucard D.W. Auditory event-related potential probes and behavioral measures in aphasia. Brain and Language, 1989, 36, 377-390.

Shucard D. W., McGee M.G., Cummins K.R., Minarick D.D., Hill J.C. Patterns of electrophysiological activity in normal and disabled readers. In: M. Languis, P. Naour, J. Buffer and D. Martin (Eds.), Cognitive Science: Contributions to Educational Practice. Gordon and Breach, New York, 1989.

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Shucard D. W., Creer T.L. The effects of antihistamines on electrophysiological and behavioral measures of cognition. J. of Allergy and Clinical Immunology, 1989, 84, 284-285.

Kerr S.L., Shucard D.W., Kohrman M.H., Cohen M.E. Standard and ambulatory EEG as predictors of continued seizures in neonates. Pediatric Neurology, 1990, 6, 159-162.

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Shafer, V. L., Shucard D. W., Shucard J .L. and Gerken L. An electrophysiological study of infants' sensitivity to the sound patterns of English speech. Journal of Speech and Hearing Research, 1998, 41, 874-886.

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Bishop, B., Silva, G., Krasney, J., Salloum, A., Roberts, A., Nakano, H., Shucard, D., Rifkin, D., Farkas, G. Ambient temperature modulates hypoxic-induced changes in rat body temperature and activity differentially. The American Journal of Physiology: Regulatory, Integrative and Comparative Physiology, 2001, 280, R1190-R1196.

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Benedict, R.H.B., Shucard, D.W., Santa Maria, M.P., Shucard, J.L.S., Abara, J.P., Coad, M.L., Wack, D., Sawusch, J., Lockwood, A.H. Covert auditory attention generates activation in rostral/dorsal anterior cingulate cortex. Journal of Cognitive Neuroscience, 2002, 14, 637-645.

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Shucard, J.L., Cox, J., Shucard, D.W., Fetter, H., Chung, C., Ramasamy, D., & Violanti, J. Symptoms of posttraumatic stress disorder are related to structural MRI and behavioral measures of affective stimulus processing in police officers. Psychiatry Research : Neuroimaging,, 2012, 204, 25-31.

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Books and Edited Journals

Shucard, J.L. & Shucard, D.W. (Invited Co-Editors). Electrophysiological and Neuroimaging Studies of Cognitive Control: Evidence from Go/NoGo and other executive Function Tasks. Special Issue of the International Journal of Psychophysiology, 2013, 87(3).

Selected Manuscripts In Preparation for Submission

Shucard, J.L., Zivadinov, R., Benedict, RHB, Shucard, D.W. MRI measures of microscopic gray and white matter and working memory deficits in Systemic Lupus Erythematosus.

Covey, T.J., Shucard, J.L., Shucard, D.W. Cognitive electrophysiological evidence of functional deficits in MS obtained during a working memory task.

Shucard, D.W. Benedict, R.H.B., Shucard, J.L. The contribution of bilological and psychosocial factors to depression in Systemic Lupus Erythematosus.

Shucard, J.L., Lee, J., Covey, T.J., Violanti, J., Shucard, D.W. Evidence of frontal dysregulation associated with heightened attention to task- irrelevant stimuli in police officers with high PTSD symptomology: a dense electrode array ERP study. Manuscript to be submitted to Neuroimage.

Shucard, D.W., Covey, T.J., Shucard. J.L. Single-trial ERP variability as an index of neurol inefficiency during a working memory task.

Shucard, J.L., Lee, J., Covey, T.J., Violanti, J., Shucard, D.W. Frontal dysregulation during a Go/NoGo task with ambiguous visual stimuli in police officers exposed to traumatic stressors: a dense electrode array ERP study. Manuscript to be submitted to *Neuroimage*.

Kordovski, V.M., Shucard, D.W., Covey, T.J., Adams, J. Benedict, R.H.B., Shucard, J.L. Do neuropsychological tests of working memory, information processing speed, and span predict performance on a visual n-back task? Manuscript to be submitted to *International journal of Neuropsychology*.

Book Reviews

Shucard D. W. Book Review: The Electrophysiology of Intellectual Functions, Duilio Giannitrapani, S. Karger, New York, 1985. Journal of Clinical Neurophysiology, 1986, 3,3, 268-270.

Shucard D. W. In search of a biological index of higher cortical processes. Book Review: The Electrophysiology of Intellectual Functions, Duilio Giannitrapani, S. Karger, New York, 1985. Contemporary Psychology, 1986. 31, 9, 705-706.

Papers Presented and Published Abstracts

Shucard D. W. Cortical evoked potentials and measures of abilities comprising human intelligence. Third Annual Winter Conference on Brain Research, Snowmass-at-Aspen, Colorado, 1970.

Shucard D. W. The cortical evoked potential as an index of human abilities. Invited lecture, Sonoma State Hospital, Butler Hospital, Eldridge, California, 1970.

Shucard D. W., Zeiner A. The effects of unilateral vagotomy on habituation of heart and respiratory rates in the albino rat. Presented by title at Society for Psychophysiological Research Meetings, New Orleans, Louisiana, 1970. Psychophysiology, 1971, 8, 275.

Shucard D. W., Callaway III, E. AEP habituation-temporal uncertainty and stimulus interest. Presented at Fourth Annual Winter Conference on Brain Research, Snowmass-at-Aspen, Colorado, 1971.

Shucard D. W. Visual evoked potential measures and human abilities. Presented at Western Psychological Association Meetings, San Francisco, California, 1971.

Shucard D. W. Human cortical evoked potentials and assessment of individual differences. Invited lecture, Department of Psychiatry, University of Colorado School of Medicine, Denver, Colorado, 1971.

Shucard D. W. Effects of instructional set on visual evoked potentials. Presented at society for Psychophysiological Research Meetings, Boston, Massachusetts, 1972. Psychophysiology, 1972, 10 (2), 194.

Shucard D. W. Symposium on neural measures of intelligence: A critical examination. Invited participant, Canadian Psychological Association Meetings, Victoria, B.C., 1973.

Shucard D. W. Symposium on new or no alternatives to the solution of one equation containing two unknowns. Invited participant, Canadian Psychological Association Meetings, Victoria, B.C., 1973.

Shucard D .W., Spector S.L., McCloskey J. Electroencephalography and anti-asthma medication. Clinical Research, 1974, 22, 323A.

Shucard D. W., Beauford C. Atropine and systemic anaphylaxis in the guinea pig. Clinical Research, 1974, 22, 512A.

Shucard D. W. Symposium: Can cortical evoked potentials be used to measure intelligence? Invited participant, Society for Psychophysiological Research Meetings, Salt Lake City, October, 1974.

Shucard D. W., McCloskey J. Effect of suggestion and experience on visual evoked potentials of children with asthma. Presented at Society for Research in Child Development Meetings, Denver, April, 1975.

Harbeck R .J., Hoffman A.A., Hoffman S.A., Shucard D.W., Carr R.I. Natural neurocytotoxic autoantibodies in New Zealand Mice. Presented at 60th Annual Meeting of the Federation of American Societies for Experimental Biology (Pathology Section), Anaheim, April, 1976. Federation Proceedings, 1976, 35, 437.

Hoffman S.A., Hoffman A.A., Harbeck R.J., Shucard D.W. Antibodies to dissociated cerebellar cells in New Zealand mice as demonstrated by immunofluorescence. Presented at Society for Neuroscience Meetings, Toronto, November, 1976. Society for Neuroscience Abstracts, 1976, 2, 739.

Shucard D. W., Hoffman S.A., Harbeck R.J., Hoffman A.A., Beauford C., Carr R.I. Chronic immune complex disease in the rat: Behavioral and immunological correlates. Presented at Society for Neuroscience Meetings, Toronto, November, 1976. Society for Neuroscience Abstracts, 1976, 2, 747.

Shucard D. W., Shucard J. L., Thomas D.G. The auditory evoked potential and the assessment of cerebral lateralization of cognitive processing. Presented at Society for Psychophysiological Research Meetings, San Diego, October, 1976. Psychophysiology, 1977, 14, 91.

Caparell C., Shucard D.W. The visual evoked potential as an index of cerebral lateralization of cognitive processing. Presented at Society for Psychophysiological Research Meetings, San Diego, October, 1976. Psychophysiology, 1977, 14, 90-91.

Carr R.I., Shucard D.W., Hoffman S.A., Hoffman A.A., Bardana E.J., Harbeck R.J. Neuropsychiatric involvement in systemic lupus erythematosus. Presented at First International Symposium on Immunological Components in Schizophrenia, Galveston, Texas, October, 1976.

Shucard D. W., Shucard J. L., Campos J. Auditory evoked responses and "fast habituation" in infants. Invited

participant, Conference on Event-Related Brain Potentials in Man, Virginia, April, 1977 (Sponsored by the Clinical

Research Branch of the NIMH and the Scientific Organizing Committee). In: E. Callaway, P. Tueting and S.H. Koslow

(Eds.), Event-Related Brain Potentials in Man. Academic Press, New York, 1978, 623.

Hoffman A.A., Harbeck R.J., Hoffman S.A., Shucard D.W. Altered cerebrospinal fluid (CSF) composition in experimental immune complex disease. Presented at Society for Neuroscience Meetings, Anaheim, California, November, 1977. Society for Neuroscience Abstracts, 1977, 3, 396.

Shucard D.W., Shucard J.L. Auditory evoked potentials as probes of lateralized information processing in adults and infants. Invited participants, Conference on Event-Related potentials in Man Application and Problems, Konstanz, West Germany, August, 1978 (Sponsored by NATO). In: D. Lehmann and E. Callaway (Eds.), Human Evoked Potentials, Applications and Problems. Plenum Press, New York, London, 1979, 473.

Shucard D.W., Shucard J.L., Cummins K.R., Thomas D.G. Information processing and the "two tone probe technique" - replication and extension. Presented at Society for Psychophysiological Research Meetings, Madison, Wisconsin, September, 1978. Psychophysiology, 1979, 16, 189.

Shucard D.W., Shucard J.L., Cummins K.R. Auditory evoked potentials and sex-related differences in brain development. Presented at the Society for Research in Child Development Meetings, San Francisco, California, March, 1979. Society for Research in Child Development Abstracts of Individual Papers, 1979, 2, 181.

Thomas D.G., Campos J.J., Shucard D.W., Ramsay D. Semantic comprehension in infancy: A signal detection analysis. Presented at the Society for Research in Child Development Meetings, San Francisco, California, March, 1979. Society for Research in Child Development Abstracts of Individual Papers, 1979, 2, 195.

Shucard D.W., Hoffman S.A., Harbeck R.J., Hoffman A.A., Brodie H.A. Alterations in maze performance with chronic immune complex disease. Presented at the Society for Neuroscience Meetings, Atlanta, Georgia, November, 1979. Society for Neuroscience Abstracts, 1979, 5, 519.

Shucard D.W., Shucard J.L. AERP waveform comparisons between waking infants and adults. Presented at the Society for Psychophysiological Research Meetings, Cincinnati, Ohio, October, 1979. Psychophysiology, 1980, 17, 289.

Thomas D. .G., Shucard D. W., Selinger M.F. Auditory event-related potentials as measures of differential hemispheric processing: Stimulus and cognitive factors. Presented at the Society for Psychophysiological Research Meetings, Cincinnati, Ohio, October, 1979. Psychophysiology, 1980, 17, 289.

Hudgel D.W., Shucard D.W., Antony V., Cooperson D., Euwer R.L. Sleep, hypoxemia in asthma. Presented at the American Academy of Allergy Meetings, Atlanta, Georgia, February, 1980. Clinical Research, 1980, 28, 58a.

Thomas D.G., Shucard D.W., Shucard J.L., Cummins K.R. Auditory event-related potentials and fast habituation in infants and adults. Paper presented to the International Conference on Infant Studies, New Haven, Connecticut, April, 1980.

Selinger M.S., Shucard D.W., Prescott T.E. Relationships between behavioral and electrophysiological measures of auditory comprehension. Presented at the Clinical Aphasiology Conference, Bar Harbor, Maine, June, 1980.

Spector S.L., Shucard D.W. Central nervous system effects of anti-asthma medication - an EEG study. Presented at the American College of Allergists Meetings, Miami, Florida, January, 1981. Annals of Allergy, 1981, 48.

Shucard D.W. (Chairperson), Molfese D., Thomas D., Shucard J. Electrophysiological studies of CNS development in infancy. Symposium presented at the Society for Research in Child Development Meetings, Boston, April, 1981. Society for Research in Child Development Abstracts of Individual Papers, 1981.

Hoffman S.A., Arbogast D.N., Biundo T.T., Shucard D.W., Harbeck R.J. Blood-brain barrier (BBB) permeability during acute immune complex disease (AICD). Presented at the American Association of Neuropathologists Meetings, Vancouver, B.C., June, 1981. Journal of Neuropathology and Experimental Neurology, 1981, 40, 343.

Shucard D.W., Spector S.R, Euwer R.L., Cummins K.R., Shucard J.L. Central nervous system effects of antiasthma medication-an EEG study. Presented at the American EEG Society Meetings, Chicago, Illinois, June, 1981. EEG and Clinical Neurophysiology, March, 1982, 53, 29P.

Shucard D.W., Shucard J.L. Sex related differences in brain development as measured by auditory event-related potentials. Presented at the Society for Psychophysiological Research Meetings, Washington, DC, October, 1981. Psychophysiology, 1982, 19, 347.

Thomas D.G., Shucard D.W. Fast habituation of event-related potentials in infancy: Effects of fixed and variable intervals. Presented at the Society for Psychophysiological Research Meetings, Washington, DC, October, 1981. Psychophysiology, 1982, 19, 353.

Thomas D.G., Shucard D.W. A day of testing effect in infant psychophysiology. Presented at the Third International Conference on Infant Studies, Austin, Texas, March, 1982. Infant Behavior and Development, 1982, 5, 241.

Shucard J.L., Shucard D.W., Thomas D.G. Relationships between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Developmental Psychobiology Research Group Retreat, Estes Park, Colorado, June, 1982.

Shucard D.W., Cummins K.R., McGee M.G. Hemispheric patterns of electrophysiological activity in normal and disabled readers. Invited presentation at the Cognitive Science and Educational Practice Conference, Ohio State University, Columbus, Ohio, July, 1982.

Shucard D.W., Shucard J.L., Dean K.G., Pennington B.F. Electrophysiological and neuropsychological indices of visuospatial deficits in Turner Syndrome adults. Presented at the 90th annual meeting of the American Psychological Association, Washington DC, August, 1982.

Shucard J.L., Shucard D.W., Thomas D.G. Relationship between hand preference and evoked potential asymmetries in 6-month-old infants. Presented at the Society for Psychophysiological Research Meetings, Minneapolis, Minn., October, 1982. Psychophysiology, 1982, 19, 585-586.

Shucard D.W., Shucard J.L. Sex differences in the patterns of scalp-recorded electrophysiological activity in infancy - possible implications for language development. Invited presentation at the Conference on Sex Differences in Language, University of Arizona, Tucson, Arizona, January 28-30, 1983.

Shucard D.W. Cortical event-related potentials as probes of the functional organization of the brain. Invited address at the meetings of the Western Psychological Association, San Francisco, CA, April 27-30, 1983.

Shucard D.W., Cummins K.R., McGee M.G., Hill J.C., Minarick D.D. Patterns of electrophysiological activity in normal and disabled readers. In: APA Symposium: Etiology of Developmental Reading Disabilities. Presented at the 91st annual meeting of the American Psychological Association, Anaheim, CA, August, 1983.

McGee M.G., Shucard D.W. A two-group multifactorial model of etiology in developmental reading disabilities. In: APA symposium: Etiology of Developmental Reading Disabilities. Presented at the 91st annual meeting of the American Psychological Association, Anaheim, CA, August, 1983.

Shucard D.W. Brain-behavior relationships - Event-related potentials as probes of the functional organization of the brain. Invited participant, Developmental Behavior Genetics and Learning

Conference, Leesburg, Virginia, September, 1983 (Sponsored by the Human Learning and Behavior Branch of NICHD).

Thomas D.G., Shucard D.W., Shucard J.L, Minarick D.D. Auditory evoked potentials in infancy: effects of stimulus and laboratory experience. Presented at the Society for Psychophysiological Research meetings, Asilomar, California, September, 1983. Psychophysiology, 1983, 20, 474.

Shucard D.W., Cummins K.R., McGee M.G. Event-related brain potentials and reading disability. Presented at the Society for Psychophysiological Research Meetings, Asilomar, California, September, 1983. Psychophysiology, 1983, 20, 470.

Shucard D.W., Salamy J.G., Hill J.C., Gay E.C., Kuraisa R.J., Polson M.C. Electrophysiological indices of the allocation of cerebral resources. Presented at the Society for Psychophysiological Research Meetings, Asilomar, California, September, 1983. Psychophysiology, 1983, 20, 470-471.

Hoffman S.A., Arbogast D.N., Ford P.M., Shucard D.W., Harbeck R.J. Anti-cerebellar antibody levels in the sera of autoimmune mice. Presented at the Society for Neuroscience Meetings, Boston, MA, November, 1983. Society for Neuroscience Abstracts, 1983, 9, 269.

Salamy J.G., Grunstein M.M., Shucard D.W., Welanko P.R. Effects of inspiratory loading on auditory brainstem responses in man. Presented at the Society for Neuroscience Meetings, Boston, MA, November, 1983. Society for Neuroscience Abstracts, 1983, 9, 1199.

Shucard D.W., Welch T.M., Church M.W., Hoffman S.A. A method for obtaining auditory brainstem evoked responses in unanesthetized mice. Presented at the Society for Neuroscience Meetings, Boston, MA, November, 1983. Society for Neuroscience Abstracts, 1983, 9, 1196.

Shucard D.W., Shucard J.L., Thomas D.G., Cummins K.R. The two-tone probe technique: Applications in developmental neuropsychology. In: International Neuropsychological Society Symposium: The Probe Evoked Potentials Paradigm: Rationale and Applications in Neuropsychology. Presented at the 12th annual meeting of the International Neuropsychological Society, Houston, Texas, February, 1984.

Shucard D.W., Thomas D.G., Shucard J.L. Auditory evoked response asymmetries in premature infants. Presented at the International Conference on Infant Studies, New York, NY, April, 1984. Infant Behavior and Development, 1984, 7, 331.

McGee M.G., Shucard D.W., Cummins K.R., Gay E. Specific reading disability: phenotypic heterogeneity and a two-group, multifactorial theory of etiology. Presented at the Developmental Psychobiology Research Group Retreat, Estes Park, Colorado, May 30 - June 1, 1984.

Shucard D.W. Electrophysiological findings in reading-disabled children: The search for subtypes. Invited participant, Biobehavioral Measures of Dyslexia Conference, Bethesda, Maryland, September, 1984 (Sponsored by the Human Learning and Behavior Branch of NICHD).

Church M.W., Welch T.M., Shucard D.W. Pentobarbital-induced changes in the mouse auditory brainstem response as a function of stimulus repetition rate and time post-drug. Presented at the Society for Neuroscience Meetings, Anaheim, California, October, 1984. Society for Neuroscience Abstracts, 1984, 10, 112.

Shucard D.W. Invited discussant on Symposium with H. Als (Chairperson), J.V. Hunt, L.S. Siegel, F.H. Duffy. Patterns of brain function in the premature infant. Presented at the Society for Research in Child Development Meetings, Toronto, Ontario, Canada, April, 1985.

Thomas D.G., Shucard D.W., Shucard J.L. Auditory evoked potential variability in infancy. Presented at the Society for Research in Child Development Meetings, Toronto, Ontario, Canada, April, 1985.

Shucard D.W. Electrophysiological factors in dyslexia. Invited participant at The Gow Symposium on Dyslexia, South Wales, NY, September 1986.

Shucard D.W. Neurophysiologic, cognitive and behavioral changes in Alzheimer's Disease and Down's Syndrome. Invited participant at the Alzheimer's Disease and Down's Syndrome Symposium, SUNY at Buffalo, October, 1986.

Shucard D.W., Church M.W. Age-related hearing loss in mice as evidenced by the brainstem auditory evoked potential. Presented at The Society for Neuroscience Meetings, Washington, DC, November, 1986. Society for Neuroscience Abstracts, 1986, 12, 1579.

Shucard J.L., Shucard D.W. Probe evoked potentials and hemispheric asymmetries during visual discrimination in children. Presented at the Eighth International Conference on Event-Related Potentials of the Brain (EPIC VIII), Stanford, CA, June, 1986. EPIC VIII Research Reports, 1986, 206-209.

Shucard D.W. Biobehavioral patterns in dyslexia. Invited address, The Center for the Study of Behavioral and Social Aspects of Health Inaugural Colloquium Series, SUNY at Buffalo, April, 1987.

Shucard D.W., Cummins K.R., Shucard J.L. Biobehavioral relationships in dyslexia. Presented at the Society for Neuroscience Meetings, New Orleans, LA, November, 1987. Society for Neuroscience Abstracts, 1987, 13, 653.

Duffner P.K., Cohen M.E., Seidel F.G., Shucard D.W. Significance of magnetic resonance imaging abnormalities in children with neurofibromatosis. Presented at the 17th Annual Meeting of the Child Neurology Society, Halifax, Nova Scotia, Sept, 1988. Annals of Neurology, 1988, 24, 305-306.

Church M.W., Shucard D.W. The mouse brainstem auditory evoked potential as functions of strain and aging. Presented at the Society for Neuroscience Meetings, Toronto, Ontario, Canada, November, 1988. Society for Neuroscience Abstracts, 1988, 14, 800.

Clopper R.R., Schachter M., Shucard J.L., Shucard D.W. Neuropsychological and electrophysiological differences in Turner Syndrome. Presented at the Society for Neuroscience Meetings, Toronto, Ontario, Canada, November, 1988. Society for Neuroscience Abstracts, 1988, 14, 1015.

Shucard D.W., Cummins K.R., Shucard J.L. Auditory evoked potential asymmetry and patterns of human abilities in normal and disabled readers. Society for Neuroscience Abstracts, 1989, 15, 478.

Kerr S.L., Shucard D.W., Kohrman J.H., Cohen M.E. Standard EEG and ambulatory EEG in the evaluation of neonatal seizures. Presented at the Child Neurology Society Meetings, San Antonio, Texas, Oct., 1989. Child Neurology Abstracts, 1989, 259.

Thomas D.G., Shucard J.L., Crow C.D., Shucard D.W. Relationship among gestational age, event related potentials at three months and Bayley scores at twelve months. Presented at the International Conference on Infant Studies, Montreal, Canada, April 1990. Infant Behavior and Development, 1990.

Shucard J.L., Shucard D.W. Maturational changes in the AEP: A longitudinal study of alert infants. Presented at the Fourth International Evoked Potentials Symposium, Toronto, September, 1990.

Shucard D.W., Shucard J.L. Probe evoked potentials: What can they tell us about the development and functional organization of the brain? Presented at the Fourth International Evoked Potentials Symposium, Toronto, September, 1990.

Shucard D.W., Shucard J.L. Invited presentation to the Center for Cognitive Science, State University of New York at Buffalo: Electrophysiological methods in the study of cognitive development and the functional organization of the brain. February, 1991.

Shucard D.W., Shucard J.L., Rogers B.T., Shafer V.L., Ram D. A longitudinal study of neurocognitive functioning in two infants with perinatal brain insult. Presented at the New York Neuropsychology Group Twelfth Annual Conference, New York, April, 1991. International Journal of Neuroscience, 1991.

Shucard D.W., Shucard J.L. Asymmetries of probe evoked potentials and measures of human abilities in normal and disabled readers. Platform presentation at the TENNETT II Conference on Theoretical and Experimental Neuropsychology, Montreal, Canada, May, 1991.

Shucard D.W., Shucard J.L. Asymmetries of probe evoked potentials and intellectual performance in cognitively impaired children. Platform presentation at the Society for Neuroscience Meetings, New Orleans, Louisiana, November, 1991. Society for Neuroscience Abstracts, 1991, 17, 20.

Shafer V.L., Shucard D.W., Shucard J.L., Gerken L.A. An electrophysiological study of infants' sensitivity to the sound structure of English function words. Platform presentation at the Society for Neuroscience Meetings, Anaheim, California. Society for Neuroscience Abstracts, 1992, 18, 584.

Shucard D.W., Tekok-Kilic A., Lichter D.G. The continuous performance task as a measure of sustained attention in Tourette Syndrome. Presented at the Rotman Research Institute of Baycrest Centre Conference on Attention: Theoretical and Clinical Perspectives, Toronto, Canada, March 1992.

Shucard J.L., Shucard D.W., Shafer V.L., Ferretti L.E., Kubow S.A. Fast habituation of scalp-recorded auditory evoked potentials to paired tone stimuli in infants. Platform presentation at the Society for Neuroscience Meetings, Anaheim, California. Society for Neuroscience Abstracts, 1992, 18, 584.

Shafer V.L., Gerken L.A., Shucard J.L., Shucard D.W. `The' and the brain: An electrophysiological study of infants' sensitivity to English function morphemes. Platform presentation at Boston University Conference on Language Development. October, 1992.

Shucard D.W., Shucard, J.L., Shafer, V.L. Auditory evoked potentials to probe stimuli: possible implications for attention and allocation of cerebral resources in infants. Presented at Developmental Neuropsychology Satellite Conference, New Orleans, Louisiana. March, 1993. Developmental Neuropsychology, 1993.

Shucard D.W., Shucard J.L. What can auditory evoked potentials tell us about cognition? Presented at the Center for Biobehavioral and Social Aspects of Health Faculty/Professional/Student Retreat, SUNY at Buffalo, Amherst, New York. May, 1993.

Shucard J.L., Shucard D.W., Clopper R.L., Kubow S.A., Ciupak G.L., Dixon R. Auditory evoked potentials and cognitive sex differences in pre-adolescent children. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 561.

Shafer V.L., Shucard D.W. Auditory evoked potentials as an index of infants' ability to distinguish their native from non-native languages. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 1809.

Specht C.M., Shucard D.W. Fast habituation of auditory evoked potentials to paired tone stimuli in the rat. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 1005.

Ferretti L.E., Shucard D.W., Shucard J.L., Shafer V.L., Rogers B.T. Impact of perinatal asphyxia on the cortical auditory evoked potential in infants: a longitudinal perspective. Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 182.

Sargent E.L., Schaeffer C.P., Shucard D.W. Patterns of cognitive ability and auditory evoked potential asymmetry in normal readers: why aren't they reading disabled? Presented at the Society for Neuroscience Meetings, Washington, D.C., November, 1993. Society for Neuroscience Abstracts, 1993, 19, 1809.

Shucard D.W., Shafer V.L., Shucard J.L., Jaeger J.J. Electrocortical activity and attention to babbling. Accepted for poster presentation at the IXth Biennal International Conference on Infant Studies, Paris, France, June, 1994.

Pielecha J.M., Specht C.M., Shucard, D.W. A method for chronically recording evoked potentials from unanesthetized rats. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 809.

Shucard J.L., Shucard D.W., Ciupak G.L., Schaeffer C.P., Clopper R.L., Quattrin T., Voorhess M.L. Auditory evoked potentials and verbal and spatial abilities in preadolescent children. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 1424.

Specht C.M., Shucard D.W. Evoked potential fast habituation and single trial latency variability in the rat. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 809.

Tekok-Kilic A., Sargent E., Shucard D.W. Cortical evoked potentials during a visual continuous performance task. Presented at the Society for Neuroscience Meetings, Miami Beach, Florida, November, 1994. Society for Neuroscience Abstracts, 1994, 20, 1002.

Kohrman M.H., Shucard D.W., Ciupak G.L. and Monte L. Use of a continuous performance task as a measure of sleepiness. Presented at the Child Neurology Society (CNS) and International Child Neurology Association (ICNA) Conjoint Meeting, San Francisco, California, October, 1994. Annals of Neurology, 1994, 36, 529-530.

Dixon R.F., Shucard D.W., Podkulski M.C., Shucard J.L. and Fishkin Z.B. Contributions of single trial latency variability to fast habituation in scalp-recorded auditory evoked potentials to paired tone stimuli in infants. Presented at the Society for Psychophysiological Research 34th Annual Meeting, Atlanta, Georgia, October, 1994. Psychophysiology, 1994, 31, S40-S41.

Shafer V.L. and Shucard, D.W. Is the right hemisphere of the brain functionally specialized to process prosodic information from birth? Accepted for presentation at the Boston University Language Conference, Boston, Massachusetts, November, 1994.

Shucard, D.W. and Shucard, J.L. Electrophysiological technique in the study of spatial abilities in Turner Syndrome. Invited presentation at the Conference on Assessment of Behavior in Children and Adolescents with Disorders of Growth and Pubertal Development (Sponsored by the Endocrinology, Nutrition, Growth Branch and Human Learning and Behavior Branch of NICHD) Rochville, Maryland, April 3-4, 1995.

Quattrin T., Ciupak G.L., Shucard D.W., Shucard J.L., Clopper R.R. and Voorhess M. Turner Syndrome: Further delineation of visual spatial abilities and the role of estrogen replacement therapy. Presented at the 1995 American Pediatric Society and Society for Pediatric Research Annual Meetings, San Diego, California, May, 1995.

Lockwood A.H., Shucard D.W., Murphy B. W. and Khalak H. Activation of cortical regions by visual and auditory attention tasks. Presented at the XVII International Symposium on Cerebral Blood Flow and Metabolism, Brain 95, Cologne, Germany, July, 1995. Journal of Cerebral Blood Flow and Metabolism, 1995, 15 (suppl 1), S855.

Shafer V. L., Shucard D. W. Differences in maturation of the left and right cerebral hemispheres in male and female infants: an electrophysiological study. Presented at the Society for Psychophysiological Research 35th Annual Meeting, Toronto, Ontario, Canada, October, 1995. Psychophysiology, 1995, 32, S69.

Shucard J .L., Maltz L. M., Shucard D.W. Probe ERPs and visual-spatial processing in prepubertal children. Presented at the Society for Psychophysiological Research 35th Annual Meeting, Toronto, Ontario, Canada, October, 1995. Psychophysiology, 1995, 32, S70.

Tekok-Kilic A., Stadler R. M., Shucard D. W. ERP measures of target detection, and response inhibition during a visual sustained attention task. Presented at the Society for Psychophysiological Research 35th Annual Meeting, Toronto, Ontario, Canada, October, 1995. Psychophysiology, 1995, 32, S75.

Tekok-Kilic A., Shucard D. W. Condition and modality effects on late positive ERP components obtained during continuous performance tasks. Presented at the Society for Psychophysiological Research 36th Annual Meeting, Vancouver, British Columbia, Canada, October, 1996. Psychophysiology, 1996, 33, S82.

Sheehy R.E., Shucard D. W., Electrophysiology of infant auditory recognition memory. Presented at the Society for

Neuroscience, 26th Annual Meeting, Washington, D.C., November 1996. Society for Neuroscience Abstracts, 1996, 22,

1852.

Shucard D. W., Shucard J. L., Ciupak G.L., Jaeger J .J., Lockwood A.H., ERPs and sex differences in regular and irregular past tense verb formation. Presented at the Society for Neuroscience, 26th Annual Meeting, Washington, D.C., November, 1996. Society for Neuroscience Abstracts, 1996, 22, 1111.

Specht C.M., Shucard D. W., N-(2-Chloroethyl)-N-2-Bromobenzylamine Hydrochloride reduces the amplitude of auditory evoked potentials in a paired-tone paradigm in the albino rat. Presented at the Society for Neuroscience, 26th Annual Meeting, Washington, D.C., November 1996. Society for Neuroscience Abstracts, 1996, 22, 1393.

Ciupak G., Quattrin T., Shucard J., Shucard D. Further Delination of Cognitive Abilities in Turner Syndrome: Does Estrogen Play a Role? Presented at the International Neuropsychological Society 25th Annual Meeting, Orlando, Florida, February 1997. Journal of the International Neuropsychological Society, 1997, 3, 35.

Shucard, J. L., Ciupak, G. L., Quattrin, T., & Shucard, D. W. An event related potential study of spatial abilities in turner

syndrome. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA,

October, 1997. Psychophysiology, 1997, 34, S81.

McCabe, D.C., Shucard, J. L., & Shucard, D. W. A P300 (P3) study of target detection, response inhibition, and novelty

during auditory and visual sustained attention. Presented at the Society for Psychophysiological Research 37th Annual

Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S62.

Williams, J.K., Oliver, C.M., & Shucard, D. W. Effects of stimulus and modality on P300 (P3) in two Continuous

Performance Tasks (CPTs). Presented at the Society for Psychophysiological Research 37th Annual Meeting, North

Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S97.

Specht, C.M., Starick, M.E., & Shucard, D. W. DSP-4, a selective noradrenergic neurotoxin, reduces the amplitude of

peak 2 of the averaged auditory evoked potential in the albino rat. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S84.

Specht, C.M., Starick, M.E., & Shucard, D. W. Absence of auditory evoked potential slow habituation across 60 paired-

tone trials in the albino rat. Presented at the Society for Psychophysiological Research 37th Annual Meeting, North

Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S85.

Tekok-Kilic, A., Sparks, J. M., & Shucard, D. W. Sex-related differences indexed by P300 (P3) amplitude in

visual and auditory sustained attention tasks. Presented at the Society for Psychophysiological Research 37th Annual

Meeting, North Falmouth, MA, October, 1997. Psychophysiology, 1997, 34, S89.

Shucard, J. L., Benedict, R. H. B., Shucard, D. W., McCabe, D.C. & Lockwood, A.H. Event-related potentials during functional neuroimaging of auditory attention. Presented at the Society for Neuroscience, 27th Annual Meeting, New Orleans, LA, October, 1997. Society for Neuroscience Abstracts, 1997, 23, 300.

Specht, C.M., & Shucard, D. W. Clonidine hydrochloride dose-dependently decreases peak 2 amplitude of the auditory evoked potential in the albino rat. Presented at the Society for Neuroscience, 27th Annual Meeting, New Orleans, LA, Society for Neuroscience Abstracts, October, 1997, 23, 1550.

Tekok-Kilic, A., Sparks, J. M., & Shucard, D. W. Event-related brain potentials in auditory and visual tasks of sustained attention. Presented at the Society for Neuroscience, 27th Annual Meeting, New Orleans, LA, Society for Neuroscience Abstracts, October, 1997, 23, 1836.

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Oliver, C., Williams, J., Shucard, D. Event-related potentials and attention in autism. Presented at the

American Psychiatric Association Conference, Toronto, Ontario, Canada, May 1998. American Psychiatric Association Abstracts, 1998, 121.

Everhart, D. E., Shucard, J.L., Shucard, D.W. Sex differences in ERP's and facial processing in prepubertal

children. Presented at the Society for Psychophysiological Research 38th Annual Meeting, Denver, CO, September, 1998. Psychophysiology, 1998, 35, S29.

Starick, M., Specht, C., Shucard, D. Effects of manipulation of stimulus parameters on long-latency auditory evoked potentials in the albino rat. Presented at the Society for Psychophysiological Research 38th Annual Meeting, Denver, CO, September, 1998. Psychophysiology, 1998, 35, S79.

Specht, C., Starick, M., Shucard, D. Peak 2 amplitude of the long-latency auditory evoked potential is mediated by alpha-2-noradrenergic receptors. Presented at the Society for Psychophysiological Research 38th Annual Meeting, Denver, CO, September, 1998. Psychophysiology, 1998, 35, S77.

Drake, R., Tekok-Kilic, A., Shucard, D. Slow brain potentials during a continuous performance test.

Presented at the Society for Psychophysiological Research 38th Annual Meeting, Denver, CO, September, 1998. Psychophysiology, 1998, 35, S28.

Williams, J., Oliver, C.M., Shucard, D. W. An Electrophysiological study of visual and auditory sustained

attention in Autism. Presented at the Society for Neuroscience, 28th Annual Meeting, Los Angeles, CA, November, 1998. Society for Neuroscience Abstracts, 1998, 24, 326.10.

Bishop, B., Silva, G., Krasney, J., Salloum, A., Shucard, D., Rifkin, D., Farkas, G. Circadian rhythms of body temperature and activity levels during 63 hours of hypoxia. Presented at the 1999 American Physiological Society Conference, Fort Lauderdale, FL, October, 1999. Physiologist, 1999, 42 (5): 5.8, A-9.

Everhart, E., Shucard, J.L., Shucard D.W. Neurophysiological differences in face recognition in TS girls and prepubertal children. Presented at the National Academy of Neuropsychology 19th Annual Meeting, San Antonio, TX, November, 1999. Archives of Clinical Neuropsychology, 1999, 14 (8), 677.

Krasney, J.A., Farkas, G., Shucard, D.W., Salloum, A.C., Silva, G., Roberts, A., Rifkin, D., Bishop, B., Rubio, A. Arterial hypoxia (63 H) elicits subdural hematomas in rats at 29^0. Presented at the Society for Neuroscience, 29th Annual Meeting, Miami Beach, FL, October, 1999. Society for Neuroscience Abstracts, 1999, 25, 581.

McCabe, D.C., Shucard, J.L., Shucard, D.W. ERPs and categorization of novel stimuli during auditory and visual continuous performance tasks. Presented at the Society for Psychophysiological Research 39th Annual Meeting, Granada, Spain, October, 1999. Psychophysiology, 1999, 36, S77.

Salloum, A. C., Silva, G., Rifkin, D., Bishop, G., Farkas, G., Shucard, D. W., Krasney, J. A. Hypoxia alters body temperature (T_b) and activity circadian rhythms in rats. Presented at Experimental Biology 1999 Annual Meeting, . Federation Proceedings, 1999, 13 (5) Part II, A787.

Santa Maria, M.P., Starick, M., Specht C.M., Podkulski, M., Shucard, D.W. A decrease in ERP amplitude during fast

habituation is not related to increased single trial variability in the time domain. Presented at the Society for

Psychophysiological Research 39th Annual Meeting, Granada, Spain, October, 1999. Psychophysiology, 1999, 36,

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Specht, C.M., Jayachandra, M., Shucard, D.W., Schroeder, C.E., Javitt, D.C. Comparison of N1 refractoriness across long interstimulus intervals between monkey and rat models. Presented at the Society for Psychophysiological Research 39th Annual Meeting, Granada, Spain, October, 1999. Psychophysiology, 1999, 36, S110.

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Benedict, R.H.B., Santa Maria, M.P., Abara, J.P., Shucard, D.W., Shucard, J.L., Coad, M.L., Wack, D., Lockwood, A.H. Assessment of auditory attention and motor function using ^{15}O H_2O PET. Presented at the Cognitive Neuroscience Society 7th Annual Meeting, San Francisco, CA, April, 2000. Cognitive Neuroscience, 2000, 77.

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Hanley, M., Donnelly, J., Shucard, D., Shucard, J. Predictors and moderators of quality of life in sleep apnea. Presented at the American Psychological Association 110th Annual Convention, Chicago, IL, August, 2002.

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Parmenter, B., Shucard, J.L., Cho, R., McCabe, D.C., Benedict, R.H.B., Shucard, D.W. Working memory deficits in Multiple Sclerosis: A comparison between PASAT and n-back measures. Presented at the International Neuropsychological Society 33rd Annual Meeting, St. Louis, Missouri, Feb. 2005. Journal of the International Neuropsychological Society, 2005, 11, (S1), 41.

Parmenter, B., Shucard, J.L., Cho, R., Shucard, D.W. Information processing speed deficits in MS: a matter of complexity. Presented at the International Neuropsychological Society 34th Annual Meeting, Boston, MA, Feb.2006.

Shucard, J.L., Parmenter, B., Shucard, D.W. Event-related brain potentials and processing speed in MS. Presentedat the International Neuropsychological Society 34th Annual Meeting, Boston, MA, Feb. 2006.

Shucard, J.L. & Shucard, D.W. Cognitive Dysfunction in SLE. Invited talk at the Lupus Alliance of America, March, 2006.

Shucard, D.W., Cook, H.E., Rifkin, D., Shucard, J.L. Gender differences in the relationship between the Epworth Sleepiness Scale and Indices of Sleep Apnea. Presented at The Associated Professional Sleep Societies for presentation at the 20th Anniversary Meeting in Salt Lake City, Utah, June 2006. Sleep 29: A214-A214 635 Suppl. S, 2006.

J. Shucard, B. Parmenter, W. Defraine, D. Shucard. Electrophysiological correlates of working memory deficits in Systemic Lupus Erythematosus. Presented at the Society for Psychophysiological Research 46th Annual Meeting in Vancover, BC, Canada, October 2006. Psychophysiology, 2006, 43, S91-S92.

K. Shiels, D. Shucard, ,M. Posner, ,A, Tekok-Kilic, A. Hamlin, J. Shucard. Lateralization of the P3 response during stages of verbal and spatial working memory. Presented at the Society for Psychophysiological Research 46th Annual Meeting in Vancover, BC, Canada, October 2006. Psychophysiology, 2006, 43, S90-S90.

Shucard, D.W., Parmenter, B.A., Defraine, W., Brueggemeier, C.R., Shucard, J.L. ERP indices of deficits during stages of working memory in Systemic Lupus Erythematosus. Presented at the Society for Neuroscience 36th Annual Meeting in Atlanta, GA, October 2006.

Brueggemeier, C.R. Shucard, J.L. Shucard, D.W. An electrophysiological and neuropsychological study of attention in PTSD. Presented at the International Neuropsychological Society 35th Annual Meeting in Portland, OR. February 2007.

Tekok-Kilic, A. Shucard, J.L. Hamlin, A.S. Shucard, D.W. An electrophsyiological study of age-related differences in encoding and maintenance during a Working Memory (WM) task. Presented at the Society for Psychophysiological Research 47th Annual Meeting in Savannah, GA. October 2007. Psychophysiology, 2007 44, S68.

Hamlin, A.S. Shucard, J.L. Tekok-Kilic, A. Shucard, D.W. Increased activation of the frontal P3 during encoding is associated with poorer working memory performance in middle aged adults. Presentated at the Society for Psychophysiological Research 47th Annual Meeting in Savannah, GA. October 2007. Psychophysiology, 2007, 44 S68.

Shucard, D.W. Tekok-Kilic, A. Hamlin, A.S. Shucard, J.L. Event-related potentials can reflect frontal activation associated with increased task difficulty. Presented at the Society for Neuroscience 37th Annual Meeting in San Diego, CA. November 2007.

Bittner, T., Shucard, D.W. Goldberg, L. Shucard, J. Qualitative analysis of cognitive event –related brain potentials: an ongoing approach. Accepted for platform presentation at the Society for Neuroscience 38th Annual Meeting, November 2008.

Chichelli, T.L. Shucard, D.W. Yildirim, E.E. Varley, M.A. Carr, K.A. Lampell, S.A. Shucard, J.L. An ERP study of P3 amplitude change over trials during the performance of a working memory n-back task in older versus younger adults. Accepted for presentation at the Society for Neuroscience 38th Annual Meeting, November, 2008.

Abara, J.P. Shucard, D.W. Shucard, J.L. Parra, L.A. The effects of task demand on the contingent negative variation during working memory. Accepted for presentation at the Society for Neuroscience 38th Annual Meeting, November 2008.

Syed, A., Shucard, J.L., Shucard, D.W. The contributions of cognitive, biological, and psychosocial factors to depression in Systemic Lupus Erythematosus. Presented at the International Neuropsychological Society 36th Annual Meeting in Honolulu, Hawaii, February, 2008. Journal of the International Neuropsychological Society, 2008, 14 (S1), 201.

Carr, K.A., Shucard, D.W., Shucard, J.L. An electrophysiological study of processing stages during verbal and spatial working memory. Accepted for presentation at the Society for Research in Child Development 2009 Biennial Meeting, April 2-4, 2009, Denver, Colo.

Shucard, J.L., Fetter, H., Shucard, D.W., Cox, J., Chung,C. Bordanaro, R. Magill, A., Violanti, J. Symptoms of Posttraumatic Stress Disorder are related to structural MRI and behavioral measures of affective stimulus processing in police officers. Presented at the Society for Neuroscience 39th Annual Meeting, Chicago, Illinois. October 17-21, 2009.

Covey, T., Shucard, D.W., Zivadinov, R., Lee, W., Dwyer, M., Shucard, J.L. Complex, not simple, processing speed is associated with the working memory performance and structural MRI indices of brain damage in multiple sclerosis. Presented at the Society for Neuroscience 39th Annual Meeting, Chicago, Illinois, October 17-21, 2009.

Shucard, D.W., Chichelli, T.L., Lee, W.H., Covey, T.J., Lee, T. J., Shucard, J.L. ERP P3 amplitude change over trials during the performance of a working memory n-back task in older versus younger adults. Presented at the Society for Psychophysiological Research 49th Annual Meeting, Berlin, Germany, October, 2009. Psychophysiology, 2009.

Shucard, J.L., Lee, J., Covey, J., Violanti, J., Shucard, D.W. Evidence of frontal dysregulation associated with heightened attention to task-irrelevant stimuli in police officers with high ptsd symptomology: a dense electrode array ERP study. Presented at the Society for Neuroscience 40th Annual Meeting, San Diego, CA., Nov. 13-17, 2010.

Zivadinov, R., Shucard, D.W., Hussein, S., Durfee, J., Cox, J.L., Benedict, R.H.B., Shucard, J.L. Conventional and non –conventional MRI manifestations of central nervous system involvement in systemic lupus erythematosus. Society for Human Brain Mapping 17th Annual Meeting, Quebec City, Canada, June 26-30, 2011.

Covey, T. J., Shucard, J.L., Lee, J., Shucard, D.W. Single trial variability of event-related brain potentials as an index of neural efficiency during information processing. Presented at the Society for Neuroscience 41st Annual Meeting, Washington, D.C., November 12-16, 2011.

Shucard, J., Lee, J., Covey, T., Violanti, J., Shucard, D.W. Heightened attention during a Go-NoGo task in police officers symptomology: A dense electrode Event Related Potential (ERP) study. Presented at the International Society for Traumatic Stress Studies, Baltimore, MD, November 3-5, 2011.

Covey, TJ**,** Shucard, JL, Lee, JT, Zivadinov, R, & Shucard, DW. Electrophysiological, behavioral, and structural indices of working memory dysfunction in Systemic Lupus Erythematosus. Presented at the 42nd annual meeting of the Society for Neuroscience, New Orleans, 2012.

Kandel, A, Ching, MI, **Covey, TJ**, & Shucard, DW. Timing of Mobile Cardiac Outpatient Telemetry May Increase Diagnostic Yield of Atrial Fibrillation in Select Patients with Cryptogenic Strokes. Presented at the International Stroke Conference, New Orleans 2012. Published abstract.

Shucard, D.W. and Shucard, J.L. What Can Electrophysiology Tell Us About Human Cognitive Function? Invited Neurology Grand Rounds Presentation, Department of Neurology, University at Buffalo, Buffalo, NY, January 31, 2013.

Cesar, B. Shucard, J.L., Dwyer, M., Polak, P., Bergsland, N. Benedict, R.H.B., Shucard, D.W., Zivadinov, R.

Comparing white matter tracts of patients with relapsing-remitting multiple sclerosis, systemic lupus erythematosus, and healthy controls using tract-based spatial statistics (TBSS). Presented at the American Academy of Neurology annual meeting, March, 2013.

Shucard, J.L., Shucard, D.W., Hussein, S. Durfee, J., Cox, J.L., Bergsland, N., Dwyer, M.G., Benedict, R.H.B., Ambrus, J., Zivadinov, R. Multimodal imaging manifestations of neuropsychiatric involvement in systemic lupus erythematosus. Platform presentation (R. Zivadinov, presenter) at the American Academy of Neurology annual meeting. March, 2013.

Shucard, D.W. and Shucard, J.L What Can Event-Related Brain potentials Tell Us About human Cognitive Function? Invited Seminar, Department of Psychology, Behavioral Neurosciences, University at Buffalo, April 8, 2013.

Shucard, D.W., Chin, R. Covey, T.J., Shucard, J.L. Perceptual task difficulty and inhibitory control during a Go-NoGo task: An event-related potential study. Presented at the 44 annual meeting of the Society for Neuroscience. November, 2014.

A VI. Clinical Researcher 4

R. Lorraine Collins, PhD

May 2015

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Citizenship: [redacted]

Education

1975 - l980 Rutgers University, New Brunswick, New Jersey.
PhD in Psychology (Clinical).
M.S. in Psychology (Clinical).

l978 - l979 University of Washington, Seattle, Washington
Clinical Internship, Department of Psychiatry and Behavioral Sciences,

l972 - l975 McGill University, Montreal, Canada.
B.A., First Class Honours in Psychology.

l970 - l972 Dawson College (CEGEP), Montreal, Canada.
Diploma of Collegiate Studies in Social Sciences.

Positions Held

2008-present Associate Dean for Research
Professor, Community Health and Health Behavior
School of Public Health and Health Professions
University at Buffalo, The State University of New York

2008-present Affiliated Scientist
Research Institute on Addictions
University at Buffalo, The State University of New York

l986 - 2008 Senior Research Scientist
Research Institute on Addictions
University at Buffalo, The State University of New York

1989-present Research Professor (previously Research Associate Professor), Department of Psychology, University at Buffalo, The State University of New York

1991 (Fall) Visiting Lecturer, Department of Psychology, University of Washington, Seattle

l98l - 1987 Assistant Professor to Adjunct Assistant Professor, Department of Psychology, State University of New York at Stony Brook.

1979 - l98l Research Associate (Postdoctoral research training), Department of Psychology, University of Washington.

l978 Adjunct Instructor, Department of Human Ecology and Social Sciences, Cook College, Rutgers University.

1975 - l977 Teaching Assistant, Department of Psychology. Rutgers College, Rutgers University.

Research Interests

Cognitive and behavioral approaches to the conceptualization, prevention, and treatment of addictive behaviors. Psycho-social issues (e.g., gender, socio-economic status) related to substance use and misuse as well as other high-risk behaviors. Research methods that use technology (e.g., ecological momentary assessment, smartphone apps) for assessment and intervention.

Research Funding

Currently Funded Grants (Principal Investigator/Co-Investigator; Project total cost)

National Institute on Drug Abuse
Use of Exercise to Reduce Young Adult Marijuana Use: There is an App for That
(R34 DA035358)
2013-2015: $715,500
Principal Investigator

National Institute on Drug Abuse
Proximal Effects of Marijuana in Understanding Intimate Partner Violence
(R01-DA033994)
2013-2017: $1,862,243
Co-Investigator, with PI Maria Testa, PhD

National Institute of Justice
Identifying Sexual Assault Mechanisms among Diverse Women
(NIJ 2014 90924 NY IJ)
2015-2017: $930,520
Co-Investigator with PI Amy Hequembourg, PhD

National Institute on Alcohol Abuse and Alcoholism
Research Training on Alcohol Etiology and Treatment
(T32-AA007583)
2000-2015: $4,774,369
Co-Investigator and Co-Director with PI Kenneth E. Leonard, PhD.

Past Grants Received (Principal Investigator/Co-Investigator; Total costs)

National Institute on Drug Abuse
Applying Behavioral Economics and EMA to Physical Activity and Marijuana Use
(R01-DA027606)
2009-2013: $1,397,848

Principal Investigator

National Institute on Alcohol Abuse and Alcoholism
Malt Liquor and Marijuana: Factors in their Concurrent Versus Separate Use (R01-AA016580)
2009-2012: $783,474
Principal Investigator

National Institute on Drug Abuse
Knowledge Exchange and Skills Training for Therapists (R01-DA018295)
2005-2010: $1,585,000
Co-Investigator with PI Christopher Barrick, PhD

National Institute on Drug Abuse
Practicing Self-Control Lowers the Risk of Smoking Lapse (R01-DA016131)
2004-2010: $936,875 (direct cost)
Co-Investigator with PI Mark Muraven, PhD

National Institute on Alcohol Abuse and Alcoholism
Restraint and Attributions: Risk Factors in Alcohol Abuse (R01-AA007595)
1988-2008: $4,318,101
Principal Investigator 1988-2008 (multiple continuation awards)

National Institute on Alcohol Abuse and Alcoholism
Women Bar Drinkers: Exploring Risks for HIV (R01-AA014499)
2003-2008: $1,256,000
Co-Investigator with PI Kathleen A. Parks, PhD

National Institute on Drug Abuse
Drug Use and Problem Behaviors in Minority Youth (R01-DA005702)
2003-2008: $1,702,710 (direct cost)
Co-Investigator with PI Judith S. Brook, EdD

National Institute on Alcohol Abuse and Alcoholism
40 oz Views: Alcohol Expectancies for Malt Liquor (R21-AA013540)
2001-2004: $468,333
Principal Investigator with Co-Investigator Clara M. Bradizza, PhD

National Institute on Alcohol Abuse and Alcoholism
Alcohol Lapse: Role of Self-Control Strength and Restraint (R21-AA012770)
2001-2004: $447,205
Co-Investigator with PI Mark Muraven, PhD

National Institute on Alcohol Abuse and Alcoholism
Alcohol and Bar Violence (R01-AA010617)
1997-2002: $921,080
Co-Investigator with PI Kenneth E. Leonard, PhD

National Institute on Drug Abuse
Nurses' Substance Abuse: Stress, Coping, and Self-efficacy (R01-DA05852)
Principal Investigator, 1990-1994: $776,966

National Institute on Drug Abuse - New Investigator Research Award
The Role of "Spouses" in Relapse Prevention for Smokers (R23-DA04547)
Principal Investigator, 1987-1991: $172,597

Biomedical Research - State University of New York at Stony Brook
The Role of Spouses in Relapse Prevention Treatment for Smokers.
Principal Investigator, 1986-1987: $4,000 (pilot study for grant application)

American Lung Association of Nassau-Suffolk
Smoking Cessation: Comparative Efficacy of Broad Spectrum vs. Relapse Prevention.
Principal Investigator, 1985-1987: $4,025

University Awards Program - Research Foundation, State of New York
Effects of Alcohol on Reactions to Violence in Relationships.
Principal Investigator, 1983: $3,096

Biomedical Research - State University of New York at Stony Brook
Assessment of the Mechanisms Underlying the Modeling of Alcohol Consumption.
Principal Investigator, 1981-1983: $5,000

Academic Awards, Honors, and Fellowships

2010, Dean's Award, School of Public Health and Health Professions, University at Buffalo

2009, Outstanding Researcher of the Year, School of Public Health and Health Professions, University at Buffalo

2000- pres., Fellow, Division 50 (Addictive Behaviors), American Psychological Association

1989-1990, Director's Recognition Award, NY State Division on Alcoholism and Alcohol Abuse

l977-1978, Canada Council Fellowship for academic year, Rutgers University

1975, B.A. with First Class Honours, McGill University

l974-l975, University Scholar, McGill University

Professional Memberships (current and recent)

2010 – pres. American Public Health Association

2011 – pres. American Psychological Society

1981- pres. American Psychological Association, Currently member of Division 50
APA convention, l985 - Program Chair for Section III, Division l2.
APA convention, 1986 and 1990 - Program Committee for Division 12.
APA convention, 1994 - 1996, 2000, 2001, 2009, 2010 Program Comm., Div. 50
Conference on Psychosocial and Behavioral Factors in Women's Health, May 1994

1988 – pres. Research Society on Alcoholism,
Membership Committee, 1989 - 1991

1980 – 2006 Association of Behavioral and Cognitive Therapies
Chair, Convention Program Committee, 1992
Member, Convention Program Committee, 1986, 1990, 1991
Chair, Women's Special Interest Group, 1987-1990
Chair, Affiliates & Special Interest Group Committee, 1990-1993

Consulting/Grant Reviewing and Other Professional Activities

2011 - 2012 Member of Substance Abuse and Addiction Scientific Panel, PhenX (Consensus Measures for Phenotypes and Exposures), Research Triangle Institute/NIH

2006 – 2010 Member of Peer Review Advisory Committee, Center for Scientific Review, National Institutes of Health

1989 – pres. Ad hoc reviewer for various Initial Review Groups constituted by the Center for Scientific Review, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism, all within the National Institutes of Health

1999 – 2009 Senior Program Consultant, Substance Abuse Policy Research Program, Robert Wood Johnson Foundation (program ended in December 2009)

2003 - 2004 Member of Blue Ribbon Task Force on Health Services Research, National Institute on Drug Abuse

1998 - 2001 Project Advisory Committee, NIAAA Collaborative Minority Institutions Alcohol Research Development Center, North Carolina Central University

1996 - 1998 Senior Science Advisor, National Center for the Advancement of Prevention, Center for Substance Abuse Prevention

1994 - 1998 Member, National Advisory Council on Drug Abuse, National Institutes of Health

1987 - 1998 Advisor, Research Development Seminar Series, National Institute on Drug Abuse

1989 - 1993 Member, Initial Review Group, Drug Abuse Epidemiology and Prevention Research, National Institute on Drug Abuse (grant reviewing)

1990 - 1993 Women's Action Alliance, Multicultural Prenatal Drug and Alcohol Prevention

1986 Career Development Program for Women, Food Safety and Inspection Service, U.S. Department of Agriculture

Certification

1983 - present Licensed Psychologist, State of New York

Editorial Activities

Associate Editor: *Journal of Consulting and Clinical Psychology*, 2005-2007; *Psychology of Addictive Behaviors*, 1996-1999.

Editorial Board Member: *Journal of Consulting and Clinical Psychology*, 2003-2004 and 1997-1999; *NIDA Science and Practice Perspectives*, 2002- 2004; *Psychology of Addictive Behaviors*, 2000-2004; *Alcohol Health & Research World*, 1994-1997; *Women and Therapy*, 1985-1991.

Ad hoc Reviewer: *Addiction, Addictive Behaviors, Aggressive Behavior, American Psychologist, Behavior Therapy, British Journal of Clinical Psychology, Cognitive Therapy and Research, Drug and Alcohol Review, Expert Review of Neurotherapeutics, Health Psychology, International Journal of the Addictions, Journal of Abnormal Psychology, Journal of Child and Adolescent Psychology, Journal of Consulting and Clinical Psychology, Journal of Personality and Social Psychology, Journal of Studies on Alcohol, Journal of Substance Abuse, Personality and Social Psychology Bulletin, Psychology of Addictive Behaviors, Spanish Journal of Psychology*.

Peer Reviewer: *Eighth Special Report to the U.S. Congress on Alcohol and Health*, 1993.

Dissemination Activities

Publications: Peer-reviewed Journal Articles

Ellis, E. M., Homish, G. G., Parks, K. A., **Collins, R. L.**, & Kiviniemi, M. T. (2015). Increasing condom use by changing people's feelings about them: An experimental study. *Health Psychology*. http://dx.doi.org/10.1037/hea0000205

Haibach, J.P., Homish, G.G., **Collins, R.L.,** Ambrosone, C.B., & Giovino, G. A. (in press). An evaluation of fruit and vegetable consumption and cigarette smoking among youth. *Nicotine & Tobacco Research.* Published online, ahead of print: Oct 2014; doi: 10.1093/ntr/ntu215.

Hequembourg, A. L., Parks, K. A., **Collins, R. L.,** & Hughes, T. L. (2015). Sexual assault risks among gay and bisexual men. *Journal of Sex Research, 52*, 282-295. doi**:** 10.1080/00224499.2013.85683. PMCID:PMC4117833

Smith, P.H., Homish, G.G., **Collins, R.L.,** Giovino, G.A., White, H.R., Leonard, K.E. (2014). Couples' marijuana use is inversely related to their intimate partner violence over the first nine years of marriage. *Psychology of Addictive Behaviors, 28,* 734-742*.*

Collins, R. L., Vincent, P. C., Yu, J., Liu, L., & Epstein, L. H. (2014). A behavioral economic approach to assessing demand for marijuana. *Experimental and Clinical Psychopharmacology, 22,* 211-221. DOI - 10.1037/a0035318

Yu, J., Liu, L., **Collins, R. L.,** Vincent, P. C., & Epstein, L. H. (2014). Analytical problems and suggestions in the analysis of behavioral economic demand curves. *Multivariate Behavioral Research, 49,* 178-192.

Smith, P.H., Homish, G.G., **Collins, R. L.,** & Leonard, K. E. (2013). Marijuana withdrawal and aggression among a representative sample of U.S. marijuana users. *Drug and Alcohol Dependence,* 132, 63-68. PMCID: PMC3706470

Parks, K. A., **Collins, R. L.,** & Derrick, J. L. (2012). The influence of marijuana and alcohol use on condom use behavior: Findings from a sample of young adult female bar drinkers. *Psychology of Addictive Behaviors, 26,* 888-894*.* PMID 22612253

Levonyan-Radloff K., Parks, K. A., & **Collins R. L.** (2012). Women bar drinkers' discussions about birth control and risky sexual behavior. *Archives of Sexual Behavior,* 41, 987-993*.* PMID 21892691

Collins, R. L., Vincent, P.C., Bradizza, C. M., Kubiak, A. J., & Falco, D. L. (2011). A beverage-specific measure of expectancies for malt liquor: Development and initial testing. *Psychology of Addictive Behavior, 25, 605-615.* PMID 21928870

Lau-Barraco, C., & **Collins, R. L.** (2011). Social networks and alcohol use among nonstudent emerging adults: A preliminary study. *Addictive Behaviors, 36,* 47-54. PMID 20888128

Parks, K. A., Hsieh, Y-P., **Collins, R. L**., & Levonyan-Radloff, K. (2011). Alcohol consumption and condom use with known and casual partners in a sample of young women bar drinkers. *AIDS and Behavior, 15,* 1332-1341. PMID 20949313

Kashdan, T. B., Ferssizidis, P., **Collins, R. L.,** & Muraven, M. (2010). Emotion differentiation as resilience to excessive alcohol use: An ecological momentary assessment in underage social drinkers. *Psychological Science, 21,* 1341-1347. PMID 20696854

Kashdan, T. B., & **Collins, R. L.** (2010). Social anxiety and the experience of positive emotions and anger in everyday life. An ecological momentary assessment approach. *Anxiety, Stress & Coping, 23,* 259-272. PMID 19326272

Gonzalez, V. M., Bradizza, C. B., & **Collins, R. L.** (2009). Drinking to cope as a statistical mediator in the relationship between suicidal ideation and alcohol outcomes among underage college drinkers. *Psychology of Addictive Behaviors*, 23, 443-451. PMID 19769428

Gonzalez, V. M., **Collins, R. L.,** & Bradizza, C. B. (2009). Solitary and social heavy drinking, suicidal ideation, and drinking motives in underage college drinkers. *Addictive Behaviors,* 34, 993-999. PMID 19556066

Parks, K. A., Hsieh, Y-P., **Collins, R. L**., Levonyan-Radloff, K., & King, L. P. (2009). Predictors of risky sexual behavior with new and regular partners in a sample of women bar drinkers. *Journal of Studies on Alcohol and Drugs, 70,* 197-205. PMID 19261231

Collins, R. L., Kashdan, T. B., Koutsky, J. R., Morsheimer, E. T., & Vetter, C. J. (2008). A self-administered Timeline Follow-back to measure variations in underage drinkers' alcohol intake and binge drinking. *Addictive Behaviors, 33*, 196-200. PMID 17720324

Collins, R. L., Quigley, B. M., & Leonard, K. E. (2007). Women's physical aggression in bars: An event-based examination of precipitants and predictors of severity. *Aggressive Behavior, 33,* 304-313. PMID 17593557

Collins, R. L., Bradizza, C. M., & Vincent, P. C. (2007). Young adult malt liquor drinkers: Prediction of alcohol problems and marijuana use. *Psychology of Addictive Behaviors, 21*, 138-146. PMID 17563133

Bradizza, C. M., **Collins, R. L.**, Vincent, P. C., & Falco, D. L. (2006). It does the job: Young adults discuss their malt liquor consumption. *Addictive Behaviors, 31*, 1559-1577. PMID 16434145

Kashdan, T. B., **Collins, R. L.,** & Elhai, J. D. (2006). Social anxiety, positive outcome expectancies, and risk-taking behavioral intentions. *Cognitive Therapy and Research, 30*, 749-761.

Neal, D. J., Corbin, W. R., DelBoca, F. K., Parks, K. A., **Collins, R. L.**, Fromme, K., Muraven, M., King, L. P., Pardi, A. M., & Vetter, C. J. (2006). Capturing the moment: Innovative approaches to daily

alcohol assessment. *Alcoholism: Clinical and Experimental Research, 30,* 282-291. PMID 16441277

Homish, G. G., Leonard, K. E., **Collins, R. L.**, & Quigley, B. M. (2005). Context-related drinking assessment in a community sample. *Journal of Substance Use, 10,* 355-361.

Kashdan, T. B., Vetter, C. J., & **Collins, R. L**. (2005). Substance use in young adults: Associations with personality and gender. *Addictive Behaviors, 30*, 259-269. PMID 15621397

Muraven, M., **Collins, R. L.,** Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2005). The morning after: Limit violations and the self-regulation of alcohol consumption. *Psychology of Addictive Behaviors, 19*, 253-262. PMID 16187803

Featured in Adelson, R. (2005). Science Watch: Limit violations just spur more drinking. *Monitor on Psychology, 36 (9)*, 20-21.

Muraven, M., **Collins, R. L.,** Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2005). One too many: Predicting future alcohol consumption following excessive drinking. *Experimental and Clinical Psychopharmacology, 13,* 127-136. PMID 15943545

Muraven, M., **Collins, R. L.,** Shiffman, S., & Paty, J. A. (2005). Daily fluctuations in self-control demands and alcohol intake. *Psychology of Addictive Behaviors, 19,* 140-147. PMID 16011384

Collins, R. L., Kashdan, T. B., & Gollnisch, G. (2003). The feasibility of using cellular phones to collect ecological momentary assessment data: Application to alcohol consumption. *Experimental and Clinical Psychopharmacology, 11,* 73-78. PMID 12622345

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Leonard, K. E., **Collins, R. L.**, & Quigley, B. M. (2003). Alcohol consumption and the occurrence and severity of aggression: An event-based analysis of male to male barroom violence. *Aggressive Behavior, 29,* 346-365.

Leonard, K. E., Quigley, B. M., & **Collins, R. L.** (2003). Drinking, personality, and bar environmental characteristics as predictors of involvement in barroom aggression. *Addictive Behaviors*, *28*, 1681-1700. PMID 14656555

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2003). Characteristics of violent bars and bar patrons. *Journal of Studies on Alcohol, 64,* 765-772. PMID14743938

Collins, R. L., & McNair, L. D. (2002). Minority women and alcohol use. *Alcohol Research & Health, 26,* 251-256. PMID 12875034

Leonard, K. E., Quigley, B. M., & **Collins, R. L.** (2002). Physical aggression in the lives of young adults: Prevalence, location, and severity among college and community samples. *The Journal of Interpersonal Violence, 17*, 533-550.

Muraven, M., **Collins, R. L.,** & Nienhaus, K. (2002). Self-control and alcohol restraint: An initial application of the self-control strength model. *Psychology of Addictive Behaviors*, *16*, 113-120.

PMID 12079249

Collins, R. L., Koutsky, J. R., Morsheimer, E. T., & MacLean, M. G. (2001). Binge drinking among underage college students: A test of a restraint-based conceptualization of risk for alcohol abuse. *Psychology of Addictive Behaviors*, 15, 333-340. PMID 11767266

Collins, R. L., Koutsky, J. R., & Izzo, C. V. (2000). Temptation, restriction, and the regulation of alcohol intake: Validity and utility of the Temptation and Restraint Inventory. *Journal of Studies on Alcohol, 61,* 766-773. PMID 11022828
Abstract reprinted in *Alcohol Research*, 2001, 6, 37-38.

Testa, M., Livingston, J. A., & **Collins, R. L.** (2000). The role of women's alcohol consumption in evaluation of vulnerability to sexual aggression. *Experimental and Clinical Psychopharmacology, 8,* 185-191. PMID 10843301

Collins, R. L., Gollnisch, G., & Morsheimer, E. T. (1999). Substance use among a regional sample of female nurses. *Drug and Alcohol Dependence, 55,* 145-155. PMID 10402159

Quigley, B. M., & **Collins, R. L.** (1999). The modeling of alcohol consumption: A meta-analytic review. *Journal of Studies on Alcohol, 60*, 90-98. PMID 10096313

Collins, R. L., Morsheimer, E. T., Shiffman, S., Paty, J. A., Gnys, M., & Papandonatos, G. D. (1998). Ecological momentary assessment in a behavioral drinking moderation training program. *Experimental and Clinical Psychopharmacology, 6,* 1-10. PMID 9725114 doi: 10.1037/1064-1297.6.3.306

Connors, G. J., **Collins, R. L.**, Dermen, K. H., & Koutsky, J. R. (1998). Substance use restraint: An extension of the construct to a clinical population. *Cognitive Therapy and Research, 22,* 87-99.

Parks, K. A., Miller, B. A., **Collins, R. L.**, & Zetes-Zanatta, L. (1998). Women's descriptions of drinking in bars: Reasons and risks. *Sex Roles, 38,* 701-717.

Testa, M., & **Collins, R. L.** (1997). Alcohol and risky sexual behavior: Event-based analyses among a sample of high-risk women. *Psychology of Addictive Behaviors, 11,* 190-201.

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Collins, R. L., Lapp, W. M., & Izzo, C. V. (1994). Affective and behavioral reactions to the violation of limits on alcohol consumption. *Journal of Studies on Alcohol, 55,* 475-486. PMID 7934056

Lapp, W. M., **Collins, R. L.**, & Izzo, C. V. (1994). On the enhancement of creativity by alcohol: Pharmacology or expectation? *The American Journal of Psychology, 107,* 173-206. PMID 8067507

Lapp, W. M., **Collins, R. L.**, Zywiak, W. H., & Izzo, C. V. (1994). Psychopharmacological effects of alcohol on time perception: The extended balanced placebo design. *Journal of Studies on*

Alcohol, 55, 96-112. PMID 8189732

Collins, R. L. (1993). Drinking restraint and risk for alcohol abuse. *Experimental and Clinical Psychopharmacology, 1,* 44-54.

Reprinted in G. A. Marlatt & G. R. VandenBos (Eds.), (1997). *Addictive behaviors: Readings on etiology, prevention, and treatment* (pp. 289-306). Washington, DC: American Psychological Association.

Collins, R. L. (1993). Sociocultural aspects of alcohol use and abuse: Ethnicity and gender. *Drugs & Society, 8,* 89-116.

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Lapp, W. M., & **Collins, R. L.** (1993). Relative/proportional scoring of the Ways of Coping Checklist: Is it advantageous or artifactual? *Multivariate Behavioral Research, 28*, 483-512.

Collins, R. L. (1992). Methodological issues in conducting substance abuse research on minority populations. *Drugs & Society, 6*, 59-77.

Reprinted in J. E. Trimble, C. S. Bolek, & S. J. Niemcryk (Eds.), (1992). *Ethnic and multicultural drug abuse* (pp. 59-77). Binghamton, NY: Harrington Park Press.

Collins, R. L., & Lapp, W. M. (1992). The Temptation and Restraint Inventory for measuring drinking restraint. *British Journal of Addiction, 87*, 625-633. PMID 1591514

Collins, R. L., Lapp, W. M., Helder, L., & Saltzberg, J. A. (1992). Cognitive restraint and impulsive eating: Insights from the Three-Factor Eating Questionnaire. *Psychology of Addictive Behaviors, 6*, 47-53.

Emmons, K. M., Weidner, G., Foster, W. M., & **Collins, R. L.** (1992). Improvement in pulmonary function following smoking cessation. *Addictive Behaviors, 17*, 301-306. PMID 1502964

Emont, S. L., **Collins, R. L.**, & Zywiak, W. H. (1991). Methodological note: Corroboration of self-reported smoking status using significant other reports. *Addictive Behaviors, 16*, 329-333. PMID 1776548

Collins, R. L., & Lapp, W. M. (1991). Restraint and attributions: Evidence of the abstinence violation effect in alcohol consumption. *Cognitive Therapy and Research, 15*, 69-84.

Collins, R. L., Emont, S. L., & Zywiak, W. H. (1990). Social influence processes in smoking cessation: Postquitting predictors of long-term outcome. *Journal of Substance Abuse, 2,* 389-403. PMID 2136124

Collins, R. L., Lapp, W. M., Emmons, K. M., & Isaac, L. M. (1990). Endorsement and strength of alcohol expectancies. *Journal of Studies on Alcohol, 51*, 336-342. PMID 2359307

Collins, R. L., George, W. H., & Lapp, W. M. (1989). Drinking restraint: Refinement of a construct and prediction of alcohol consumption. *Cognitive Therapy and Research, 13*, 425-442.

Emmons, K. M., Weidner, G., & **Collins, R. L.** (1989). Smoking cessation and cardiovascular reactivity to

stress. *Journal of Behavioral Medicine, 12*, 587-598. PMID 2634111

Collins, R. L., & Searles, J. S. (1988). Alcohol and the balanced-placebo design: Were experimenter demands in expectancy really tested? Comment on Knight, Barbaree, and Boland (1986). *Journal of Abnormal Psychology, 97*, 503-507. PMID 3204238

Emmons, K. M., Emont, S. L., **Collins, R. L.**, & Weidner, G. (1988). Relapse prevention versus broad spectrum treatment for smoking cessation: A comparison of efficacy. *Journal of Substance Abuse, 1*, 79-89. PMID 2485283

Chomak, S., & **Collins, R. L.** (1987). Relationship between sex role behaviors and alcohol consumption in undergraduate men and women. *Journal of Studies on Alcohol, 48*, 194-201. PMID 3657160

Collins, R. L., & McNair, L. D. (l986). Black women and behavior therapy: Exploring the biases. *The Behavior Therapist, 9*, 7-l0.

Collins, R. L., Rothblum, E. D., & Wilson, G. T. (l986). The comparative efficacy of cognitive and behavioral approaches to the treatment of obesity. *Cognitive Therapy and Research, 10*, 299-3l7.

Collins, R. L., Parks, G. A., & Marlatt, G. A. (l985). Social determinants of alcohol consumption: The effects of social interaction and model status on the self-administration of alcohol. *Journal of Consulting and Clinical Psychology, 53*, 189-200. PMID 3998247

Collins, R. L., & Carlin, A. S. (l983). Case study: The cognitive-behavioral treatment of a multiple drug abuser. *Psychotherapy: Theory, Research and Practice, 20*, l0l-l06.

Collins, R. L., & Marlatt, G. A. (l98l). Social modeling as a determinant of drinking behavior: Implications for prevention and treatment. *Addictive Behaviors, 6*, 233-239. PMID 7293846

Publications: Books

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Publications: Chapters and Invited Manuscripts

Wilson, S. D., **Collins, R. L.,** & Vincent, P.C. (2014). Developing a smartphone app to promote reductions in marijuana use: Initial steps. *The Addiction Newsletter*, Spring 2014, 23-25.

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Collins, R. L., & Muraven, M. (2007). Ecological momentary assessment of alcohol consumption. In A. A. Stone, S. Shiffman, A. A. Atienza, & L. Nebeling (Eds.), *The science of real-time data capture: Self reports in health research* (pp. 189-203). New York: Oxford University Press.

Collins, R. L. (2005). Relapse prevention for eating disorders and obesity. In G. A. Marlatt & D. M. Donovan, (Eds.), *Relapse prevention*, 2nd Edition (pp. 248-275). New York, Guilford Press.

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Collins, R. L., & Shirley, M. C. (2000). Vulnerability to alcohol and substance abuse in adulthood. In R. E. Ingram & J. M. Price (Eds.), *Vulnerability to psychopathology: Risk across the life span* (pp. 135-164). New York: Guilford Press.

Chassin, L., **Collins, R. L.,** Ritter, J., & Shirley, M. C. (2000). Vulnerability to substance use disorders across the lifespan: Integrating findings from adolescence through adulthood. In R. E. Ingram & J. M. Price (Eds.), V*ulnerability to psychopathology: Risk across the lifespan* (pp. 165-172). New York: Guilford Press.

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Publications: Book Reviews

Collins, R. L., & Byrd, G. D. (2001). Nicotine and Tobacco. [Review of the journal *Nicotine & Tobacco Research*]. *JAMA*, 285, 1173-1774.

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Collins, R. L. (l985). When She's Not O.K. [Review of Behavior modification with women]. *Contemporary Psychology, 30*, 478-479.

Collins, R. L. (l984). Review of Commonalities in substance abuse and habitual behavior. *Journal of Studies on Alcohol, 45*, 288-289.

Collins, R. L. (l982). More progress. [Review of Progress in behavior modification, Vol. l0]. *Contemporary Psychology, 27*, 439-440.

Invited Addresses and Presentations

Collins, R. L. (2013, October). *Malt liquor and marijuana use in young adults: Using real-time data to enhance knowledge*. National Hispanic Science Network on Drug Abuse Annual International Conference. Bethesda, MD.

Collins, R. L. (2004, June). *Ecological momentary assessment for co-occurring conditions*. Complexities of Co-Occurring Conditions Conference. Washington, DC.

Collins, R. L. (2003, November). *Plenary discussant, Interventions for college student substance use*. The Buzz on College Drinking and Smoking: Translational Perspectives. Brown University, Providence, RI.

Collins, R. L. (2003, September). *An ecological momentary assessment approach to studying alcohol consumption*. The Science of Real-time Data Capture: Self-report in Heath Research Conference, Charleston, SC.

Collins, R. L. (2001, March). *The use of Electronic Diaries to assess drinking behaviour.* Centre for Addiction and Mental Health, Toronto, Ontario, Canada.

Collins, R. L. (2000, May). *Alcohol consumption, coping, and the gender gap in cardiovascular disease.* NATO Advanced Research Workshop on Increase in Coronary Heart Disease in Central and Eastern Europe: Stress- and Gender-related Factors, Budapest, Hungary.

Collins, R. L. (1999, April). *Life on the Island of Research.* Workshop at the Lonnie E. Mitchell National HBCU Substance Abuse Conference, Baltimore, MD.

Collins, R. L. (1999, April). *Research and policy on alcohol.* Workshop at the Lonnie E. Mitchell National HBCU Substance Abuse Conference, Baltimore, MD.

Collins, R. L. (1998, October). *Basic behavioral research on the prevention of alcohol abuse.* NIAAA Extramural Science Advisory Board Meeting on Prevention. Washington, DC.

Collins, R. L. (1995, April). *Women and addictions.* Department of Psychology, Syracuse University, Syracuse, NY.

Collins, R. L. (1994, November). *Women's issues in addictive behaviors.* Association for Advancement of Behavior Therapy, San Diego, CA.

Collins, R. L. (1994, September). *Stress and coping among women.* National Institute on Drug Abuse Conference on Drug Addiction Research and the Health of Women, Tysons Corner, VA.

Collins, R. L. (1994, April). *Drinking restraint and risk for alcohol abuse.* Department of Psychology, State University of New York at Binghamton, Binghamton, NY.

Collins, R. L. (1993, October). *Drinking restraint and risk for alcohol abuse.* Center on Alcoholism, Substance Abuse, and Addictions, Department of Psychology, University of New Mexico, Albuquerque, NM.

Collins, R. L. (1993, June). *Issues of ethnicity in substance abuse research.* Multi-Ethnic Drug Abuse Prevention Conference, Cornell University Medical College, New York, NY.

Collins, R. L. (1993, May). *Drinking restraint: Measurement and testing of a risk factor for excessive drinking.* Addiction Research Foundation, Toronto, Ontario, Canada.

Collins, R. L. (1993, March). *Drinking restraint and limit violation.* Center for Alcohol and Addiction Studies, Brown University, Providence, RI.

Collins, R. L. (1993, January). *Restraint and the psychology of addiction.* The Sixth International Conference on Treatment of Addictive Behaviors: Motivation for Change, Santa Fe, NM.

Collins, R. L. (1991, March). *Women's issues in addictive behaviours.* XXIII Banff International Conference on Behavioural Science: Addictive Behaviours Across the Life Span, Banff, Alberta, Canada.

Weidner, G., & **Collins, R. L.** (1990, September). *Health-related gender differences in vigilance and avoidance.* International Conference on Attention and Avoidance: Strategies in Coping with Aversiveness. Johannes Gutenberg-Universitat, Mainz, Germany.

Collins, R. L. (1990, February). *Drinking restraint: Measurement issues and prediction of drinking.* Department of Psychology, University of Waterloo, Ontario, Canada.

Collins, R. L. (1988, April). *Cognitive factors in alcohol use and abuse.* Midwestern Psychological Association, Chicago, IL.

Collins, R. L. (l986, April). *Direct assessment of expectancy for alcohol effects.* Rutgers Center of Alcohol Studies, Piscataway, NJ.

Collins, R. L. (l983, March). *The modeling of alcohol consumption.* Department of Psychology, University of Vermont, Burlington, VT.

Marlatt, G. A., & **Collins, R. L.** (l980, October). *Social modeling as a determinant of drinking behavior: Implications for prevention and treatment.* Addiction Research Foundation, Toronto, Ontario, Canada.

Symposia and Paper Sessions at Scientific Meetings and Conferences

Smith, P.H., Homish, G.G., **Collins, R.L.**, Giovino, G.A., Leonard, K.E. (2013, November). *Substance abuse and IPV among newly married couples: Moderation by antisocial personality and spousal substance use*. American Public Health Association, Boston, MA.

Smith, P.H., Homish, G.G., **Collins, R.L.,** Giovino, G.A., White, H.R., Leonard, K.E. (2013, June). *The interaction between spouses' drug use in the prediction of intimate partner violence*. College on Problems of Drug Dependence. San Diego, CA.

Parks, K. A., **Collins, R. L.,** & Levonyan-Radloff, K. (2013, May). Environmental and individual risk factors for bar-related sexual assault. Presented in session entitled, *Nightlife violence: Understanding prevalence and prevention*. ClubHealth 2013 International Meeting, San Francisco, CA.

Collins, R.L. (2012, August). A behavioral economic approach to marijuana purchasing among young-adult marijuana users. In J. MacKillop (Chair), *Behavioral economics as a platform for translational research on addiction*. American Psychological Association, Orlando, FL.

Collins, R. L. (2012, June). Discussant. In M. Cleveland and H. White (Chairs), *Understanding alcohol use among non-college emerging adults*. Research Society on Alcoholism, San Francisco, CA.

Collins, R. L., *Vincent, P. C., Dermen, K.H., Vetter, C. J., Wilson, S. D., & Smith, J. M. (2010, June). A daily process approach to evaluating three brief motivation-based interventions to reduce young adults' alcohol use. In A. Cohn (Chair), Advancing alcohol treatment outcomes using daily data collection approaches: Current applications, methodological considerations, and future directions. Research Society on Alcoholism, San Antonio, TX.*

Kashdan, T.B., Zorbas, P., **Collins, R.L.,** & Muraven, M. (2009, November). Being better at describing and differentiating emotions as resilience to alcohol use and abuse: An ecological momentary assessment in underage social drinkers. In D.M. Fresco (Chair) *Reactivity: Toward a greater understanding of this universal process in relation to vulnerability and treatment durability*. Association for Behavior and Cognitive Therapies, New York, NY.

Collins, R. L., Vincent, P. C., Carlin-Menter, S., Dermen, K. H., & Bradizza, C. M. (2007, July). Exploring drinking and related outcomes in emerging adulthood: College vs. noncollege comparisons. In **R. L. Collins** and H. R. White (Co-Chairs), *Emerging adults' alcohol use: Broadening the focus.* Research Society on Alcoholism, Chicago, IL.

Dermen, K. H., **Collins, R. L.** & Magdol, L. (2005, August). Drinking restraint and the self-regulation of alcohol use. In M. Muraven (Chair), *Dynamic models of the role of self-regulation in addictive behavior*. American Psychological Association, Washington, DC.

Collins, R. L., Muraven, M., & Vetter, C. (2005, June). Methodological issues in using personal data assistants to self-monitor alcohol consumption. In D. J. Neal (Chair), *Capturing the moment: Innovative approaches to daily alcohol assessment*. Research Society on Alcoholism, Santa Barbara, CA.

Bradizza, C. M., **Collins, R. L.,** & Kubiak, A. J. (2004, November). Malt, marijuana, and menthols: 30-day use frequency among regular malt liquor drinkers. In T. F. Babor (Chair), *Abuse of malt liquor: Epidemiology and prevention.* American Public Health Association, Washington, DC.

Collins, R. L., Bradizza, C. M., Falco, D. L., Giles, E. M., & Vincent, P. C. (2003, June). *It does the job: Reasons, reactions, and beliefs about malt liquor*. In R. L. Collins (Moderator), *Alcohol and special populations*. Research Society on Alcoholism, Fort Lauderdale, FL.

Muraven, M., **Collins, R. L.,** & Kashdan, T. B. (2003, May). Drinking restraint, affect, and alcohol use: An EMA study of young adult drinkers. In L. M. Cooper (Chair), *Studying clinically relevant behaviors via daily experience methods: Getting at what we really want to know!* American Psychological Society, Atlanta, GA.

Collins, R. L., Quigley, B., & Leonard, K. E. (2000, July). Prediction of bar violence among young adults. In **R. L. Collins** (Chair), *Aggression in bars: Prediction and description of violent behavior in public drinking settings.* XIV World Meeting of the International Society for Research on Aggression. Valencia, Spain.

Parks, K. A., Miller, B. A., & **Collins, R. L.** (1996, September). Women's descriptions of drinking in bars: Reasons and risks. In **R. L. Collins** (Chair), *Risk taking, victimization, and alcohol/drug use: Developing integrative models.* American Psychological Association conference on Psychosocial and Behavioral Factors in Women's Health, Washington, DC.

Testa, M., & **Collins, R. L.** (1996, September). Childhood to adulthood victimization: Role of sexual activity and substance use. In **R. L. Collins** (Chair), *Risk taking, victimization, and alcohol/drug use: Developing integrative models.* American Psychological Association conference on Psychosocial and Behavioral Factors in Women's Health, Washington, DC.

Lapp, W. M., **Collins, R. L.,** Zywiak, W. H., & Izzo, C. V. (1992, August). Time-sense and subjective intoxication: A new balanced placebo design. In J. R. Glowa (Chair), *Psychopharmacology.* American Psychological Association, Washington, DC.

Lapp, W. M., **Collins, R. L.,** & Izzo, C. V. (1991, August). Effects of alcohol on an objective measure of creativity. In J. B. Juhasz (Chair), *Bacchus and Narcissus in the arts.* American Psychological Association, San Francisco, CA.

Lapp, W. M., **Collins, R. L.,** & Izzo, C. V. (1990, August). An alcohol compensation effect produced by expectations and not alcohol. In S. C. Fowler (Chair), *The psychopharmacology of alcohol.* American Psychological Association, Boston, MA.

Collins, R. L., Lapp, W. M., & George, W. H. (1989, August). Drinking restraint: Is it really a cognitive construct? In L. S. Bensley (Chair), *Restraint and bingeing: The role of intentional control in addictive behavior.* American Psychological Association, New Orleans, LA.

Jouriles, E. N., & **Collins, R. L.** (1988, November). Influences on observer reactions to remaining in an aggressive relationship. In **R. L. Collins** (Chair), *Victimization of women.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L. (1988, August). Health-related correlates and consequences of women's alcohol use. In J. G. Beck (Chair), *Current directions in women's health care.* American Psychological Association, Atlanta, GA.

Abrams, D. B., Binkoff, J. A., **Collins, R. L.,** Liepman, M. R., Monti, P. M.,Nirenberg, T. D., & Zwick, W. R. (l985, August). Cue reactivity in alcoholics, smokers, and controls. In **R. L. Collins** (Chair), *Multiple substance use and abuse.* American Psychological Association, Los Angeles, CA.

Binkoff, J. A., Abrams, D. B., **Collins, R. L.,** Liepman, M. R., Monti, P. M., Nirenberg, T. D., & Zwick, W. R. (l984, November). Exposure to alcohol cues: Impact on reactivity and drink refusal skills in problem and non-problem drinkers. In P.M. Monti (Chair), *Cue exposure and self-control: Implications for drinking, smoking, and eating disorders.* Association for Advancement of Behavior Therapy, Philadelphia, PA.

Poster Presentations at Scientific Meetings and Conferences

Haibach, J.P., Homish, G.G., **Collins, R.L.,** Ambrosone, C.B., & Giovino, G. A. (2015, February). *Moderation of the association between depressive symptomatology and cigarette smoking by fruit and vegetable consumption*. Society for Research on Nicotine and Tobacco, Philadelphia, PA.

Collins, R. L., Prince, M. A., Vincent, P. C., Wilson, S. D., Dermen, K. H. (2014, June). *Patterns of change in drinking: Results from brief interventions with young adult drinkers*. Research Society on Alcoholism, Bellevue, WA.

Schlauch, R. C., Christensen, R. L., Crane, C. A., Derrick, J. L., **Collins, R. L.**, & Lang, A. R. (2014, June). *Individual differences in approach and avoidance inclinations moderate the effect of self-control depletion on adlib drinking*. Research Society on Alcoholism, Bellevue, WA.

Wilson, S. D., Vincent, P.C., Insana, M., **Collins, R. L.,** Saltino, D. (2013, November*). Motives for marijuana use and problems among young adults*. American Public Health Association, Boston, MA.

Smith, P.H., Homish, G.G., Leonard, K. E., **Collins, R. L.** & Giovino, G. A. (2012, October). *Marijuana withdrawal associated with aggression in a nationally representative sample of marijuana users*. American Public Health Association, San Francisco, CA.

Collins R.L., Vincent, P.C., Hsieh, Y., Wilson, S.D., Smith, J.M., & Insana, M. (2012, June). *Drinking motives moderate the real-time association between episodic mood and drinking among substance-using young adults*. Research Society on Alcoholism, San Francisco, CA.

Smith, P.H., Homish, G.G., Leonard, K.E., **Collins, R.L.,** Giovino, G.A., White, H.R. (2012, June). *Illicit drug use and relationship aggression among newly married couples*. College on Problems of Drug Dependence. Palm Springs, CA.

Smith, P.H., Homish, G.G, Leonard, K.E., **Collins, R.L.**, Giovino, G.A. (2012, March). *Nicotine withdrawal and relationship aggression: Findings from NESARC*. Society for Research on Nicotine and Tobacco. Houston, TX.

Collins, R. L., Vincent, P.C., Hsieh, Y-P, Wilson, S.D., Smith, J. M., & Insana, M. (2011, June). *An episode-level analysis of alcohol and marijuana use among substance using young adults*. Research Society on Alcoholism, Atlanta, GA.

Robinson, H.R., Gonzalez, V. M., & **Collins, R. L.** (2011, June). An exploration of reasons for increased drinking among dieters. Research Society on Alcoholism, Atlanta, GA.

Wilson, S.D., Hsieh, Y-P, Vincent, P.C., Smith, J. M., & Insana, M. & **Collins, R. L.** (2011, June). *Cognitive and social factors associated with alcohol and marijuana use in the same versus separate episode.* Research Society on Alcoholism, Atlanta, GA.

Collins, R. L., Vincent, P.C., Epstein, L. H., Yu, J., Vetter, C.J., Lambiase, M., Insana, M., & Saltino, D. (2011, June). *Marijuana purchasing behavior among young-adult marijuana users.* College on Problems of Drug Dependence, Hollywood, FL.

Vincent, P.C., **Collins, R.L.** Hsieh, Y-P., Wilson, S.D., Smith, J. M., & Insana, M. (2011, June). *Marijuana users' social networks, marijuana use, and problems.* College on Problems of Drug Dependence,

Hollywood, FL.

Collins, R. L., Vincent, P. C., Wilson, S. D., & Smith, J. M. (2010, June). *Cross-sectional versus episode specific motives for alcohol use among regular malt liquor drinkers.* Research Society on Alcoholism, San Antonio, TX.

Homish, G. G., Smith, P., Leonard, K. E., Cornelius, J. R., & **Collins, R. L**. (2010, June). *Alcohol use and smoking in the military: Findings from NESARC*. Research Society on Alcoholism, San Antonio, TX.

Lau-Barraco, C., & **Collins, R. L.** (2010, June). *Gender differences in the use of drinking control strategies in a community-based sample of heavy drinkers*. Research Society on Alcoholism, San Antonio, TX.

Vincent, P. C., **Collins, R. L.**, Smith, J. M., & Wilson, S. D. (2010, June). *Social networks and substance use among regular malt liquor and marijuana users*. Research Society on Alcoholism, San Antonio, TX.

Parks, K. A., **Collins, R. L**., Taggart, C., & Levoyan-Radloff, K. (2009, June). *Assessing women's experiences with sexual aggression using interactive voice technology: Lessons learned from two studies*. International Conference on Violence in Public Places and Institutions, University of Central Lancashire, Preston, United Kingdom.

Gonzalez, V. M., **Collins, R. L**. & Bradizza, C. M. (2009, June). *Effect of negative mood regulation expectancies on drinking to cope and suicidal ideation.* Research Society on Alcoholism, San Diego, CA.

Parks, K. A., Levonyan-Radloff, K., **Collins, R. L.,** & Taggart, C.A. (2009, June). *A qualitative analysis of risky sexual events reported by a sample of young women bar drinkers*. Research Society on Alcoholism, San Diego, CA.

Lau-Barraco, C., **Collins, R. L**., & Eiden, R. L. (2008, November). *Social anxiety and drinking behavior: The mediational role of alcohol expectancies, drinking motives, and negative affect.* Association for Behavioral and Cognitive Therapies, Orlando, FL.

Gonzalez, V. M., Bradizza, C. M., & Collins, R. L. (2008, June). *Solitary binge drinking among college drinkers with a history of suicidal ideation.* Research Society on Alcoholism, Washington, DC.

Parks, K. A., **Collins, R. L.,** Levonyan-Radloff, K., & Hsieh, Y-P (2008, June). *Preliminary evaluation of a multivariate model of risky sexual behavior among young women bar drinkers*. Research Society on Alcoholism, Washington, DC.

Lau-Barraco, C., Skewes, M.C., **Collins, R. L.** & Stasiewicz, P. R. (2007, November). *Gender differences in high-risk situations for drinking: Are they mediated by depressive symptoms?* Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Collins, R. L., Carlin-Menter, S., Vetter, C. J., Wilson, S. D., Smith, J. M., Smith, T. B., & Dermen, K. H. (July, 2007). *Situational mood and alcohol intake: An experimental test of young adult drinking*. Research Society on Alcoholism, Chicago, IL.

Gonzalez, V. M., Bradizza, C. M., & **Collins, R. L**. (2007, July). *Relationship of hopelessness and depression to alcohol use in college students*. Research Society on Alcoholism, Chicago, IL.

Gonzalez, V. M., Bradizza, C. M., & **Collins, R. L.** (2007, July). *Suicidal ideation and alcohol use in college students: Applying a motivational model*. Research Society on Alcoholism, Chicago, IL.

Hequembourg, A., Vetter, C., & **Collins, R. L**. (2007, July). *Alcohol and illicit drug use among heterosexual and lesbian/bisexual women*. Research Society on Alcoholism, Chicago, IL.

Parks, K. A., Hsieh, Y-P, **Collins, R. L**., & Levonyan-Radloff, K. (2007, July). *The temporal relationship between heavy drinking and risky sexual behavior among young women*. Research Society on Alcoholism, Chicago, IL.

Barrick, C., **Collins, R. L.**, & Smyth, N. (2007, June). *Computer based knowledge exchange and skills training for addictions therapists*. College on Problems of Drug Dependence, Quebec City, Quebec, Canada.

Parks, K. A., King, P. L., Hsieh, Y-P., & **Collins, R. L**. (2006, November). *Predictors of risky sexual behavior with new and regular partners in a sample of women bar drinkers*. Association for Behavioral and Cognitive Therapies, Chicago, IL.

Gonzalez, V. M., **Collins, R. L.**, Muraven, M., & Kramer, N. K. (2005, November). *Drinking restraint, drinking problems and eating disorder symptoms in women with bulimic behavior*. Association for Behavioral and Cognitive Therapies (formerly AABT), Washington, DC.

Bradizza, C. M., **Collins, R. L.**, Vincent, P. C., Kubiak, A. J., & Falco, D. L. (2005, June). *Marijuana expectancies and use among regular malt liquor drinkers*. Research Society on Alcoholism, Santa Barbara, CA.

Collins, R. L., Bradizza, C. M., Vincent, P. C., Kubiak, A. J., & Falco, D. L. (2005, June). *Development of the Malt Liquor Expectancy Questionnaire*. Research Society on Alcoholism, Santa Barbara, CA.

Kashdan, T. B., **Collins, R. L.,** & Elhai, J. D. (2004, November). *Social interaction anxiety and positive outcome expectancies on risk-taking behaviors.* Association for Advancement of Behavior Therapy. New Orleans, LA.

Bradizza, C. M., **Collins, R. L.,** Kubiak, A. J., & Falco, D. L. (2004, July-August). *Polysubstance use among malt liquor drinkers.* American Psychological Association, Honolulu, HI.

Collins, R. L., Bradizza, C. M., Kubiak, A. J., & Falco, D. L. (2004, July-August). *Malt liquor drinkers: Prediction of psychological and physical aggression*. American Psychological Association, Honolulu, HI.

Quigley, B., Leonard, K. E., & **Collins, R. L.** (2004, July-August). *Threatened egotism and physical aggression in bars.* American Psychological Association, Honolulu, HI

Buddie, A. M., & **Collins, R. L**. (2004, June). *The role of alcohol in men's experiences of consenting to unwanted sex*. Research Society on Alcoholism, Vancouver, BC.

Collins, R. L., Bradizza, C. M., & Kubiak, A. J. (2004, June). *The who what and why of malt liquor consumption*. Research Society on Alcoholism, Vancouver, BC.

Homish, G. G., Leonard, K. E., Quigley, B. M., & **Collins, R. L**. (2004, June). *Context-related drinking assessment in a community sample*. Research Society on Alcoholism, Vancouver, BC.

Falco, D. L., **Collins, R. L.**, Bradizza, C. M., & Vincent, P. C. (2004, March). *Malt liquor and marijuana: Frequencies of use in college and noncollege populations*. Academy of Criminal Justice Sciences, Las Vegas, NV.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2004, January). *"Beer muscles": Self-presentation and intoxication in bar violence*. Society for Personality and Social Psychology, Austin, TX.

Kashdan, T. B., **Collins, R. L.,** & Muraven, M. (2003, November). *An ecological momentary assessment of the emotional topography of social anxiety*. Association for Advancement of Behavior Therapy, Boston, MA.

Muraven, M., **Collins, R. L.**, Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2003, September). *The reciprocal relationship between drinking and guilt. Studying processes over time using ecological momentary assessment*. The Science of Real-time Data Capture: Self-report in Heath Research Conference, Charleston, SC.

Collins, R. L., Kashdan, T. B., Koutsky, J. R., Morsheimer, E. T., Vetter, C. J., & Wilson, S. D. (2003, August). *A self-administered timeline follow-back measure of underage drinking*. American Psychological Association, Toronto, Ontario, Canada.

Collins, R. L., Bradizza, C. M., Falco, D. L., Giles, E. M., & Vincent, P. C. (2003, June). *It does the job: Reasons, reactions, and beliefs about malt liquor*. Research Society on Alcoholism, Fort Lauderdale, FL.

Buddie, A. M., Parks, K. A., & **Collins, R. L.** (2003, June). *Risky sexual behavior among a sample of young women who drink in bars*. Research Society on Alcoholism, Fort Lauderdale, FL.

Kashdan, T. B., Vetter, C. J., & **Collins, R. L.** (2002, November). *The use of licit and illicit drugs: Risk and resilience associated with personality and gender in underage social drinkers*. Association for Advancement of Behavior Therapy, Reno, NV.

Leonard, K. E., Quigley, B. M., & **Collins, R. L.,** (2002, June). *Contextual, personality, and drinking factors in barroom violence*. Research Society on Alcoholism, San Francisco, CA.

Muraven, M., **Collins, R. L.,** Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2002, June). *The morning after: Ecological momentary assessment of the limit violation effect*. Research Society on Alcoholism, San Francisco, CA.

Kashdan, T., **Collins, R. L.,** & Gollnisch, G. (2001, November). *Using cellular phones to self-monitor drinking: A feasibility pilot study*. Association for Advancement of Behavior Therapy, Philadelphia, PA.

Kashdan, T., **Collins, R. L.,** & Gollnisch, G. (2001, November). *The role of drinking restraint in drinking behavior and its affective consequences.* Association for Advancement of Behavior Therapy, Philadelphia, PA.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2001, August). *Social and environmental characteristics of violent bars*. American Psychological Association, San Francisco, CA.

Collins, R. L., Kashdan, T. B., Fals-Stewart, W., & Morsheimer, E.T. (2001, July). *The role of cognitive factors in binge drinking and drinking-related affect.* World Congress of Behavioral and Cognitive Therapies, Vancouver, BC, Canada.

Kashdan, T. B., **Collins, R. L.,** Fals-Stewart, W., & Morsheimer, E.T. (2001, July). *Positive and negative mood trends during the course of a behavioral drinking moderation program: An analysis of Ecological Momentary Assessment data.* World Congress of Behavioral and Cognitive Therapies, Vancouver, BC, Canada.

Collins, R. L., Quigley, B. M., & Leonard, K. E. (2001, June). *Bar violence experience, drinking, and personality.* Research Society on Alcoholism, Montreal, Quebec, Canada.

Quigley, B. M., **Collins, R. L.,** & Leonard, K. E. (2001, June). *Physical aggression at bars: An analysis of causes.* Research Society on Alcoholism, Montreal, Quebec, Canada.

MacLean, M. G., **Collins, R. L.**, & Morsheimer, E. T. (2001, April). *Predicting drinking-related problems in early adulthood using three different theories of drinking*. Society for Research in Child Development, Minneapolis, MN.

Collins, R. L., & Morsheimer, E. T. (2000, August). Electronic diaries for drinking assessment. In **R. L. Collins** (Chair), *The use of technology in addictions research and treatment.* American Psychological Association, Washington, D.C.

Collins, R. L., Quigley, B., & Leonard, K. E. (2000, June). *Violent locations: The role of alcohol use and gender.* Alcohol Policy XII Conference on Alcohol and Crime: Research and Practice for Prevention. Washington, D.C.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (2000, February). *Effects of the Columbine shootings on attitudes toward violence.* Society for Personality and Social Psychology, Nashville, TN.

Collins, R. L., Koutsky, J. R., Morsheimer, E. T., & Izzo, C. V. (1999, November). *Restraint, locus of control, and alcohol-related outcomes.* Association for Advancement of Behavior Therapy, Toronto, Ontario, Canada.

MacLean, M. G., **Collins, R. L.,** Morsheimer, E. T., & Koutsky, J. R. (1999, November). *Depression, drinking to cope, and alcohol-related problems in young adults.* Association for Advancement of Behavior Therapy, Toronto, Ontario, Canada.

Collins, R. L., Morsheimer, E. T., MacLean, M. G., & Koutsky, J. R. (1999, June). *Drinking restraint and alcohol problems among underage drinkers.* Research Society on Alcoholism, Santa Barbara, CA.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (1999, June). *Prevalence of bar violence among those 18 to 30 years of age.* Research Society on Alcoholism, Santa Barbara, CA.

Quigley, B. M., Leonard, K. E., & **Collins, R. L.** (1998, June). *Adolescents' social identities and cognitive competence: Predictors of alcohol use.* Research Society on Alcoholism, Hilton Head, SC.

Connors, G. J., **Collins, R. L.,** Dermen, K. H., & Koutsky, J. R. (1995, November). *Assessing substance use restraint among drug users.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1994, June). *Validity of the Temptation and Restraint Inventory (TRI).* Research Society on Alcoholism, Maui, HI.

Collins, R. L., Lapp, W. M., Shiffman, S., Paty, J., Gnys, M., & Morsheimer, E. T. (1994, June). *Drinking restraint and limit violation among social drinkers.* Research Society on Alcoholism, Maui, HI.

Lapp, W. M., & **Collins, R. L.** (1994, June). *The emergence and perception of drinking problems among restrained drinkers.* Research Society on Alcoholism, Maui, HI.

Collins, R. L., Gollnisch, G., Morsheimer, E. T., & Lapp, W. M. (1994, May). *Neuroticism's influence on drinking and its consequences.* Psychosocial and Behavioral Factors in Women's Health: Creating an Agenda for the 21st Century, Washington, DC.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1993, August). *Information seeking in the regulation of alcohol intake.* American Psychological Association, Toronto, Ontario, Canada.

Gollnisch, G., Morsheimer, E. T., & **Collins, R. L.** (1993, August). *Neuroticism's role in burnout and job satisfaction: A path analysis.* American Psychological Association, Toronto, Ontario, Canada.

Lapp, W. M., & **Collins, R. L.** (1993, August). *Healthy and neurotic selves in relation to action orientation.* American Psychological Association, Toronto, Ontario, Canada.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1992, November). *Monitoring limits alcohol consumption among restrained drinkers.* Association for Advancement of Behavior Therapy, Boston, MA.

Gollnisch, G., **Collins, R. L.,** Lapp, W. M., & Morsheimer, E. (1992, November). *Abstainers versus nonabstainers of substance use: Differences in women from a general population sample.* Association for Advancement of Behavior Therapy, Boston, MA.

Lapp, W. M., **Collins, R. L.,** Zywiak, W. H. (1992, November). *Private self-consciousness and reactance in the cognitive control of drinking.* Association for Advancement of Behavior Therapy, Boston, MA.

Collins, R. L., Gollnisch, G., Lapp, W. M., & Morsheimer, E. (1992, July). *Female nurses' smoking status as related to stress and use of licit substances.* Second International Congress of Behavioral Medicine, Hamburg, Germany.

Collins, R. L., Gollnisch, G., Lapp, W. M., & Morsheimer, E. (1991, November). *Health status and substance use indicators of neuroticism, stress, and coping.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L., & Lapp, W. M. (1991, November). *Self-punitiveness and drinking restraint predict negative affect.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L., Morsheimer, E., Lapp, W. M., & Gollnisch, G. (1991, November). *Nurses job satisfaction: Personality, work-family conflict, and stress.* Association for Advancement of Behavior Therapy, New York, NY.

Collins, R. L., Lapp, W. M., & Izzo, C. V. (1991, August). *Affective and behavioral aspects of the limit violation effect.* American Psychological Association, San Francisco, CA.

Collins, R. L., Gollnisch, G., Lapp, W. M., & Morsheimer, E. (1991, June). *Nurses' substance abuse: A test of social a learning model.* American Medical Association, International Conference on Physician Health. Toronto, Ontario, Canada.

Lapp, W. M., **Collins, R. L.,** & Izzo, C. V. (1990, November). *An interaction of the psychological and pharmacological effects of alcohol on speed of retrieval from episodic memory.* Association for Advancement of Behavior Therapy, San Francisco, CA.

Zywiak, W. H., **Collins, R. L.,** & Emont, S. L. (1990, November). *Understanding relapse: Problems during quitting as predictors of smoking status over time.* Association for Advancement of Behavior Therapy, San Francisco, CA.

Collins, R. L., Zywiak, W. H. & Emont, S.L. (1990, April). *Postquitting predictors of smoking cessation: A 1-year follow-up.* Society of Behavioral Medicine, Chicago, IL.

Collins, R. L., Zywiak, W. H. & Emont, S.L. (1990, April). *Motivation to stop smoking and partner influences on short-term smoking cessation.* Society of Behavioral Medicine, Chicago, IL.

Collins, R. L., George, W. H., & Lapp, W. M. (1989, November). *Alcohol expectancies and negative consequences of drinking in young women.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., & Lapp, W. M. (1989, November). *Restraint and attributions: Evidence of the Abstinence Violation Effect in drinking behavior.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., Lapp, W. M., & Emont, S. L. (1989, November). *Work-related predictors of negative affect in nurses.* Association for Advancement of Behavior Therapy, Washington, DC.

Lapp, W. M., & **Collins, R. L.** (1989, November). *Optimism and coping strategies in the prediction of depression.* Association for Advancement of Behavior Therapy, Washington, DC.

Collins, R. L., Emont, S. L., & Zywiak, W. H. (1988, November). *The role of social support in smoking cessation.* Association for Advancement of Behavior Therapy, New York, NY.

Mackay, P. W., **Collins, R. L.,** & Donovan, D. M. (1988, November). *Coping styles: A predictor of excessive anger and alcohol use.* Association for Advancement of Behavior Therapy, New York, NY.

Mackay, P. W., Donovan, D. M., & **Collins, R. L.** (1988, September). *Coping styles: Differential prediction of alcohol and anger severity.* World Congress on Behavior Therapy, Edinburgh, Scotland.

Collins, R. L., Lapp, W. M., Emmons, K. M., & Isaac, L. M. (1988, August). *Endorsement versus strength of alcohol expectancies.* American Psychological Association, Atlanta, GA.

Collins, R. L., Emont, S. L., Emmons, K. M., & Breedlove, L. (1988, April). *Partner support and smoking cessation.* Eastern Psychological Association, Buffalo, NY.

Emmons, K. M., Emont, S. L., **Collins, R. L.,** Weidner, G., & Foster, W. M. (1988, April). *Relapse prevention vs. broad spectrum approach to smoking cessation.* Society of Behavioral Medicine, Boston, MA.

Emmons, K. M., Weidner, G., & **Collins, R. L.** (1988, April). *Smoking cessation and cardiovascular reactivity to stress.* Society of Behavioral Medicine, Boston, MA.

Collins, R. L., & George, W. H. (1987, November). *Drinking restraint and expectancies as predictors of alcohol consumption.* Association for Advancement of Behavior Therapy, Boston, MA.

Mackay, P. W., & **Collins, R. L.** (1987, November). *Alcohol effects on reaction to acquaintance sexual assault.* Association for Advancement of Behavior Therapy, Boston, MA.

Emmons, K. M., Foster, W. M., **Collins, R. L.,** & Weidner, G. (1987, March). *Improvement in lung function following smoking cessation: Can it be utilized clinically?* Society of Behavioral Medicine, Washington, DC.

Emmons, K. M., Weidner, G., Foster, W. M., & **Collins, R. L.** (l986, November). *The effect of smoking cessation on cardiovascular reactivity to stress.* Association for Advancement of Behavior Therapy, Chicago, IL.

McNair, L. D., & **Collins, R. L.** (l986, November). *Stress and alcohol use in college women.* Association for Advancement of Behavior Therapy, Chicago, IL.

Binkoff, J. A., Abrams, D. B., **Collins, R. L.,** Monti, P., Nirenberg, T., Liepman, M. R., & Zwick, W. (1984, August). *Cue exposure and drink refusal skills in alcoholics.* American Psychological Association, Toronto, Ontario, Canada.

Collins, R. L., Wilson, G. T., & Rothblum, E. D. (l980, November). *The comparative efficacy of cognitive and behavioral approaches in weight reduction.* Association for Advancement of Behavior Therapy, New York, NY.

Rothblum, E. D., Green, L., & **Collins, R. L.** (l979, April). *A comparison of self-control and therapist control in the treatment of depression.* Eastern Psychological Association, Philadelphia, PA.

Teaching and Mentoring Experiences

University at Buffalo, School of Public Health and Health Professions
Department of Community Health and Health Behavior – Professor (2008 to present)

Mentor to NIH Career Development (K series - K01, K21) Awardees (reverse chronology)

2013 – 2018, Erin Bonar, PhD (University of Michigan, member of mentoring team)

2010 – 2015, Cathy Lau-Barraco PhD (Old Dominion University, member of mentoring team)

Doctoral Students

2013 – present, Sandy Wilson (academic and research advisor)

2011 – 2015, Tinuke Oluyomi Daniels (academic advisor; PhD conferred 2015)

Committee Member, Comprehensive Exam and Doctoral Dissertation

2012 – 2014, Erin Walsh-Ellis (PhD conferred 2014)

2011 – 2014, Jeff Haibach (PhD conferred 2014)

2010 – 2013, Phillip Smith (PhD conferred 2013)

University at Buffalo, Research Institute on Addictions
Senior Research Scientist (1986 – 2008), Affiliated Research Scientist (2008 – present)

Co-Director, RIA's NIAAA-funded Postdoctoral Training Program on *Alcohol Etiology and Treatment*, (2000-present)

Mentor to NIH Career Development (K series - K01, K21) Awardees (reverse chronology)

2006 – 2012, Amy Hequembourg (Co-mentor with Drs. Kathleen Parks and Michael Frone)

1997 – 2003, Kathleen Parks, PhD (Co-mentor with Brenda Miller, PhD)

1996 – 2002, Clara Bradizza, PhD (Co-mentor with Gerard Connors, PhD)

1995 – 2001, Gernot Gollnisch, PhD

1994 – 2000, Maria Testa, PhD

Mentor to Postdoctoral trainees (reverse chronology)

2014 – pres., Mark Prince, PhD (Co-mentor with Gerard Connors, PhD)

2010 – 2013, Ashley Levitt, PhD (Co-Mentor with Kenneth Leonard, PhD)

2006 – 2009, Cathy Lau-Barraco, PhD (Co-mentor with Jennifer Read, PhD)

2004 – 2007, Vivian Gonzalez, PhD (Co-mentor with Clara Bradizza, PhD)

2003 – 2006, Amy Hequembourg, PhD (Co-mentor with Kathleen Parks, PhD)

2001 – 2003, Amy Buddie, PhD (Co-mentor with Maria Testa, PhD)

1998 – 2000, Mark Muraven, PhD

Mentor to Project Directors (alphabetical order)

Shannon Carlin-Menter, PhD

Seth Emont, PhD

Diane L. Falco, M. A.

Gernot Gollnisch, PhD

Audrey Kubiak, M.A.

William Lapp, PhD

Elizabeth Morsheimer, M. S.

Brian Quigley, PhD (Co-mentor with Kenneth Leonard, PhD)

Charlene J. Vetter, M. S.

Paula C. Vincent, PhD

Graduate seminar: Cognitive/Behavioral Theories of Alcohol Use and Alcoholism (team taught with Drs. Gerard Connors, Kenneth Leonard, and John Welte).

Guest lectures at University at Buffalo, State University of New York: Department of Psychology and Department of Social and Preventive Medicine. Topics include: Women's Issues in Alcohol Abuse, Behavior Modification in Clinical Practice, Prevention of Addictive Behaviors in Adolescents, Cognitive Factors in Alcohol Use/Abuse, Alcohol Expectancies.

University of Washington, Department of Psychology - Visiting Lecturer (Fall 1991)

Graduate seminar: Women, the Family, and Alcohol Abuse

Practicum Training: Clinical Supervision

State University of New York at Stony Brook, Department of Psychology
Assistant Professor (1981 - 1986) - Adjunct Assistant Professor (1986-1987)

Undergraduate course: Abnormal Psychology (large, lecture format)

Graduate seminars: Addictive Behaviors
Principles of Clinical Psychology (co-taught with Edward Carr, PhD).

Practicum Training: Clinical Supervision (graduate students and psychology interns)

Doctoral Students/Dissertations - Research and Academic Supervision (chronological order)

1985, Jody A Binkoff; *Exposure and Reactivity to Alcohol Cues: Impact on Drink Refusal Skills of Problem Drinkers*.

1985, Karin Theurer; *Assessment of a Cognitive-Behavioral Alcohol Education Curriculum for the Prevention of Problem Drinking in Adolescents*.

1986, Patricia Baar; *Observed and Self-Reported Conflict Communication of Relationship Distressed and Nondistressed Lesbian Couples*.

1987, Sheryl J. Chomak; *Sex-Role Image Associated with Alcohol Use for Adolescent Females.*

1987, Karen M. Emmons; *Smoking Cessation and Change in Physiological Functioning*.

1987, Lisa M. Isaac; *The Effects of Strength of Beliefs, Alcohol Content, and Alcohol Instruction on Behavioral and Subjective Responses to Erotic Stimuli*.

1987, Lily D. McNair; *Alcohol Use and Stress in College Women*.

1988, Priscilla Wright Mackay; *Alcohol and Anger: Coping with Conflict.*

Research Supervision: Masters Theses

1983, Sheryl Chomak; *Relationships Between Sex Role Behaviors and Alcoholic Beverage Consumption in Males and Females*.

1984, Ernest Jouriles; *Variables Affecting the Justification and Tolerance of Relationship Violence.*

1984, Priscilla Wright; *Alcohol Effects on Victim Reaction to Acquaintance Sexual Assault.*

1985, Karen Emmons; *Spectral Analysis as an Assessment Technique for Identifying Smoker Subtypes.*

Rutgers University, Cook College
Department of Human Ecology and Social Sciences, Adjunct Instructor (1977 - 1978)

Introduction to Psychology

Rutgers University, Rutgers College
Department of Psychology, Teaching Assistant (1975 - 1977).

Introduction to Social Psychology
Advanced Social Psychology

A VII. Pharmacist 1

Mark C. Prior

[redacted]

OCCUPATIONAL DIRECTION

Pursuing a long-term position in your facility.

ASSIGNMENT

OPTIONS

PHARMACIST

EDUCATION/INSTRUCTION, HEALTH CARE PHARMACY MANAGEMENT OTHER AREAS OF WELLNESS CARE

QUALIFICATION

Doctor of Pharmacy Degree: Completion: May 2007.
Doctor of Chiropractic Degree: Completion: October 2000.

BACKGROUND SUMMARY

[redacted]

SPECIAL STRENGTHS

PROVEN INSTRUCTIONAL CAPABILITIES
QUALITY PHARMACY EXPERIENCES
ABILITY TO COMMUNICATE EFFECTIVELY AT EVERY LEVEL
HIGHLY ORGANIZED AND STRUCTURED; FUNCTION WELL IN CRISIS SITUATIONS
DRIVEN TO CONTINUE MY PATTERN OF SUCCESS
CAN WORK WITH INDEPENDENCE, OR CONTRIBUTE IN A TEAM ENVIRONMENT
SUPERVISORY EXPERIENCE AND COMPETENCIES

HEALTH CARE EXPERIENCES

[redacted]

[redacted]

1999 CHARITY MISSION AND ADMINISTRATION OF ALL LEVELS OF HEALTHCARE

AND EDUCATION TO 30,000+ CITIZENS OF POOR AREAS IN NEPALCOMPETENCIES AND TASKS

Instructional and Leadership Exposures:

LEADERSHIP: [redacted]

EDUCATION: Management of all levels of acute and chronic healthcare. Implementation of wellness and preventative care. Immunization and counseling on all aspects of healthcare

ORGANIZATION: competent in the organization and control of clinical experiences; highly structured EVALUATIONS: complete formal performance evaluations on employees; correct performance errors COMMUNICATION: maintain communication with staff and patients

PROBLEM SOLVING: Responsible for correctly identifying and swiftly resolving patient health care and other concerns; research, test and implement improved operational systems

Pharmacy Related Exposures:

ASSESSMENTS: possess valuable exposures to the assessment of patients' specific requirements

PLANS: assist in the development of carefully conceived treatment plans

MEDICATIONS: thorough knowledge of all medications (prescription and over-the-counter)

TREATMENTS: skilled in the implementation of a wide range of medical treatments; continually evaluate the effectiveness of medications and treatments; adjust as required INFECTION CONTROL: very aware of biohazard control issues

CONSULTATION: work closely with physicians, other healthcare professionals and a variety of specialists

DOCUMENTATION: precise and accurate in recording documentation, and maintaining files
VERSATILITY: competent to oversee a wide variety of concurrent daily pharmacy/clinical worktask

ADAPTABILITY: able to properly orient toward a diversified range of activities and responsibilities

COLLEGE TRAINING AND ADDITIONAL EDUCATION

DOCTOR OF PHARMACY DEGREE:
State University of New York at Buffalo, Buffalo, NY (Spring 2007)
DOCTOR OF CHIROPRACTIC DEGREE:
Palmer College, Davenport, Iowa (Fall 2000)

I have completed a wide range of seminars and other in-services appropriate to the pharmacy specialty. Very willing to accept new and ongoing training in order to maintain and expand upon my skills.

PERSONAL DATA

[redacted]
Licensure: Valid New York State Registration for Pharmacy/Immunization
Licensure: Valid New York State
Registration for Licensed Chiropractor

A VIII. Pharmacist 2

Sasko Dorce Stojanovski

[redacted]

Business Address:

[redacted]

Education

July 2004-August 2007	Pediatric Pharmacotherapy Fellowship The Ohio State University, College of Pharmacy Columbus, Ohio
August 2003-June 2004	Pharmacy Practice Residency Sacred Heart Hospital Pensacola, Florida
1999-2001	Doctor of Pharmacy Albany College of Pharmacy Albany, New York
1994-1999	Bachelor of Science, Pharmacy Albany College of Pharmacy Albany, New York

Professional Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Recitation Teaching

Pharmacy 781: Non-traditional PharmD Program Pathophysiology & Therapeutics V HIV case. Web based (Elluminate©) distance learner case based discussion. Agust 2005.

Pharmacy 779 Pathophysiology & Therapeutics III: Epilepsy, Migraines, Depression, Pain, Schizophrenia. 2nd year entry level PharmD program Spring 2005.

Pharmacy 781 Pathophysiology & Therapeutics V: Infectious Disease, Drug in Pregnancy & Lactation, Genitourinary system, Joint Disease. 3rd year entry level PharmD program, Winter 2005 & 2006.

Pharmacy 782 Pathophysiology & Therapeutics VI: Critical Care, Pediatrics, Hematology & Oncology. 3rd year entry level PharmD program, Spring 2006.

Presentations

Childhood Medications and Classroom Implications, Presented to Ohio Head Start Association at Midwest Conference Center, Columbus, Ohio, September 2005.

Clinical Presentation and Management of Histoplasmosis in Pediatric Patients, Presented to Infectious Disease Fellowship Forum, Charleston, South Carolina, June 2005.

Multiple Myeloma, Presented to Nemours Pediatric Oncology Group and Nursing at Sacred Heart Hospital, Pensacola, Florida, April, 2004

Multiple Myeloma, Presented to Pharmacy Personnel and Nursing at Sacred Heart Hospital, Pensacola Florida, March, 2004

Pediatric Asthma, Presented to University to Florida Resident Physicians at Sacred Heart Children's Hospital, Pensacola, Florida, December 2003.

Aminoglycosides, Presented to University of Florida Residents Physicians at Sacred Heart Children's Hospital, Pensacola, Florida, December 2003.

Journal Club: Gentamicin Dosage in Children: A randomized Prospective Comparison of Body Weight and Body Surface Area as Dose Determinants, Presented to Pediatric Pharmacy Personnel at Sacred Heart Children's Hospital, Pensacola, Florida, October 2003.

Journal Club: Corticosteroids in the Initial Treatment of Kawasaki Disease: Report of a Randomized Trial,

Stojanovski SD, Rasu RS, Balkrishnan R, Nahata MC. Trends in medication prescribing for pediatric sleep difficulties in US outpatient settings. Sleep.

Farooq O, Memon Z, Stojanovski SD, Faden HS. Azithromycin-induced agitation and choreoathetosis. Pediatric Neurology

Bystrak LB, Heine AM, Michienzi K, Stojanovski SD "Gastrointestinal Pharmacology." *Pediatric Critical Core.* 4th edition. Bradley P. Fuhrman and Jerry J. Zimmerman. 2011 1234-1247

Certifications

New York Licensure 2017

Florida Licensure2015

A IX. Production Department

Chris Hudalla Ph.d

[redacted]

PROFILE

Ph. D. chemist with a solid record in analytical and inorganic chemistry, specializing in chromatography (HPLC/UPLC/SFC/UPC^2/GC) and NMR spectroscopy (solid and liquid state). Experienced with a variety of additional analytical techniques, including, TXRF, FTIR, UV/VIS, SEM, EDS, TGA, DSC, AA, Mass Spec (GC/MS, and LC/MS/MS). Exceptional organizational and communication skills.

WORK EXPERIENCE AND EDUCATION

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Postdoctoral Fellow

University of Nebraska Medical Center - Omaha, NE October 1997 - March 2000
Research Advisor: Dr. William Gmeiner

Application of single and multi-dimensional NMR techniques for the structural and dynamical characterization of Proteins and DNA.

- Expressed and purified proteins in E coli. using liquid chromatography techniques.
- Collected multi-dimensional NMR spectra obtaining structural information for proteins and DNA.
- Analyzed NMR data using a variety of processing and molecular modeling software.
- Developed a novel 2-dimensional NMR technique for measuring protein and DNA diffusion to be utilized in ligand binding studies.
- Responsible for maintenance and repair of NMR spectrometers and probes.

Ph.D. and M.Sc. Research

University of California - Santa Barbara, CA September 1992 - April 1995
Westfalische Wilhelms-Universitat - April 1995 - November 1996
Institut fur Physikalische Chemie, Munster,
Germany Ph.D. Supervisor: Prof. Hellmut
Eckert

Research Thesis: The Application and Development of Single and Double Resonance Solid State NMR Techniques for the Characterization of Inorganic Materials Including Glasses, Mesopores, and Zeolites.

- Synthesized and characterized air sensitive semi-conductors and chalcogenide glasses.
- Utilized TGA, DSC, and X-ray powder diffraction in addition to solid state NMR for characterization of novel materials.
- Applied existing multinuclear solid state NMR experiments to non-traditional systems.
- Maintained and scheduled use of NMR spectrometers.

Teaching Assistant

Department of Chemistry September 1990 - April 1995
University of California - Santa Barbara, CA November 1996 - October 1997

Taught General Chemistry and upper division Analytical Chemistry laboratory courses.

- Prepared and presented weekly lectures and quizzes and instructed in laboratory techniques.
- Responsible for maintenance and instruction in the use of DSC, TGA, IR, AA, Ion Chromatography, Spectrophotometer, and Sold State NMR Spectrometer.
- Evaluated student course work and assigned final grades.

Teaching Assistant

[redacted]

B.Sc. Studies

Northern Arizona University - Flagstaff, AZ September 1988 - May 1990
Research Advisor: Prof. Robert Zoellner.
Undergraduate research topic: Metal Vapor Synthesis.

HONORS AND PROFESSIONAL AFFILIATIONS

Member - American Chemical Society
NIH CRTP Training Grant/Fellowship recipient - 1998 and 1999

PUBLICATIONS

"A Scaling Strategy in Supercritical Fluid Chromatography. I. Theory for Isocratic Systems", Abhijit Tarafder, Christopher J. Hudalla, Pamela Iraneta and Kenneth Fountain. J. Chrom. A., 2014, 1362, 278293.

"A New Separation Tool for a Broad Range of Analytical Challenges", Christopher J. Hudalla and Patrick D. McDonald. Chromatography Today, August/November 2012, 18-20.

"UltraPerformance Convergence Chromatography (UPC^2): A New Separation Tool for a Broad Range of Analytical Challenges", Christopher J. Hudalla, Jeff Bieszki, Andrew Aubin, Michael Jones, Rui Chen and Kenneth Fountain. GIT Laboratory Journal (Cover Story), Volume 16, August 2012, 24-25.

"Overcoming Challenges in Carbohydrate Separations", Doug McCabe and Christopher J. Hudalla. Separation Science, 2010, 2, 2-7.
"Influence of Pressure on the Retention of Sugars in Hydrophilic Interaction Chromatography", Uwe Neue, Christopher J. Hudalla, and Pamela Iraneta. Journal of Separation Science, 2010, 33, 838-840.

"Development of an Accelerated Low pH Reversed-Phase Liquid Chromatography Column Stability Test", Brian C. Trammell, Cheryl A. Boissel, Christina Carignan, Daniel J. O'Shea, Christopher J. Hudalla, Pamela C. Iraneta and Uwe D. Neue. Journal of Chromatography A, 2004, 1060, 153-163.

"Synthesis and Surface Chemistry of Spherical Mesoporous Organic-Inorganic Hybrid Particles with an Integrated Alcohol Functionality on the Pore Surface". J. Ding, C. Hudalla, J. Cook, D. Walsh, C. Boissel,

P. Iraneta, and J. O'Gara. Chemistry of Materials, 2004, 16, 670-681.

"Characterization and Evaluation of C18 HPLC Stationary Phases Based on Ethyl-Bridged Hybrid Organic/Inorganic Particles", K. Wyndham, J. O'Gara, T. Walter, K. Glose, N. Lawrence, B. Alden, G. Izzo, C. Hudalla, and P. Iraneta. Analytical Chemistry, 2003, 75, 6781-6788.

"Characterization of highly spherical porous hybrid organic/inorganic particles", K. Wyndham, J. O'Gara, T. Walter, K. Glose, N. Arpin, C. Hudalla, Y. Xu, and G. Izzo. Polymeric Materials Science and Engineering, 2002, Volume: 87, Page: 275-276.

"Effects of fundamental properties of high performance liquid chromatographic packing materials on column hydrophobicity and hydrophilic selectivity", Y. Xu, C. J. Hudalla, T. P. Brady, B. A. Alden, P. A. David, T. H. Walter. Abstracts of Papers of the American Chemical Society, 2001, Volume: 222, Page U87.

"Binding of ethidium to DNA measured using a 2D diffusion-modulated gradient COSY NMR experiment", W. H. Gmeiner, C. J. Hudalla, A. M. Soto, L. Marky. FEBS Lett., 2000, Volume: 465 , Number: 2,3 , Page: 148-152.

"Molecular Diffusion Measured Using ^{31}P NMR", C. Hudalla and W. H. Gmeiner. NMR Newsletter, 476, 9-10, 1998.

"Glass-Formation and Local Structure in the Ternary System P-Se-Al. Solid State NMR Studies", C. Hudalla, B. Weber, and H. Eckert. J. Noncryst. Solids, 224, 69-79, 1998.

"Synthesis and Structural Characterization of Mixed Aluminum-Gallium-Offretites", A. Wolker, C. Hudalla, H. Eckert, A. Auroux , M. L. Occelli. Solid State NMR, 9, 143-153, 1997.

"The Effects of Lattice Composition on the Physicochemical Properties of H-Offretite Crystals", M. L. Occelli, H. Eckert, C. Hudalla, A. Auroux, P. Ritz, P. S. Iyer, Microporous Materials, 10, 123-135, 1997.

"Structural Studies of ZrV2-xPxO7 Solid Solutions Using ^{31}P-{^{51}V} and ^{51}V-{^{31}P} Rotational Echo Double Resonance NMR", C. Hudalla, H. Eckert, and R. Dupree. J. Phys. Chem, 100, 15986-15991, 1996.

"Acidic Properties of Gallosilicate Molecular Sieves with the Offretite Structure", M. L. Occelli, H. Eckert, C. Hudalla, A. Auroux, P. Ritz, and P. S. Iyer. Proceedings of the 11th International Zeolite Conference, Seoul, Korea, August 12-17, 1995.

" Solid State NMR Chemical Shifts of Chalcogenides and Pnictides", Hellmut Eckert, Kelly Moran, Deanna Franke, and Christopher J. Hudalla. NATO. ASI Series C, "the Calculation of NMR Shielding Constants and their use in the Determination of the Geometric and Electronic Structures of Molecules and Solids", 386, Kluwer Academic Publishers, 1993.

"Spectral Editing in MAS-NMR of Aprotic Solids. ^{31}P-^{113}Cd Cross-Polarization and Heteronuclear Double

Quantum Filtering Studies in II-IV-V2 Semiconductor Alloys", Deanna Franke, Christopher J. Hudalla, and Hellmut Eckert. Solid State NMR, 1, 297-306, 1992.

"^{31}P-^{113}Cd and ^{31}P-^{29}Si CP/MAS-NMR in Inorganic Semiconductors", Deanna Franke, Christopher J. Hudalla, Robert Maxwell, and Hellmut Eckert. J. Phys. Chem., 96(19), 7506-7509, 1992.

"Heteronuclear X-Y Double Quantum MAS-NMR in Crystalline Inorganic Solids. Applications for Indirect Detection and Spectral Editing of Rare-Spin Resonances", Deanna Franke, Christopher J. Hudalla, and Hellmut Eckert. Solid State NMR, 1(1), 33-40, 1992.

PRESENTATIONS

Christopher J. Hudalla, “Chromatographic Methodologies: An Integral Component of the Budding
Cannabis Industry”. Webinar Presentation: LCGC Webinar Series, June 12th, 2015.

Christopher J. Hudalla, “Cannabis Chemistry 201”. Webinar Presentation: American Chemical Society Webinar Series, November 6th, 2014.

Christopher J. Hudalla, “Supercritical CO2 Meets Cannabis: New Tools for a Budding Industry”. Oral Presentation: Boston Areas SFC User’s Meeting, Cambridge, MA, September 25th, 2014.

Christopher J. Hudalla, “Analytical Testing for the Cannabis Industry: A New Era Presents New Opportunities. Oral Presentation: International Pharmacological Academy: Marihuana for Medical Purposes (IPA-MMP), Toronto, Canada, September 16th, 2014.

Christopher J. Hudalla, “Analytical Testing for the Cannabis Industry: Application of UltraPerformance Convergence Chromatography”. Oral Presentation: Conference on Small Molecule Science (CoSMoS), Williamsburg, VA, August 12th, 2014.

Christopher J. Hudalla, “Analytical Testing for the Cannabis Industry: Application of UltraPerformance Convergence Chromatography (UPC^2)”. Poster Presentation: Conference on High Pressure Liquid Chromatography (HPLC), New Orleans, LA, May 14th, 2014.

Christopher J. Hudalla, “Cannabis Chemistry 101”. Webinar Presentation: American Chemical Society Webinar Series, May 1st, 2014.

Christopher J. Hudalla, “Analytical Testing for the Cannabis Industry”. Oral Presentation: Northeastern CannaBusiness Symposium, Boston, MA, March 15th, 2014.

Christopher J. Hudalla, “Development of a Strategy to Transfer SFC Methods from Analytical to Preparative Scale”. Oral Presentation: Eastern Analytical Symposium, Somerset, NJ, August 18th, 2013.

Christopher J. Hudalla, “Applications of Convergence Chromatography for Clinical Research”. Oral Presentation: Clinical Research Symposium, Neuroscience Center of Excellence, School of Medicine Louisiana State University Health Science Center, New Orleans, LA, August 14,2013.
Christopher J. Hudalla, “Novel Applications of UltraPerformance Convergence Chromatography (UPC^2)”. Oral Presentation: 7th International Conference on Packed Column SFC, Boston, MA, July 12,2013.

Christopher J. Hudalla, Andrew Peck, Stuart Chadwick, Fiona Liddicoat, and Kenneth J. Fountain, “Rapid Analysis of Endogenous Steroids for Clinical Research using UPC^2 MS/MS”. Poster: American Society of Mass Spectrometry (ASMS) meeting, Minneapolis, MN, June , 2013.

Hudalla, Andrew Peck, Stuart Chadwick, Fiona Liddicoat, and Kenneth J. Fountain, “Rapid Analysis of Endogenous Steroids for Clinical Research using UPC^2 MS/MS”. Poster: Mass Spec for Applied Clinical Laboratories (MSACL) meeting, San Diego, CA, February , 2013.

Manisha A. Patel, Christopher J. Hudalla, Mark A. Hardink, Frank W. Riley, Loren Wrisely, and Mehdi Ashraf-Khorassani, “Separation of Ten Ionic Sulfated Estrogens by Packed Column Supercritical Fluid Chromatography”. Oral Presentation: Eastern Analytical Symposium (EAS), Somerset, NJ, November, 2012.

Christopher J. Hudalla, Jacob N. Fairchild, Kenneth J. Fountain, Jason F. Hill, Pamela C. Iraneta and Kaori Taguchi, “Evaluation of Sub-2pm Silica and Hybrid Particles for Ultra Performance SFC (UPSFC) Applications”. Oral Presentation: Eastern Analytical Symposium (EAS), Somerset, NJ, November, 2011.

Christopher J. Hudalla, Daryl Brousmiche, Stephen Collier, Jacob Fairchild, Kenneth Fountain, Jason Hill, Pamela Iraneta, and Jo-Ann Jablonski, “Evaluation of Sub-2pm Silica and Hybrid Particles for SFC Applications”. Poster: HPLC Conference, Budapest, Hungary, June 20-23, 2011.

Jo-Ann Jablonski, Christopher J. Hudalla, Kenneth Fountain, Steven Collier and Damian Morrison, “Optimizing Chromatographic Media using Supercritical Fluid Chromatography for Preparative Applications”. Poster: HPLC Conference, Budapest, Hungary, June 20-23, 2011.

Christopher J. Hudalla, Daryl Brousmiche, Stephen Collier, Jacob Fairchild, Kenneth Fountain, Jason Hill, Pamela Iraneta, and Jo-Ann Jablonski, “Evaluation of Sub-2pm Silica and Hybrid Particles for SFC Applications”. Poster: SFC Conference, New York, New York, July 20-22, 2011.

Christopher J. Hudalla, Pamela Iraneta, Paul Smith, Dan Walsh, and Kevin Wyndham, “Chromatographic Analysis of Natural Sweeteners: UPLC Applications for the Analysis of Food & Beverage Products”. Invited oral presentation, American Chemical Society Meeting, Anaheim, CA, March 30th, 2011.

Jo-Ann M. Jablonski, Christopher J. Hudalla, Kenneth J. Fountain, Steven M. Collier, and Damian Morrison, “Optimizing Chromatographic Media and Separation Conditions Using Supercritical Fluid

Chromatography". Poster: Pittcon Conference, Atlanta, GA, March 13-18, 2011.

Christopher J. Hudalla, "Chromatographic Analysis of Carbohydrates: How Sweet It Is!!" Invited seminar at Willamette University, Salem, Oregon, November 8th, 2010

Christopher J. Hudalla, Cheryl Boissel, Pamela Iraneta, Dan Walsh, and Kevin Wyndham, "Methods of Identification of Adulterated Food Products Based on Carbohydrate Profiles by UPLC". Poster: American Chemical Society Meeting, Boston, MA, August 22-26, 2010.

Christopher J. Hudalla, Jim Cook, Mike Dion, Pamela Iraneta, Paul Smith, Dan Walsh, and Kevin Wyndham, "UPLC Analysis of Carbohydrates: Applications for Saccharide Analysis in Food & Beverage Products and Pharmaceutical Excipients". Poster: AOAC Meeting, Philadelphia, PA, September 13-16, 2009.

Christopher J. Hudalla, Jim Cook, Mike Dion, Kenneth Fountain, Pamela Iraneta, Paul Smith, Daniel Walsh, and Kevin Wyndham, "UPLC Analysis of Carbohydrates: Applications for Saccharide Analysis in Food & Beverage Products using ELS or MS Detection". Poster: HPLC Conference, Dresden, Germany, June 28-July 2, 2009.

Christopher J. Hudalla, Cheryl Boissel, Tom Buckley, Jim Cook, Pam Iraneta, Dan Walsh, and Kevin Wyndham, "Development of UPLC Columns and Methods for Carbohydrates: Applications to Saccharide Analysis", Poster: Pittcon 2009 Conference, Chicago, IL, March 8-13, 2009.

Christopher J. Hudalla, "Evaluation of Animal Feeds: Carbohydrate Analysis on BEH Amide Prototypes" Invited talk: Meeting of the American Association of Feed Control Officials (AAFCO), Tucson, AZ, January 21st, 2009.

Christopher J. Hudalla, Cheryl Boissel, Tom Buckley, Jim Cook, Pam Iraneta, Dan Walsh, and Kevin Wyndham, "Development of UPLC Columns and Methods for Carbohydrates: Applications to Saccharide Analysis". Poster: AOAC Meeting, Dallas, TX, September 21-24, 2008.

Christopher J. Hudalla. "Automation techniques in Solid State NMR", Invited speaker: Bruker NMR Users Meeting, Chelmsford, MA, October 12, 2001.

Christopher J. Hudalla. "^{29}Si CPMAS is Not Fun, But Automation Makes it Bearable; Solid State NMR Investigations of Chromatographic Materials", Invited speaker: Bruker Symposium on Solid State NMR, Denver, CO, July 29, 2001.

Christopher J. Hudalla, J. William Lown, and William Gmeiner. "Specific Binding of Lexitropsins to Okazaki Fragments Studies by PFG NMR". Poster: The Eleventh Conversation in the Discipline
Biomolecular Stereodynamics, Albany, NY, June 15-19, 1999.

Christopher J. Hudalla and William Gmeiner. "Temperature Dependent Diffusion Characteristics of Okazaki

Fragments Studied by ^{1}H and ^{31}P NMR", UNMC research symposium, June 1999.

Christopher J. Hudalla. “NMR Studies of Hck Activation via Inter- and Intra-molecular Interactions”, Invited speaker: St. John’s University, Collegeville, MN, March 24, 1999.

Christopher J. Hudalla, Shawn Alderman, Thomas Smithgall, and William Gmeiner. "^{19}F NMR Studies of the Intermolecular Interaction Between Hck [SH32L] and the HIV-1 Protein, Nef.". Poster: Experimental NMR Conference, Orlando, FL, March 3, 1999.

Christopher J. Hudalla, Thomas Smithgall, and William Gmeiner. "^{19}F NMR Studies of the Intramolecular Interactions of SH3 and L2k in Hck [SH32L]". Poster: Keystone Symposium on Frontiers of NMR in Molecular Biology VI, Breckenridge, Colorado, January 9-15, 1999.

Christopher J. Hudalla, Thomas Smithgall, and William Gmeiner. "NMR Structures of Intramolecularly Complexed Hck SH3". Poster: Experimental NMR Conference, Asilomar, California, March 22-27, 1998.

Christopher J. Hudalla and Hellmut Eckert. "The Application of Heteronuclear Double Resonance NMR Techniques for Structural Studies of Solid State Inorganic Materials". Invited speaker: University of Nijmegen, Nijmegen, Netherlands, Nov. 18, 1996.

A X. Legal Ethics

[redacted]

HIGHLIGHTS OF QUALIFICATIONS

- Experienced attorney with knowledge in health care, employment, business and property laws.
- Diverse background in resolving corporate and health care-related risk, compliance and legal issues.
- Directs compliance with local, state and accrediting body regulations in facilities across multiple states.
- Winning track record in litigating employment-related claims, including claims for unemployment benefits, wrongful termination, entitlement to unpaid wages and bonuses, and other claims.
- Directed legal due diligence for multi-million dollar asset sales of two healthcare companies including compiling all required documents, resolving regulatory issues and working with counsel to close.
- Experienced in simultaneously managing multiple demanding projects in a high-stress environment.

LEGAL EXPERIENCE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Legal Intern for Major Offense Unit, Albany County District Attorney Aug 2009 – Dec 2009

- Drafted and assembled documents for responses to motions and demands for discovery, performed felony reviews, drafted return orders, drafted indictments and notices of grand jury, researched case law for trial preparation, assembled trial binders, assisted at trials with jury selection, case presentation, etc.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

CHARITABLE WORK AND INVOLVEMENT

- Created "Jeans For a Cause" Campaign at Buffalo TeamHealth corporate office and raised over $6,000 in $2 donations for local charities.

- Organized company-wide participation in 2013 Buffalo J.P. Morgan Chase Corporate Challenge.
- Memberships in New York State Bar Association, Phi Alpha Delta Law Fraternity, and Celiac Sprue Association Southern Tier Chapter 115.

EDUCATION

Albany Law School Aug

2008 – May 2011

Admitted to New York State 3rd Dept. Jan 2012

Juris Doctor

Health Law Concentration Certificate with Honors

- Awarded Albany Law School Summer Stipend 2010
- Involvement with Women's Rugby Team, Albany Law School Mentor Program
- Inducted into Phi Alpha Delta law fraternity

Marist College – Graduated Cum Laude Sep

2003 – May 2007

B.A. in Communications Studies

Paralegal Certificate

- Semester abroad in Sydney, Australia Fall 2006
- Awarded New York State Lottery "Leaders of Tomorrow" Scholarship
- Awarded Marist College Academic Scholarship
- Awarded Marist College Research Excellence Award in 2007
- Member of Lambda Pi Eta Communications Honors Society
- Marist College Dean's List

A XI. Legal Ethics

Gregory F. Daniel Jr. MBA

[redacted]

Education

University at Buffalo – Buffalo, NY

Master of Business Administration, May 2015

University of North Carolina – Chapel Hill, NC

BA Psychology, graduated May 2009

Professional Experience

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Qualifications and Skills

Managing 3rd Party Vendor relationships with MedHost, Allscripts, Merge Health Care

Allscripts Practice Management System (Electronic Health Record System)

Allscripts Clinical Module (Electronic Health Record System)

Medhost (Electronic Health Record System)
Medhost Toolkit (Electronic Health Record System)
Omnicell (Medication Distribution System)
Flex-i-suite (Laboratory System)
Microsoft Office
High Level Customer Service
BAT Certification Completion 2010
OSHA Training Completion 2010
HIPAA Training Completion 2010
Change Management
Process Improvement
Strategic Planning

Professional Development

Executive Leadership for Healthcare Professionals, Cornell University, May 2011
National Association of Health Services Executives Conference
Kappa Leadership Program

Community Service & Committees

Big Brother Outreach
Generation U (Youth Outreach Public Television)
Refuge Temple of Christ Broadcast

windstream communications

Fiber Solution

for:

Alternative Medicine Associates

Prepared By:

John N. Taylor

Sr. Account Executive

716.566.6205

john.n.taylor@windstream.com

Prepared: 5-29-15

Pricing Valid 30 Days

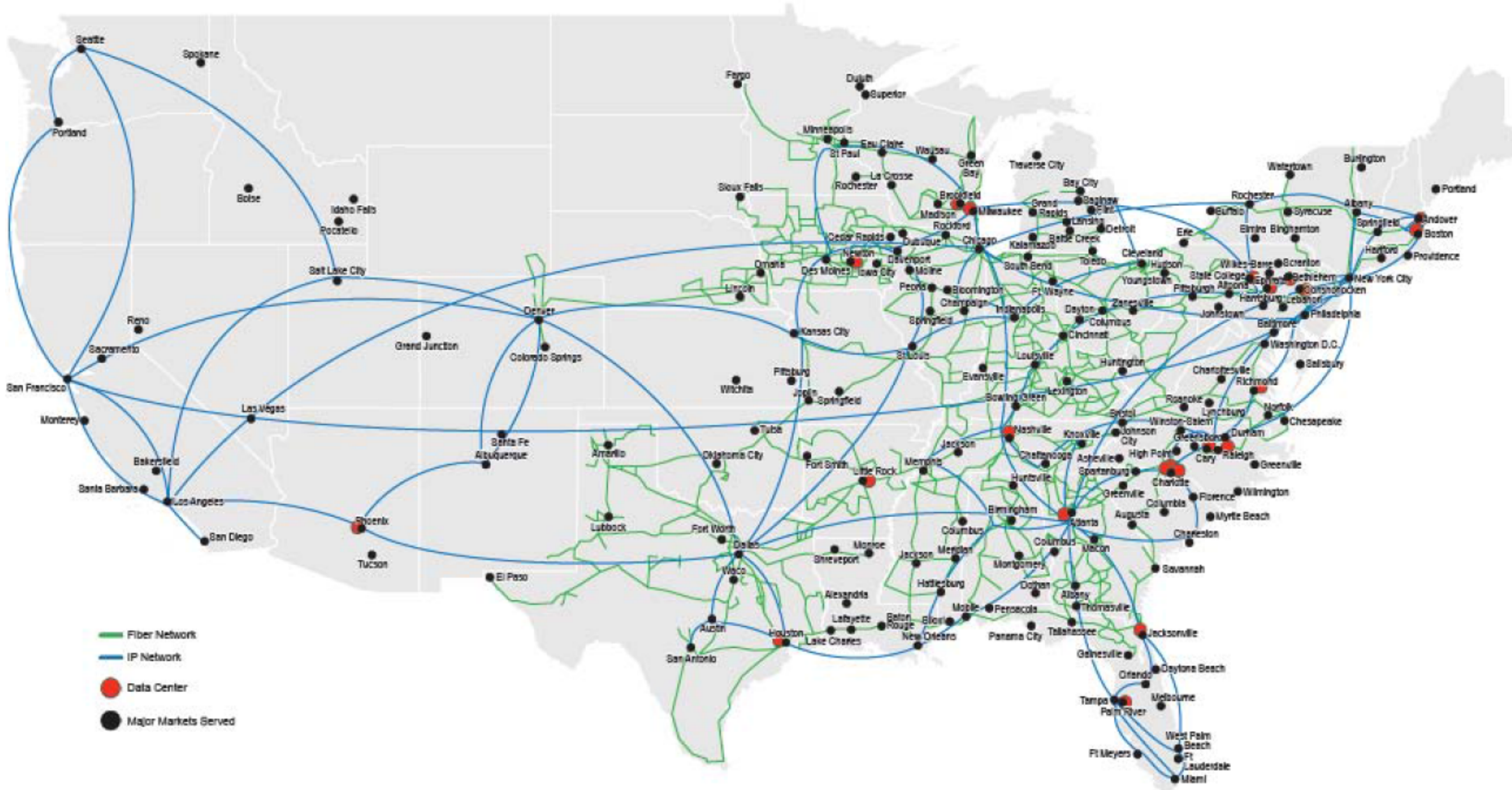
- Advanced Communications & Technology Solutions
- S&P 500 Company with $6 Billion in Annual Revenue
- More than 450,000 Business Customers Nationwide
- 4 Out of 5 FORTUNE 500 Customers Served
- More than 115,000 Fiber Miles
- Enterprise-Class Data Centers
- Over 150 Offices Across the U.S.
- Approximately 14,500 Employees
- 6 Enterprise Repair and Network Operations Centers

windstream communications

- NASDAQ: WIN
- Revenue: $6.2B
- Operating Cash Flow: $2.4B
- Capital Investment: $892M
- Expected Capital Investment: $950M – $1.05B in 2012

Pro forma for all acquisitions, including PAETEC for 2011. Operating cash flow defined as operating income before depreciation and amortization excluding the impact of restructuring charges, pension expense, and stock based compensation.

windstream.


Seattle
Spokane
Portland
Boise
Idaho Falls
Pocatello
Salt Lake City
Reno
Sacramento
San Francisco
Monterey
Las Vegas
Bakersfield
Santa Barbara
Los Angeles
San Diego
Phoenix
Tucson
Grand Junction
Denver
Colorado Springs
Santa Fe
Albuquerque
El Paso
Amarillo
Lubbock
Oklahoma City
Tulsa
Wichita
Fort Worth
Dallas
Waco
Austin
San Antonio
Houston
Lake Charles
Fargo
Duluth
Superior
Minneapolis
St Paul
Eau Claire
Wausau
Green Bay
La Crosse
Rochester
Sioux Falls
Omaha
Lincoln
Des Moines
Cedar Rapids
Dubuque
Davenport
Moline
Madison
Milwaukee
Rockford
Chicago
Peoria
Bloomington
Champaign
Springfield
Kansas City
St Louis
Pittsburg
Joplin
Springfield
Fort Smith
Little Rock
Memphis
Jackson
Shreveport
Monroe
Alexandria
Lafayette
Baton Rouge
New Orleans
Biloxi
Mobile
Pensacola
Panama City
Tallahassee
Hattiesburg
Meridian
Jackson
Montgomery
Dothan
Albany
Thomasville
Birmingham
Huntsville
Columbus
Atlanta
Macon
Columbus
Nashville
Chattanooga
Knoxville
Johnson City
Asheville
Bristol
Louisville
Lexington
Evansville
Bowling Green
Huntington
Traverse City
Bay City
Saginaw
Flint
Grand Rapids
Lansing
Detroit
Kalamazoo
Battle Creek
South Bend
Ft Wayne
Toledo
Indianapolis
Dayton
Columbus
Cincinnati
Zanesville
Cleveland
Hudson
Youngstown
Erie
Pittsburgh
Altoona
State College
Johnstown
Harrisburg
Lebanon
Wilkes-Barre
Scranton
Bethlehem
Conshohocken
Philadelphia
Baltimore
Washington D.C.
Salisbury
Buffalo
Rochester
Syracuse
Elmira
Binghamton
Watertown
Albany
Burlington
Springfield
Hartford
Providence
Andover
Boston
Portland
New York City
Charlottesville
Richmond
Norfolk
Chesapeake
Roanoke
Lynchburg
Winston-Salem
Greensboro
Durham
High Point
Cary
Raleigh
Greenville
Charlotte
Spartanburg
Greenville
Columbia
Florence
Wilmington
Myrtle Beach
Augusta
Charleston
Savannah
Jacksonville
Gainesville
Daytona Beach
Orlando
Tampa
Palm River
Melbourne
West Palm Beach
Ft Lauderdale
Ft Meyers
Miami
Fiber Network
IP Network
Data Center
Major Markets Served

Solution Summary

- **Dedicated Fiber 10Mb**
  - Dual MPLS/Internet port
  - 14 Static IP on each circuit
  - Adtran 908 E Router (each site)
  - Advanced Managed Router w Ping Monitoring

- **Windstream Support:**
  - Windstream On Line Portal – 24/7/365
  - Dedicated (Local) Account Manager
  - Network Operations Center (NOC) located in Rochester

- **36 month term**

windstream communications

Solution – Dedicated Fiber

Dedicated Fiber	LOCATION	MRC
Depew	5020 Transit Road Depew NY 14043	$ 960.00
Syracuse	6489 Ridings Road, Syracuse NY 13206	$ 960.00
Binghamton	596 Upper Ct St, Binghamton NY	$ 960.00
Buffalo	13904 665 Perry St, Buffalo, NY 10Mb	$ 960.00
TOTAL Monthly Fiber Cost		$ 3,840.00

Price includes managed router at each location

Non Recurring Charges (NRC): Fiber Install*- $500 per site = $2,000.00 total

***Install Waived to $0.00 with authorized agreement - Valid through June 29, 2015**

Q&A/Next steps

- Upon completion of the paperwork, it is approximately 120 days for your fiber access to arrive, pending any additional construction timeframes and/or facility issues. Windstream will provide FOC date approximately 3 weeks after order is placed.

- Once the facility is tested and accepted, we will dispatch our technician for further testing. Once complete, the process of coordinating the installation with yourself and your vendors begins.

- Windstream will be responsible for the following:

- Install facilities and provide FOC dates

- Providing escalation list to customer with all contact numbers

smart solutions. personalized service.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Alternative Medicine Associates
8899 Main Street, Suite #7
Williamsville, NY 14221
(716) 580-7208
AlternativeMedicineAssociates.com

Affidavit of Gregory F. Daniel, MD

I, Gregory F. Daniel, MD, affirm:

1. That I am the Chief Executive Officer for Alternative Medicine Associates, LLC ("AMA"); and
2. That AMA is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under its registration, pursuant to 10 NYCRR § 1004.5(b)(8).

I affirm that the above and foregoing representations are true and correct to the best of my information, knowledge and belief.

Gregory F. Daniel, MD

5-28-2015
Date

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On this 28th day of June in the year 2015 before me, the undersigned, personally appeared GREGORY F. DANIEL, MD, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument

Carl F. Smukall
Notary Public

CARL F. SMUKALL
Notary Public, State of New York
No. 4981241
Qualified in Genesee County
Commission Expires May 6, 2017

BRIAN HIGGINS
26TH DISTRICT, NEW YORK

COMMITTEE ON HOMELAND SECURITY
RANKING MEMBER
SUBCOMMITTEE ON
COUNTERTERRORISM AND INTELLIGENCE
SUBCOMMITTEE ON
EMERGENCY PREPAREDNESS,
RESPONSE, AND COMMUNICATIONS

COMMITTEE ON FOREIGN AFFAIRS
SUBCOMMITTEE ON THE
MIDDLE EAST AND NORTH AFRICA
SUBCOMMITTEE ON EUROPE,
EURASIA, AND EMERGING THREATS

Congress of the United States
House of Representatives
Washington, DC 20515–3226

2459 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3306
(202) 226-0347 (FAX)

726 EXCHANGE STREET
SUITE 601
BUFFALO, NY 14210
(716) 852-3501
(716) 852-3929 (FAX)

640 PARK PLACE
NIAGARA FALLS, NY 14301
(716) 282-1274
(716) 282-2479 (FAX)

higgins.house.gov

May 15, 2015

Dr. Howard Zucker
Acting Commissioner of Health for New York State
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Dr. Zucker:

I write in support of Alternative Medicine Associates' (AMA) application for a license to cultivate, process, and distribute medical marijuana in response to the Compassionate Care Act that was signed into law by Governor Andrew Cuomo.

Dr. Gregory Daniel has a proven track record of delivering cutting edge services in the medical field that are transforming healthcare management for patients, hospitals, health systems and communities throughout the United States. Dr. Daniel pioneered Alternative Patient Care facilities (Immediate Care) throughout the United States by providing low-acuity medical care that is easily accessible.

Alternative Medicine Associates is an organization developed by Dr. Daniel for the purpose of advancing medical and research objectives surrounding the use of medical marijuana. AMA's proposal will bring 75 jobs in specialized field and will address the safe handling of marijuana for medicinal purposes. Dr. Daniel has served the Western New York community as a dedicated physician and successful businessman for over 30 years. His significant contributions to the health care and business community distinguish him as a trailblazer in the field.

Thank you for your review and consideration of Alternative Medicine Associates' application for a license to provide services in response to the Compassionate Care Act. Should you require further reference, please feel free to contact my Buffalo District office at 716-852-3501.

Sincerely,

Brian Higgins
Member of Congress

PRINTED ON RECYCLED PAPER

CITY OF BUFFALO

BYRON W. BROWN

MAYOR

May 21, 2015

Dr. Gregory Daniel
Alternative Medicine Associates, LLC
8899 Main Street
Williamsville, New York 14221

Dear Dr. Daniel:

I welcome and support Alternative Medicine Associates, LLC's plan to use the former Tyson Foods processing plant for cannabis cultivation, processing and distribution. Manufacturing is an integral part of the economic landscape for the City of Buffalo. This project will resume manufacturing at this site with a new product.

It is my understanding that this project will create seventy-five jobs in a secure facility in collaboration with health professionals in order to offer clinical guidance and appropriate patient education. A portion of the building will also be used for administrative offices.

To reinforce my commitment to business development, over the past seven years my administration has been successful in lowering the commercial tax rate by 32%. The cost and time dedicated to the development approval process in Buffalo has also been dramatically reduced by streamlining the regulatory environment. Buffalo's permit fees are now among the lowest in the northeast.

The Mayor's Office of Strategic Planning's staff can provide assistance with City Hall processes for permits, licensing and zoning questions, as well as information on any available incentives. Please contact Rebecca Gandour, Director of Development at 851-4029 for additional information.

We look forward to working with Alternative Medicine Associates, LLC.

Sincerely,

Byron W. Brown

Byron W. Brown
Mayor