CommCan, Inc.

A Chapter 180 Non-profit Organized to Assist Patients with Medical Marijuana, Education and Wellness

CommCan, Inc. is a Massachusetts non-profit incorporated with the intent of securing a medical marijuana dispensary license through the Massachusetts Department of Public Health pursuant to 105 CMR 725: Implementation of an Act for the Humanitarian Medical Use of Marijuana. It is CommCan, Inc.'s intent to be the preferred medical marijuana dispensary applicant in the communities in which they locate.

CommCan, Inc. 730 Main Street, Millis, MA 02054
Tel: 508 376 4600
Fax: 508 376 8563
Email: marc@rosenfeld-law.com

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On June 29, 2015, CommCan, Inc. ("CommCan") filed three (3) applications of intent with the Department of Health ("DPH") to operate registered marijuana dispensaries ("RMD") in the Commonwealth of Massachusetts. This was the first phase of a three phase process. On August 13, 2015, CommCan was invited by DPH to submit the phase two management and operations profile, which CommCan so submitted on August 20, 2015. Phase three (siting profile) requires applicants to provide letters of support or non-opposition from the chief executive/legislative body of the host community in which the applicant intends to locate. CommCan has obtained letters of support from the Town of Medway for a cultivation facility, and the Towns of Millis and Framingham for dispensaries. CommCan seeks to locate its third dispensary in Hopkinton, Massachusetts.

Board of Directors and Management:

Board of Directors:

Dr. Donna Berry, Ph.D. Clerk

Annette Cazenave

Treasurer

Mark Ferzoco

Dr. Joel Frost, Ed.D.

Ellen Rosenfeld, Esq. President

Executive Management Team:

Dr. Phuli Cohan, M.D. Chief Medical Officer

Mark Ferzoco

Chief Security Officer

Barbara Lawrence

Chief Operations Officer Chief Compliance Officer

Valerio Romano, Esq. Marc Rosenfeld, Esq.

Chief Executive Officer/Chief Financial Officer

James Sipe

Head of Cultivation

CommCan has in place a Board of Directors and Executive Management Team with high levels of experience and expertise in not only the emerging medical marijuana industry, but also the knowledge, skills and abilities to properly manage, direct and control a RMD; and to operate the dispensary in the best interests of public health, safety and welfare. CommCan has the requisite expertise in the six essential areas necessary to that operation; Marijuana, Medical, Business, Compliance, Legal and Security.

	Marijuana	Medical	Business	Compliance	Legal	Security
Donna Berry	√	√				
Annette Cazenave			V	✓		
Phuli Cohan	✓	√				
Mark Ferzoco						✓
Joel Frost		√				
Barbara Lawrence			✓			
Valerio Romano	√			✓	✓	
Ellen Rosenfeld			√		✓	
Marc Rosenfeld			✓	✓	✓	
James Sipe				√		

Board of Directors

Donna L. Berry, Ph.D., RN, AOCN®, FAAN is an Associate Professor of Medicine at Harvard Medical School. At the Dana-Farber Cancer Institute, Dr. Berry leads a research center dedicated to improving the human experience of having a cancer diagnosis. She is an internationally-known oncology nurse specialist and scientist with clinical and research expertise in cancer symptom management. In 2006, she was funded by the Marijuana Policy Project to examine the use of various complementary and alternative strategies used by patients with cancer. Results of the survey of 690 patients at the Seattle Cancer Care Alliance revealed that about 73% would consider using medical marijuana for symptom control. Dr. Berry has mentored several postdoctoral research fellows who study integrative therapies, including medical marijuana.

Annette Cazenave has extensive experience in the management of mutual and hedge funds. Part of this experience entailed instituting and managing the procedures and processes for Sarbanes-Oxley compliance. Ms. Cazenave will bring that experience to the heavily regulated field of medical marijuana. Ms. Cazenave is a breast cancer survivor.

Mark Ferzoco is the general manager of Safety Signal Alarm Company and has extensive expertise in the design, installation and monitoring of security systems, including systems compliant with the Bureau of Alcohol, Tobacco and Firearms requirements, banks, and jewelry stores.

Joel Frost, Ed.D., is a former instructor of psychology at Harvard Medical School and former psychologist at Beth Israel Deaconess Medical Center. Dr. Frost has done extensive work in the development of support groups for individuals with AIDS as well as their medical caregivers. Mr. Frost is prostate cancer survivor.

Ellen Rosenfeld is an attorney and real estate developer who has worked extensively throughout Metrowest Boston. Attorney Rosenfeld has experience in the development, construction and leasing of retail, office, medical, and storage facilities. Attorney Rosenfeld's ability to manage complex processes, resolve unforeseen problems and navigate the regulatory world that pervades zoning, construction and development will serve her well in the burgeoning, regulated realm of medical marijuana.

Executive Management Team

Phuli Cohan, MD, is a Massachusetts licensed physician who has spent her career overlapping traditional and alternative medicine. This is exemplified by her experience as an emergency medicine physician with the UMASS Medical Center with direct involvement with New England Life Flight and her work in private practice treating patients suffering from chronic illnesses through the use of herbs, acupuncture and natural hormones. Dr. Cohan will bring this unique understanding, knowledge and skillset to benefit patients through the use of a new, complementary therapy. Dr. Cohan is a member of the American Academy Cannabinoid Medicine and the Society of Cannabis Clinicians. Dr. Cohan has lectured and consulted with patients suffering from chronic illness and has extensive experience with FDA-approved, synthetic medical marijuana. Dr. Cohan is keenly interested in educating professionals and

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patients about the proper use of Cannabinoid therapies. Dr. Cohan is also a breast cancer survivor.

Barbara Lawrence is the founder and former president of a Boston-based gemstone wholesale company. In this role, Ms. Lawrence hired, managed and trained employees in the identification, quality control, security and sale of precious gems. Ms. Lawrence controlled and secured approximately \$500,000.00 of revolving inventory at any given time. Ms. Lawrence is the past president of the largest colored gemstone trade association in the United States.

Valerio Romano is the founder of VGR Law Firm located in Boston, Massachusetts. Attorney Romano is recognized as an expert in the regulatory environment surrounding medical marijuana dispensaries in Massachusetts. He is frequently quoted in the media about the dispensary licensing process, including local zoning, permitting, housing, leasing, and other issues facing applicants and program participants. He is known for his superior knowledge surrounding the complex relationship between federal and state laws as well as the risks associated with each. Currently, he represents several dispensary licensees and applicants in the Commonwealth and has worked with applicants in other states. He also represents medical marijuana caregivers and patients in both criminal and civil matters. He is the founder of Massachusetts Marijuana Compliance and a Member of the legal committee for the National Organization for the Reform of Marijuana Laws (NORML). Attorney Romano recently taught a Massachusetts Continuing Legal Education course, speaking on the challenges and political climate surrounding the licensing of medical marijuana dispensaries in Massachusetts and has instructed fellow attorneys and paralegals at the National Business Institute on legal research.

Marc Rosenfeld is an attorney and real estate developer. Attorney Rosenfeld's background in the business, law and non-profit industries afford him a unique skill set that he will leverage to guide CommCan's day-to-day operations and long term growth. Attorney Rosenfeld has conducted extensive research on the Medical Marijuana industry including thorough reviews of all appropriate statutes and Acts. Attorney Rosenfeld has completed his Masters Certificate in Medical Marijuana from the Cannabis Training University.

James Sipe is a former managing director of horticulture at Compassionate Caregivers, a Registered Marijuana Dispensary in California, wherein he managed a thirty thousand square foot cultivation facility with oversight of more than 50 employees in all aspects of medical marijuana cultivation and processing. He has the necessary skills to adapt to the ever-changing needs and demands of patients whether it be strains cultivated or cultivation methodology to ensure supply is readily available. As a result of his involvement with RMDs in Massachusetts, he has gained extensive knowledge of the Massachusetts medical marijuana regulations and has worked with both state and local officials throughout the registration process.

See Tabs B - K for full resumes

See Tab L - Letter from Chief Medical Officer

Outside Advisors

CommCan is represented and advised by Vicente Sederberg, the leading marijuana industry

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specialized law firm in the United States of America. Based in Denver Colorado with offices in Massachusetts, Nevada and Washington DC, Vicente Sederberg is at the forefront of the medical marijuana industry. Attorneys at Vicente Sederberg have worked with State governments to draft amendments and local municipalities to draft by-laws to regulate this burgeoning industry. They have been featured and/or interviewed by countless national and local news outlets including; TIME, CNN, Fox News, Wall Street Journal, The New York Times and the Canadian Broadcasting Corporation.

As per DPH guidelines, CommCan has developed a detailed security systems and operational plan that meets or exceeds all of the requirements set forth therein.

See Tab M for Security Systems and Operational Plan

CommCan is working with the Snyder Security Group (SSG), an experienced, progressive, full service group of companies committed to providing professional, broad based solutions to security needs. Joseph S. Snyder, its Chairman and CEO, served with Military Intelligence in the Far East, has been the consultant/security director for Western Union International, a member of the Massachusetts Chiefs of Police Association, Narcotic Enforcement Officers Association, National Association of Certified Investigators, a charter member of the Licensed Private Detectives of Massachusetts Association, a Notary Public of the Commonwealth of Massachusetts, has served three terms as Vice Chairman, Boston Chapter of the American Society of Industrial Security and earned the coveted certification of Certified Protection Professional (CPP). He was appointed Deputy Sheriff in three Massachusetts Counties of Essex, Norfolk and Suffolk. He has been licensed as a Security and Patrol Operator and Private Detective or Investigator in nearly thirty states. He has spoken to enumerable groups and associations and has appeared on television championing the cause to bring professionalism to the security industry.

See Tab N for Snyder Security Group Plan

Ending Home Cultivation Operations

The RMD will prevent unregulated cultivation in the Town, eliminating significant public safety and health risks associated with such cultivation

Under the Regulations for the medical marijuana program an individual may apply for a Hardship Cultivation Registration if they are unable to access a dispensary or are unable to afford medical marijuana. Such a registration will allow the individual to grow marijuana with virtually no oversight or regulation, in their own home or a location of their choosing. This creates a substantial fire and public safety risk. Such unregulated cultivation and processing of marijuana will also increase its availability to children and the diversion of marijuana for non-medical purposes.

If the Town has its own RMD, the argument that there are no dispensaries within close proximity becomes untenable. Moreover, CommCan will provide medical marijuana to those with a financial hardship at free or reduced cost, as well as provide delivery as required by

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the Statute, eliminating the remaining method by which an individual may grow for themselves. Thus, a RMD cultivation facility in the Town will effectively preclude individuals growing within the Town.

Excise Tax

CommCan is committed to offering assistance to the Town in applying to the legislature for an Excise Tax. This will result in a significant increase in revenue. The additional revenue may be used to fund programs or other identified needs of the Town, including hiring police personnel.

Job Creation

A review of successful dispensaries around the country of similar size and patient demographics indicate that CommCan will need at least 20 employees when operating at full capacity. CommCan expects to hire approximately 15 people during its first year of business and will make every effort to hire local residents. Those employed by CommCan will be eligible for health care benefits.

Community Host Agreement

CommCan shall work with the Town of Hopkinton to develop an agreement by which the Town can be compensated for any financial burdens, real or perceived.

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B

Harvard Medical School/Harvard School of Dental Medicine Curriculum Vitae

Date Prepared:

July 28, 2015

Name:

Donna L. Berry

Office Address: The Phyllis F. Cantor Center Dana-Farber Cancer Institute 450 Brookline Ave; LW 518

Boston, MA, 02215

Home Address:

52 Woodland Road, Jamaica Plain, MA 02130

Work Phone:

617.632.1909

Work Email:

donna_berry@dfci.harvard.edu

Work FAX:

617.582.8550

Education

1978 1981 1992	BSN MSN PhD	Nursing Oncology Nursing, Nursing Education Nursing Science	Baylor University, Texas University of Texas Health Science Center at Houston University of Washington,
_,		-	Seattle
Faculty Aca	ademic Appointments		
2/94-6/00	Research Assistant Professor	Biobehavioral Nursing & Health Systems	University of Washington
6/00-9/00	Research Associate Professor	Biobehavioral Nursing & Health Systems	University of Washington
9/00-9/05	Associate Professor w/ tenure	Biobehavioral Nursing & Health Systems	University of Washington
9/00-9/05	Adjunct Associate Professor	Urology	University of Washington
9/04-9/05	Adjunct Associate Professor	Medical Education & Bioinformatics	University of Washington
9/05-6/08	Professor w/tenure	Biobehavioral Nursing & Health Systems	University of Washington
9/05-6/08	Adjunct Professor w/tenure	Urology	University of Washington
9/05-6/08	Adjunct Professor w/tenure	Medical Education & Bioinformatics	University of Washington
6/08-	Affiliate Professor	Biobehavioral Nursing & Health Systems	University of Washington
4/09-	Associate Professor	Medicine	Harvard Medical School

Appointments at Hospitals/Affiliated Institutions

1/03-6/08 Clinical Nurse Researcher
6/08- Nurse Scientist Nursing & Patient Care Services Dana-Farber Cancer Institute

Other Professional Positions

6/07-2/92 Consultant Drug & Device Development, Inc
1/93-1/94 Research Associate Biobehavioral Nursing & Health Systems
3/06-6/08 Consultant Dendreon, Inc.

Major Administrative Leadership Positions

Local 6/79-8/80 12/05-6/08 6/08-	Assistant Supervisor Vice Chair for Research Director of Phyllis F. Cantor Center	Baylor University Medical Center University of Washington: Biobehavioral Nursing and Health Systems Dana-Farber Cancer Institute
Regional 6/85-6/86	Charter President	Galveston/Bay Area Oncology Nursing Society
4/93-4/95,	Chairperson & board member	Research Committee of the Puget Sound Oncology Nurses' Society
4/04-4/06 9/03-9/05	Vice-president & board member	Psi Chapter-at-Large, Sigma Theta Tau, International

National and International

National and 1	Alter Hational	
1/90-1/98	Chairperson	Research Subcommittee; Nurse Oncologist Committee, Southwest Oncology Group
1/02-5/08	Principal Lead and Principal Investigator-	Oncology Nursing Society
	Research Priority Conference	
8/10-1/11	Chairperson	National Cancer Institute; Symptom and
0/10-1/11	Champerson	Health-Related Quality of Life Liaison
		Work Group
	_	Oncology Nursing Society Foundation
6/14-5/17	Trustee	Oncology Nuising Society I dundation

Committee Service

Local 9/96-6/97 9/00-6/02 9/07-6/08	Research and Intramural Funding Committee	University of Washington School of Nursing (SON)
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	9/96-6/97; 9/07-6/08	Member
	9/07-6/08	Chairperson
9/99-6/00	Clinical Nursing Team	University of Washington Cancer Center
1/99-6/01	Transitional Patient Education Committee 1/99-6/01	Seattle Cancer Care Alliance Member
1/99-6/00	Psychosocial Screening/Assessment Task	
1/22 0/00	Force	
	1/99-6/00	Member
9/02-6/03	Whole Information System Environment	University of Washington SON
)102 0100	9/02-6/03	Member
9/02-6/03	2010 Curriculum Task Force	University of Washington SON
), 02 0, 03	9/02-6/03	Member
9/03-6/07	Grants & Contract Services Advisory Panel	University of Washington
2703 0.07	9/03-6/07	Member
9/03-6/07	Appointment, Promotion and Tenure	University of Washington SON
3,03 0.07	Committee	
	9/03-6/07	Member
9/03-6/06	Information Committee	University of Washington SON
3,03 0,00	9/03-6/06	Member
9/05-6/08	Faculty Council on University Facilities	University of Washington
<i>3,02</i> 0,00	9/05-6/08	Member
9/03-6/08	Human Subjects Committee	University of Washington, Biobehavioral
2,42	•	Nursing & Health Systems
	9/03-12/06	Member
	1/07-6/08	Chairperson
6/08-	Nurse Executive Board/Cabinet	Dana-Farber Cancer Institute
	6/08	Member
12/12-	Universal Screening Task Force	Dana-Farber Cancer Institute
	12/12	Member
3/12-	NCCN Young Investigator Reviewer	Dana-Farber Cancer Institute
	3/12	Member
7/13-	Gloria Spivak Review Committe	Dana-Farber Cancer Institute
•	07-13	Member
Regional		
9/85-9/86	Steering Committee	American Cancer Society; Galveston Island
9163-2166	Growing Committee	Unit
	9/85-9/86	Member
9/85-9/86	Nursing Education Workgroup	Texas Legislative Task Force-Cancer
7/65-7/60	9/85-9/86	Consultant
9/86-9/87	Nurses' Committee	American Cancer Society; Division-level,
2100 3101		Texas
	9/86-9/87	Member
9/86-9/87	Nurses' Education Sub-committee	American Cancer Society; Metro-level, San
2,00 2,0,		Antonio
	9/86-9/87	Chairperson
8/05-6/08	Prostate Cancer Task Force Member	Washington State Cancer Control
		3

National and	International	
9/90-9/06	Genitourinary Committee	Southwest Oncology Group
	9/90-9/06	Member & Liaison
9/90-9/08	Research Subcommittee of the Nurse Oncologist Committee	Southwest Oncology Group.
	9/90-9/08	Member
	9/90-9/00	Chairperson
9/95-6/96	Nurses and Allied Health Task Force	International Union Against Cancer
	9/95-6/96	Secretary and U.S. representative
8/08-6/14	Genitourinary Steering Committee 8/08-6/14	National Cancer Institute Member
6/09-6/10	Oncology Nurse Committee/GU Committee	Cancer and Leukemia Group B
0/07-0/10	6/09-6/10	Nurse Scientist
01/11-	Doctoral and Graduate Nurse Scholarships	American Cancer Society, National Review Committee
	01/11-	Member
2013	NCI National Clinical Trials Network Working Group	National Cancer Institute, Ad Hoc Member
2014-	Australia - A Survivorship Action Partnership Movember Foundation	Lead for implementation of the Personal Patient Profile Prostate (P3P) in Australia
2014-	USA- A Survivorship Action Partnership Movember Foundation	Co-lead of Decision Support Design Team
2014-	Advanced Prostate Cancer Working Group	International Consortium for Health
		Outcomes Measurement (iCHOM); Member
Profession	al Societies	
1981-	Sigma Theta Tau, International; (Honor Society)	Member
	2003-2005	Regional Chapter Vice President
1982-	Oncology Nursing Society (ONS)	Member
	1998-2000	Research Committee Member
1985-1986	Galveston-Bay Area ONS (chapter)	Charter President Member
1987-	Puget Sound ONS (chapter)	Research Committee Chairperson
	1993-1995; 2004-2006	Research Committee Member
1000	1995-1997 American Nurses' Association	Member
1990-		Member
1996-2009 1997-	Society for Medical Decision Making	Member
2004-	American Medical Informatics Association	Member
		4



2005-	American Society of Clinical Oncology	Member
2005-	American Academy of Nursing	Member
2007-	American Urological Association	Member
2007-	Council Advancement of Nursing Science	Member
2009-	Boston Oncology Nursing Society	Member
2014-	Oncology Nursing Society Foundation	Director

Grant Review Activities

CITY I		_
2004	Special RFA Review Panel	National Cancer Institute, Member
2009	ARRA Grant Reviewer	National Institutes of Health, Member
2009-2012	Special Emphasis Panel/Scientific Review	National Cancer Institute, Member
	Group 2009-2012 /01 ZCA1 SRLB-B (J1)	
2011	Special Topic Panel/Scientific Review	National Cancer Institute, Member
	ZCA1 SRLB (B)C3 Collaborative Practices	
	in Palliative and Hospice Care	
2013	Subcommittee F- Institutional Training and	National Cancer Institute, Member
	Education	
2014	Special Emphasis Panel/Scientific Review	National Cancer Institute, Member
	Group 2014/05 ZCA1 RTRB-E (M1) R	
	•	

Editorial Activities

Cancer Practice The Journal of the National Cancer Institute Quality of Life Research Cancer Cancer Nursing
Nursing Research
Value in Health
Journal of Clinical Oncology

Psycho-oncology

American Journal of Men's Health

Other Editorial Roles

Seminars in Oncology Nursing (August Guest Editor 2011 issue)

J Supportive Oncology Editorial Board 2012-

Honors and Prizes

1986	Excellence in Clinical Practice	Sigma Theta Tau, Alpha Delta Chapter (regional)	
1993	Excellence in Cancer Nursing Research	Oncology Nursing Society (national)	Highly scored abstract followed by manuscript
1993	Quality of Life Award	Oncology Nursing Society (national)	competition (1 st author) Highly scored abstract followed by manuscript competition (1 st author)

1994	Best Research Poster	American Urological Association Allied (national)	Research study
1998	Quality of Life Award	Oncology Nursing Society (national)	Highly scored abstract followed by manuscript competition (co-author)
2003-2008	Myrene C. McAninch Term Professorship	University of Washington (local)	Clinical research
2005- 2006	Inducted Fellow Excellence in Nursing Informatics	American Academy of Nursing Oncology Nursing Society (national)	Career achievment Impact related to research and practice
2008	Distinguished Researcher Award	University of Washington, School of Nursing (regional)	Career achievement in research and impact on practice
2009	Research Scholar Award	University of Massachusetts- Boston (regional)	Career achievement in research
2011	Distinguished Researcher Award	Oncology Nursing Society (national)	Career achievement in research and impact on practice
2012	Clinical Researcher Award	Association of Community Cancer Centers (national)	Career excellence in clinical cancer research
2013	Mara M Flaherty Annual Lecture	Oncology Nursing Society Foundation (national)	Excellence in psychosocial cancer nursing care
2014	President's Award	Friends of the National Institute of Nursing Research	Career achievement in research and dissemination

Report of Funded and Unfunded Projects

Funding Information

Past

Past	
1988-1990	National Institute of Occupational Safety and Health & Connaught Laboratories Pre-doctoral student fellowship research
	PI \$8400/year plus tuition "Effects of Fluid Restriction Prior to Intravesical Bacillus Calmette-Guerin (BCG)
	Therapy"
1990-1992	National Institute of Occupational Safety and Health & Connaught Laboratories
	Pre-doctoral student fellowship dissertation research
	PI
inn.	"Return to Work Experiences of Persons With Cancer"
1995-1997	Oncology Nursing Foundation
	Small grants program



	TX .05000
	PI \$5000
	"Measuring Irritative Bladder Symptoms" Instrument development
1995-1998	American Cancer Society, National
	PBR-100
	Co-PI
	"Coaching Patients with Cancer to Report Sensory Pain Experience" RCT
1996-1998	Oncology Nursing Foundation
	Small grants program
	PI \$7500
	"Relief Strategies for Irritative Bladder Symptoms Associated with Intravesical BCG."
	Randomized pilot study
1997-1998	Research Intramural Funding Program, University of Washington
	Internal School funding
	Co-PI
	"Computerized PAINReport and PAINConsult Protocol: A Feasibility and Pilot Study"
1997-2000	Oncology Biotech / Schering Corporation and TAP Pharmaceuticals
	Industry-sponsored longitudinal descriptive
	Co-Inv
	"Intermittent Androgen Suppression for Men with Biochemical Relapse after Surgery or
	Radiotherapy for Cancer of the Prostate."
1998-2001	Oncology Nursing Foundation
	Contract
	Co-Inv
	"Impact of Cancer Care Reform on Inpatient and Radiation Oncology Nursing"
1998-2003	National Cancer Institute
	R29 CA77372
	PI \$ 350,000
	"Nursing Support Decisions by Men with Prostate Cancer"
1999-2002	National Cancer Institute
	2 R01 CA 62477
	Co-Inv
	"Computerized <i>PAINReport</i> and Nursing <i>PAINConsult</i> Protocol"
1999-2003	National Cancer Institute
	R01 CA 81918
	Co-Inv
1000	"Computerized SymptomReport - Consult for Cancer Patients"
1999-2003	Southwest Oncology Group, National Cancer Institute
***	Cooperative group RCT
	Co-Inv
****	"SWOG-9916 Docetaxel and Estramustine Versus Mitoxantrone and Prednisone for
	Advanced, Hormone-Refractory Prostate Cancer."
2000-2006	Southwest Oncology Group, National Cancer Institute
	Cooperative group RCT
	Co-Inv
-	"SWOG 9917 L-Selenium-based chemoprevention of prostate cancer among men with
	high grade PIN"
	Ingil Breeze I I.

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2001-2002	Oncology Nursing Society
2001 2002	PRISM, RE 07 Large grants program-RFA
	PI \$50,000
	"Computerized Cancer Symptom and Quality of Life Assessment"
2001-2002	Swiss Cancer League University of Basel, Switzerland
2001 2002	International collaboration
	Co-Inv
	"Human Responses and Experiences after Radical Prostatectomy -
	A Pilot Study."
2002-2003	Research Intramural Funding Program, University of Washington
	Internal School funding
	PI \$10,000
	"Development of CancerEQOL II: Electronic Quality of Life & Symptom Surveys"
2003-2005	National Cancer Institute
	R21 CA 100025
	PI \$200,000
	"Personal Patient Profile-Prostate: A Customized Internet Decision
	Support Program" Intervention development
2003-2005	Oncology Nursing Society
	Small grants program
	PI \$10,000
	"Information Needs of Men with Prostate Cancer During Radiation"
2004-2007	National Institute of Nursing Research
	R01 NR 008726
	PI \$997,308
	"Computerized Symptom Assessment for Patients with Cancer"
2004-2008	National Cancer Institute
	1 R13 CA 101305
	PI \$74,600
	"ONS Research Agenda Conference"
2005-2006	Research Intramural Funding Program, University of Washington
	Internal School funding
	Co-Inv
	"Using Personal Digital Assistants to Assess Sexual Risk and Antiretroviral Medication
	Adherence among an HIV-positive Peruvian Population"
2005-2006	Puget Sound Oncology Nursing Society
	Regional small grants program
	Co-PI \$1000
	"Therapeutic Administration of an Orange to Relieve the Taste and Smell Sensations
	Associated with Dimethyl Sulfoxide during Stem Cell Re-infusion: Feasibility and
	Efficacy." Post-doctoral project (P. Potter)

2005-2007	National Cancer Institute
	R01 CA112505
	Co-Inv
	"Multiattribute decision theory for IMRT plan selection [prostate and head/neck]"
2006-2007	RIFP funding - School of Nursing, UW
	Internal School funding
	Co-Inv
	"Improving Health Literacy: Feasibility and Evaluation of Virtual Surrogate Readers"
2006-2009	National Institute of Nursing Research
	R01 NR009692
	PI (Co-PI) \$1,073,376
	"Personal Patient Profile – Prostate (P4) Randomized, Multi-site Trial"
2006-2008	Marijuana Policy Project
	Foundation; investigator initiated
	PT
	"Complementary Therapies: Utilization and Access by Cancer Patients"
2007-2009	Centers for Disease Control
	SIP grant
	Co-Inv (PI – Baldwin)
	"Assessment of Physician Screening and Testing for Potential Ovarian Cancer"
2008-2010	National Institute of Nursing Research
	R21NR010706
	Co-Inv (PI-Wolpin)
	Health Literacy: A Pilot Study with Talking Pill Bottles"
2008-2010	American Cancer Society
	PEP-08-273-01-PC1
	Co-Inv (PI-Weingart)
	Understanding the Risk of Severe Pain Among Patients with Advanced Cancer
2007-2011	National Institute of Nursing Research
	3R01 NR008726
	Supplements 06S1 and 06S2
	PI \$1.315.645 plus \$86,703 and \$20,328
	"Computerized Assessment for Patient with Cancer: ESRA-C II"

2008-2012	National Cancer Institute
	1R01 CA125256
	Co-Inv (PI- Cooley)
	A Lung Cancer Symptom Assessment and Management Intervention
2012-2014	Oncology Nursing Society/Sigma Theta Tau International
	PI \$9 993
	Developing a linguistic and culturally appropriate Spanish Electronic Self Report

	Assessment-Cancer
2012-2014	Patient-Centered Outcomes Research Institute
2012-2014	
	12-001
	Co-Investigator (PI- M. Cooley)
	Decision Support for Symptom and Quality Life Management
Current	
2010-2015	National Cancer Institute
	1U54 CA156732-01
	Site program director (PI-Prigerson)
	Addressing Cancer Health Disparities; Post Doctoral Fellowships
2011-2013	A. David Mazzone Research Awards Program; Disparity Research Award; DFHCC
(NCE)	N/A
	PI \$100,000
	Enhancing Usability of the Personal Patient Profile-Prostate (P3P) for Black and Hispanic Men
	Daniel Call Call Call Call
2012-2016	National Institute of Nursing Research
	2R01NR009692
	PI \$1,818,816 Personal Patient Profile Prostate (P3P): Testing and Implementation in Health Networks
	Personal Patient Profile Prostate (F3F). Testing and implementation in French
2015-2018	Movember Foundation
	N/A
	PI \$300,000
	TrueNTH Decision Support Intervention

Current Unfunded Projects

2011-2014	PI, Treatment Decision Making for Bladder Cancer
2014	PI, Pain Assessment Survey after Breast Surgery
2014-	Consultant/collaborator, Clinical Implementation of the Personal Patient Profile Prostate
	(P3P) in Australia's TrueNTH Network
2014-	Assessment of the Jacki Jacket Used for Pain Reduction

Report of Local Teaching and Training

Teaching of Students in Courses

1999-2003	NMETH 520 Methods of Research in	University of Washington
Fall	Nursing Graduate students	2 hrs per week over 10 weeks
1999, 2003- 2005 Spring	BNURS 403. Quantitative Design and Methods, Evidence-based practice	University of Washington, Bothell

1999-2010	RN- Baccalaureate students NURS 405 Care in Illness II.: Testicular and Prostate Disease	Guest lecture 3 hours University of Washington
2000-2003	Undergraduate nursing students NURS 596 Colloquium, Scientific Conduct	Guest lecture: 2 hours University of Washington
Winter	and Dissertation Methods of Research Graduate students NURS 521 Grant Proposal Writing	2 hrs per week over 10 weeks University of Washington
2003 Summer	NURS 531 Grant Proposal Writing	Onivolatly of A domington
2003, 2005	MedEd 591 Multiple Methods in Health	University of Washington
Winter	Informatics Clinical Research Graduate students Graduate students	Guest lecture: 2 hours 5 hrs per week over 4 weeks
2003-2007	NURS 504 Men's Health Issues – A	University of Washington
Summer 2004, 2006, 2008 Spring	Distance Learning Course Graduate students NURS 537 Symptom Management in Cancer and Serious Illness	4 hrs per week over 8 weeks University of Washington
2008 Spring 2005, 2007	Graduate students PHARM 568/NURS 533 Health care for	3 hrs per week over 10 weeks University of Washington
Spring	Cancer Survivors Graduate students	3 hrs per week over 10 weeks

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

Clinical Supervisory and Training Responsibilities

2007	Supervise clinical for graduate nursing student in clinical nurse specialist practicum	2 hours per week over 10 weeks

Laboratory and Other Research Supervisory and Training Responsibilities

1996-1997	Mentor for Albert Einstein School of	2 hours per week over 9 months
1999-2008	Medicine student Undergraduate Research Program: Faculty mentor for total of 26 pre-med and pre-	Varied by quarter
1999-2008	nursing students (N=26) Chairperson of Master's, supervisory	360 hours per year
1996-2011	committees for a total of 23 students Member of Master's supervisory committees for a total of 13 students	200 hours per year
2001-2011	Member of Dissertation Supervisory Committees for a total of 3 students.	100 hours per year
2011-2013	Member of Dissertation Supervisory Committees for a total of 2 students.	75 hours per year
		11

2009-2014	Mentor for Continuing Umbrella of Research Experiences (CURE) and U54 program at the Dana-Farber/Harvard Cancer Center (DF/HCC)/UMB. Total 10 students	2 hours per week per student over 8 weeks
2011-2014	Clinical supervisor for doctor of nursing practice capstone; 6 students	2 hours per week over 9 months
2014-	Mentor for pre-doctoral student at University of New Mexico through RWJ	2 hours per week

2004-2007	Pamela Potter, PhD, RN/Assistant Professor, University of Portland
	Post-doctoral fellowship: mentor
2010	Lisa Kennedy Sheldon, PhD, ANP/ Assistant Professor, Univ Mass-Boston
	Post-doctoral fellowship; mentor
2009-2011	Julie Wright, PhD, Assistant Professor, Univ Mass-Boston
	K-award; mentor
2011-2012	Jaclyn L. F. Bosco, PhD, Associate Director, Epidemiology at Quintiles Outcomes
	Post-doctoral fellowship; mentor. Meghan Underhill, PhD, RN, Instructor of Medicine, Dana-Farber Cancer Institute
2011-2014	Meghan Undernill, PhD, RN, instructor of wiedrenic, Dana Targer Sant Targer
2011 2012	Post-doctoral fellowship; mentor Cindy Tofthagen, PhD, RN, Research Fellow, University Mass Boston/DFHCC U54
2011-2013	Post-doctoral fellowship; mentor
2012-2013	Peter Chang, MD, Beth Israel Deaconess Medical Center, American Urological
2012-2013	Association Foundation Research Scholar; co-mentor
2013-2015	Virginia LeBaron, PhD, RN, Research Fellow, University Mass Boston/DFHCC U54
2013 2013	Post-doctoral fellowshin: mentor
2013-2014	Shannon Harrington, PhD, RN, Research Fellow, University Mass Boston/DFHCC U54
	Post-doctoral fellowship: mentor
2013-2015	Pinky Budhrani, PhD, RN, Research Fellow, Mittelman Family Foundation Post-doctoral
	fellowship; mentor

Formal Teaching of Peers (e.g., CME and other continuing education courses)

Cancer Survivorship for Clinicians: Helping Survivors One hour lecture, Boston Live Well Beyond Cancer, DFCI

Local Invited Presentations

3.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
2009	"Patient-centered technologies: Making a Difference"	
	Distinguished Scholar lecture. University of MA-Boston, School of Nursing	
2010	"Patient-centered technologies: Making a Difference" DFCI/Partners Nursing Symposium	
		1.0

2010	DFCI Seminars in Oncology; ESRA-C Research (November)
2012	"Patient centered technologies in cancer clinical care"
	U54 Monthly Seminar Series, Dana-Farber Harvard Cancer Center/UMass Boston
2012	"Nursing Science in Cancer Care Disparities"
	U54 Summer Symposium - Dana-Farber Harvard Cancer Center/UMass Boston
2013	"The Patient's Voice"
	Annual Research Keynote, Alpha Chi Chapter, Boston College

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

Regional

2000-2008	"Prostate Cancer: The Key Points." Puget Sound Oncology Nursing Society's
	Fundamentals of Oncology. Presented every 6 months, Seattle, WA area
2000	"Clinical Trials and Cancer Nursing." Inland NW Chapter Oncology Nursing Society,
	Spokane, WA
2009	"Patient-centered technologies. Making a Difference"
	Dean's Colloquium, University of Massachusetts-Worcester
2008-2012	Patient-centered technology interventions in oncology
	Graduate students, UMass Boston
2011-2015	Patient-centered technology
	Graduate students, University of Washington
2010, 2014-	Prostate Cancer: The Key Points
2015	·
	Undergraduate students, University of Washington

National

40-0000-000-00		
2000	Keynote: "Negotiating the White Waters of Nursing Research in a Cooperative Group." State of the Science Summit, Pediatric Oncology Nursing Research, Washington, DC	
2003	Keynote: "Practice and Research Issues: Oncology Quality of Life of Adults and Elders." Second Annual Research Colloquium. University of Texas Health Science Center at San Antonio, TX	
2005	"P4: An Innovative Approaches to Prostate Cancer Education: Personal Patient Profile- Prostate (P4)." The 19th National Conference on Chronic Disease Prevention and Control "Health Disparities: Progress, Challenges, and Opportunities, Centers for Disease Control Atlanta, GA	.
2006	"Quality of Life Research- Results of SWOG 9916." Southwest Oncology Group Meeting Seattle, WA	3.
2007	"Treatment Decision Making: Patient Education is Not Enough." Population Sciences Seminar. Fox Chase Cancer Center, Philadelphia, PA	
2010	Patient-centered technologies. Making a Difference. Keynote address, University of Ill, Chicago Annual Research Day	
2010	Patient-centered technologies: Making a Difference.	
		13



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2000 2011	Inaugural Address, Susan Leider Memorial Lecture, University of California, Irvine Evidence-based Practice 101
2009-2011	Oncology Nursing Society's Institute Evidence-based Practice Change
2011	Electronic Self Report Assessment-Cancer; presented to Council, January 18th at the
	National Institute for Nursing Research
2011	"A Career of Why and Why Not" Distinguished Researcher Lecture, Oncology Nursing Society 36 th Congress, Boston
2012	"Patient-centered technologies: Making a difference in cancer care"
2012	Association of Community Cancer Centers, San Antonio, Texas
2013	"The nation's voice: Are we hard of hearing?"
	Mara Mogenson Flaherty Annual Lecture, Oncology Nursing Society, Washington, D.C.
2013	Facilitating Health Care Decision Making: Patient Education is Not Enough. Pre-doctoral lecture; University of Virginia
2014	"The Patient's Voice: What We Do with What They Say"
2011	Puget Sound Oncology Nursing Society, Seattle
International	
2002	Quality of Life Assessment: The Requirement for Valid and Reliable Instruments; Point-
	Counterpoint. 26th Congress of the Société Internationale d'Urologie, Stockholm, Sweden
2003	Treatment Decision Making. International Perspectives on Supportive Care for Cancer
	Survivors and Families. Research Institute of Nursing Science, Seoul National University,
	Seoul, Korea
2004	Keynote and conference speaker: "Information Communication Technology in Nursing Research, Practice and Education." The 11th Annual International Conference at the School
	of Nursing, University of Hyogo, Hyogo, Japan
2007	Keynote and consultant: "Treatment Decision Making" The Nethersole School of Nursing
2007	at the Chinese University of Hong Kong. Hong Kong, China
2007	Treatment Decision Making: Patient Education is Not Enough" World University Network
2007	Seminar. Seattle, WA, Nov 14, broadcasted to 4 countries.
2008	"Patient-Centered Technologies" 4th Pan-Pacific Nursing Conference and the 6th Hong
2000	Kong Nursing Symposium on Cancer Care. Hong Kong, China
2009	"Care of Patients with Bladder Cancer." 10th International European Association of
 003	Urology Nurses Conference. Stockholm, Sweden.
2009	"Development And Utilization Of Web-Based Computerizing Questionnaire (ESRA-C) in
	Nursing Research" "An Overview Of Patient-Centered Technologies" National Taiper
	College of Nursing, Taiwan
2012	"Decision Support For Prostate Cancer Treatment" and "QOL for Intermittent Androgen
	Deprivation Therapy." Australian and New Zealand Urogenital and Prostate Cancer Trials Group. Sydney, Australia, 16, 17 Jul 2012
2012	"The Development and Evaluation of the Personal Patient Profile –Prostate" and
2012	"Flectronic Self-Report Assessment for Cancer: Improving Patient Provider
	Communication." Cancer Nurses Society of Australia, 15th Winter Congress. Hobart,
	1.4

Tasmania, Australia, 26, 27 July 2012

Report of Clinical Activities and Innovations

Current Licensure and Certification

1987- Washington RN license

2008- Massachusetts RN license

2001- Advanced Oncology Certified Nurse®

Practice Activities

N/A

As an advanced practice, clinical nurse specialist in 1982-1986, I consulted on complex inpatient cases, led and taught an internship for graduate nurses in Internal Medicine and practiced in the Medical Oncology ambulatory care clinic at UTMB. My caseload was the Southwest Oncology Group study patients for whom I administered chemo- and immuno-therapy, assured protocol compliance, managed side effects and supervised management of study records.

Clinical Innovations

- 1) I have led the implementation and testing of routine patient-reported outcomes for symptoms and quality of life with the application known as ESRA-C at DFCI in both medical oncology and radiation oncology. Simultaneous with one of my RCT's, we have screened over 2000 DFCI patients just prior to treatment initiation between 2009 and 2011. The ESRA-C program has significantly reduced symptom distress in the group of patients who used the intervention. At the Seattle Cancer Care Alliance, the stem cell transplant clinic has been utilizing ESRA-C as a clinical tool since 2007.
- 2) My interdisciplinary team and I designed and tested a patient-centered, technological, decision support intervention; the Personal Patient Profile-Prostate (P3P) has been demonstrated feasible and efficacious in reducing decisional conflict in a national multi-center, diverse sample of men with LPC.
 - The P3P is now being evaluated in large health networks serving diverse populations across the US for cost-benefit and implementation metrics.
 - Southern California Kaiser Permanente is designing a comparative effectiveness trial exploring impact of P3P and self-produced educational videos.
 - The P3P will be integrated into the national Australian TrueNTH network as a component of men's health services sponsored by the Movember Foundation.
 - As a result of a 2015-2018 grant to DFCI, TrueNTH USA will be deploying P3P decision support of the Internet within a suite of tools for men with prostate cancer. All men potentially will have access to evidence-based decision support free of charge. This universal access in English, Spanish and (soon) Portuguese will change the nature of shared decision making for localized prostate cancer.

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Report of Technological and Other Scientific Innovations

Report of Education of Patients and Service to the Community

Activities

2004-2008

Washington State Cancer Control Prostate Cancer Task Force/Member

Educational Material for Patients and the Lay Community

Books, monographs, articles and presentations in other media

1994

To tell or not to tell sharing a diagnosis of

article

Coping, 8, May/June, 1994, p.

71.

Educational material or curricula developed for non-professional students

Patient educational material

2010-

Personal Patient Profile-Prostate

cancer at work.

Web-based decision support technology

Berry, et al., JMIR, 2010 Berry et al., Urol Onc, 2013

Recognition from Lay Organizations

Report of Scholarship

Publications

Peer reviewed publications in print or other media

Research Investigations (* = senior author)

- 1. Berry-Opersteny D, Heusinkveld K. Prophylactic antiemetics for chemotherapy-associated nausea and vomiting. Cancer Nursing 1983; 6:117-23.
- 2. Berry D. Return to work experiences of persons with cancer. Oncology Nursing Forum

- 1993;20:905-911. (1993 ONS Excellence in Cancer Nursing Research Award & Quality of Life Award)
- 3. **Berry D**. To tell or not to tell sharing a diagnosis of cancer at work. Coping 1994; 8: May/June 71.
- 4. **Berry D**. Detection and diagnosis experiences of persons with genitourinary cancer. Urologic Nursing 1994; 14: 52-56
- 5. Huang H, Wilkie D, **Berry**, **D**. A novel approach to score and enter visual analogue data: Use of a computerized digitizer tablet. Nursing Research 1996; 45: 370-372.
- 6. **Berry D**, Blumenstein B, Magyary D, Lamm D, Crawford ED. Patterns of toxicities associated with BCG intravesical therapy. The International Journal of Urology 1996; 3: 98-100.
- 7. **Berry D,** Wilkie D, Huang H, Blumenstein B. Cancer pain and common pain: A comparison of patient-reported intensities. Oncology Nursing Forum 1999:;26:721-726.
- 8. Coleman E, Frank-Stromborg M, Hughes L, Grindel C, Ward S, **Berry D**, Oleske D, Murphy C. A national survey of certified, recertified and non-certified oncology nurses: Comparisons and contrasts. Oncology Nursing Forum 1999; 26: 839-849.
- 9. Hughes L, Ward S, Grindel C, Coleman E, Berry D, Hinds P, Oleske D, Murphy C, Frank-Stromborg M. Relationships between certification and job perceptions of oncology nurses. Oncology Nursing Forum 2001;28: 99-106.
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- 11. Wilkie DJ, Judge MK., Berry DL, Dell J, Zong S, Gillespie, R, Usability of a computerized PainReportIt in the general public with pain and people with cancer pain. Journal of Pain and Symptom Management 2003;25:213-224.
- 12. **Berry DL**, Ellis WJ, Woods NF, Schwien CC, Mullen KH, Yang CC. Treatment decision making by men with localized prostate cancer: the influence of personal factors. Urologic Oncology 2003; 21:93-100.
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- 14. Huang HY, Wilkie DJ, Zong SP, Berry DL, Hairabedian D, Judge MK, Farber S, Chabal C. Developing a Computerized Data Collection and Decision Support System for Cancer Pain Management. CIN: Computers, Informatics, Nursing 2003;214: 206-217.
- 15. Hu WY, Dai YT, **Berry DL***, Chiu TY. Measuring the quality of life of Taiwanese cancer patients during their terminally ill trajectory: Initial validation of the Chinese version of the McGill Quality of Life Questionnaire. J Formos Med Assoc 2003 Feb;102(2):97-104.
- 16. Petry H, **Berry D**,* Spichiger E, Kesselring AM, Gasser T, Sulser T, Kiss A. Responses and experiences after radical prostatectomy: Perceptions of married couples in Switzerland. International Journal of Nursing Studies 2004; 41:507-513. http://www.sciencedirect.com/science/journal/00207489
- 17. **Berry D**, Trigg L, Lober W, Karras BT, Galligan M, Austin-Seymour M, Martin S. Computerized symptom and quality of life assessment for patients with cancer: Part I development and pilot testing. Oncol Nurs Forum 2004;31: E75-83, On-line Exclusive: www.ons.org/xp6/ONS/library.xml/ONS Publications.xml/ONF.xml
- 18. Mullen K G, **Berry D**,* Zierler B. Computerized symptom and quality of life assessment for patients with cancer: Part II acceptability and usability. Oncol Nurs Forum 2004;31:E85-E89. *On-line Exclusive:* www.ons.org/xp6/ONS/library.xml/ONS_Publications.xml/ONF.xml
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- Kohli M, Benson MC, Small EJ, Raghavan D, Crawford ED. Comparison of docetaxel and estramustine with mitoxantrone and prednisone for metastatic androgen-independent prostate cancer. New England Journal of Medicine 2004;351:1513-20.
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Narrative Report (limit to 500 words)

The theme of my career both during practice and within academic settings, has been the creation and investigation of innovative approaches for excellent clinical care. Within the large framework of the human response to the cancer experience, I have sustained coherent programs of research. Although the career summary below was begun at the University of Washington, I have extended a productive continuation at the Dana-Farber Cancer Institute (DFCI). My career is primarily one of clinical research, followed by an excellent record in clinical innovations. Administratively, I am the Director of the Phyllis F. Cantor Center at DFCI; the mission of the Cantor Center is to reduce the burden of cancer through scholarly inquiry and rigorous research focused on the patient/family experience of living with a predisposition to, a diagnosis of, or survivorship of, cancer.

Area of Excellence - Clinical Innovator

My program of scientific inquiry concerns the human response to cancer, specifically genitourinary (GU) malignancies. I have received external funding (post-doctoral) for 18 continuous years, primarily as a Principal Investigator. My funding sources have been local, federal and professional societies. Through two related programs of research (Treatment Decision Support and Self-Report Assessment) I aim to provide functional and meaningful opportunities for the integration of clinical data with patients' subjective and objective information, which are required to provide safe and effective care. I have been co-investigator on four national and international clinical trials conducted by the Southwest Oncology Group. I have aligned my research with that of clinical, medical cancer specialties and health informatics in order to maximize the creation of affordable, yet effective communication approaches for patients and their providers. The Personal Patient Profile-Prostate (P3P) trial resulted in demonstration of efficacy for the tailored intervention, reducing decisional conflict for men with localized prostate cancer. As described earlier, P3P is now begin disseminated universally with funding from the Movember Foundation, potentially to support all US men with localized prostate cancer. The Electronic Self-Report Assessment-Cancer (ESRA-C) program of research is at the end of its second randomized trial. The results of the two trials have been published in the Journal of Clinical Oncology, describing the success of ESRA-C with regard to increasing discussion of symptoms and quality of life issues in ambulatory clinic visits without extending the duration of the visit, significantly reduction of symptom distress. The ESRA-C program of research provides the scientific basis and evidence behind the American College of Surgeons' 2015 requirement for psychosocial screening.

I have been recognized for my research skills and leadership through my former appointment as Vice-Chair for Research in Biobehavioral Nursing and Health Systems at the University of Washington. I

have had the opportunity to apply my research knowledge and skills at the national level as well, having served on multiple study sections at the National Institutes of Health. In 2008, I was appointed to the National Cancer Institute's (NCI) Genitourinary Steering Committee as a liaison to the NCI Symptom and Quality of Life Steering Committee. In 2010, I was invited to chair the Liaison Working Group. I have received several research awards for my scholarship throughout my career, most notably the 2008 Distinguished Researcher Award from the University of Washington, School of Nursing. In 2011, I was named a Distinguished Researcher by the Oncology Nursing Society and in 2012, Clinical Researcher of the Year by the Association of Community Cancer Centers. And in 2013, I was honored by the Oncology Nursing Society Foundation as the annual Mara Mogenson Flaherty lecturer, speaking to thousands of oncology nurse clinicians and researchers about patient-clinician communication and supportive interventions. Most recently, I received the 2014 President's Award from the Friends of the National Institute of Nursing Research in recognition for the P3P program of research and my contributions to international dissemination.

Teaching and Education

My teaching time has been limited by the administrative roles and high level of external funding I have gained. I continue to lecture for the University of Washington every year. Mentoring students and trainees in research has been an important component of my career. From undergraduate to post-doctoral levels of several disciplines, I have created opportunities for meaningful research experiences. I am mentoring graduate students and career award recipients at the University of Massachusetts. I mentor the junior nurse scientists in the Cantor Center, Drs. Cooley, Underhill and Allen. Finally, I have remained committed to mentoring pre-professional minority students and graduate students; I have supported 15 such students in the Cantor Center. I have directly (n=7) and indirectly (n=1) mentored post-doctoral research fellows (both PhD and MD) at DFCI.

Significant Supporting Activities

Mentoring direct-care nurses, we have conducted and published studies of great relevance to direct care in important areas such as oral medication adherence. I am one of few nurse researchers who has chosen to be (and been successful) strongly connected to clinical practice. For 2006 and 2007, abstract submissions from my clinical mentees have been identified as the "top scoring clinical abstracts" and presented in special sessions at the Annual Congress of the Oncology Nursing Society. At DFCI, I have restructured and re-energized the entire Nursing and Patient Care Services efforts for clinical scholarship and evidence-based practice. We implement strategic approaches to practice in many areas based on sound research, and also evaluate the success of the new approaches with rigorous methods.

Summary

I have embraced the tripartite role of academic health care, contributing to research, education/training and service with a direct impact on clinical practice. I am in the top tier of my peers in nursing science. I have made unique contributions because of my consistent dedication to scholarly clinical practice, an uncommon event in academic nursing. At DFCI, I have forged new collegial relationships and engaged with new groups of investigators and clinicians. At both DFCI and Harvard Medical School, despite a lack of practice model for me, I have engaged in a position in which I have great influence on enhancing quality cancer care.



COMPARISON OF DRONABINOL AND MEDICAL MARIJUANA

Ellen DeBondt RN, BSN, OCN Seattle Cancer Care Alliance, Seattle, Washington

Discussion: The Institute of Medicane's 1999 report on medical marijuana stated, "the accumulated data indicate a potential therapeutic value for cannabinoid drugs, particularly for symptoms such as pain relief, control of nausca and vomiting, and appetite stimulation." These symptoms are very prevalent in the encodogy patient, and many are using dronabinoid (Marinoi *) and/or medical marijuana (cannabin) for symptoms are very prevalent in the encodogy nurses understand the differences.

	Pharmacology	Medical Uses	Dosage, Route and Administration	Onset and Duration	Adverse Reactions	Cost and Availability
Dronabinol (Marinol®) **Marinol 100** **Interior 30**	Synthetic delta-9 tertally drocannabinol (THC) in sesame seed oil. The purpose of the sesame seed oil is to prevent thomabinol from being smoked Drocabinol is assimilated by the fiver. Due to combined effects of 1st pass hepatic metabolism and high lipid asolubility only approximately 10-20% of the administered dosage ceaches systemic circulation.	FDA approved for appetite stimulation in treating anorexia associated with AIDS and cancer; and for the control of chemotherapy induced nausea and vontiling (CINV)	Available in 3 strengths 2.5mg; 5mg and 10mg capsules For oral administration only Recommended dosing for ancrexia is 2.5mg BID increased up to 10mg BID Recommended dosing for chemotherapy induced nausea and vomiting is 5mg/m³ TID-QID increased up to a maximum of 1.5mg/m³ 4-6 times daily	An onset of action of approximately 0.5-1 hour and peak effect at 2-4 hours The duration of action for psychoactive effects is 4-6 hours, but the appetite stimulant effect of drouabinol may continue for 24 hours or longer after administration	Neurological: Ataxia, Confusion, Coordination problem, Dizziness, Somnolence, and Vertigo Psychiatric: Paranola, Depersonalization, Depression, Euphoria,	Cost is approximately \$9 a capsule In 1999 Dromahinol was rescheduled to a schedule II medication, it was initially a schedule II medication. This was in an effort to increase availability and was influenced by findings of a study which concluded that dromabined has a low abuse potential and that diversion is virtually non-existent The only US FDA-approved synthetic cannabimoid
Medical Marijuana (Cannabis) Additional Marijuana (Cannabis) Add	Marijuana (cannabis) contains more that 480 citemical compounds, at least 60 are unique to the plant and are called cannabinoids. The best known cannabinoid and most prevalent in marijuana is delta-y tetrabydrocannabino (THC), which produces the psychoactive effect. *2 other common cannabinoids are cannabinoid and cannabidiol (CBD), CBD is a non-psychoactive cannabinoid. *The concentrations of cannabinoids varies, with plant strains. *The molecules found in cannabis are all lipophilic and are not soluble in water.	Currently not approved by the FDA for medical use 11 States have laws supporting medical use, the approved conditions vary in each State. This is a combined list of all the 11 State's approved conditions: AlDS or 11N: agitation caused by Alzheimer's disease; arthritis; eachexia or wasting; cancer; chronic pain; Crohn's disease; chronic nervous system disorder; cptiepsy and other disorders characterized by seizures; glaucoma; hepatitis C; intractable pain; migraine headaches; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea Cannabidiol has been clinically demonstrated to have analyseic, antispasmodic, anxiolytic, antipsychotic, antispasmodic, and anti-rheumatoid arthritic properties	including the genetics of the plant, growing, harvesting and storage conditions. Standardization of marijuana and other herbal medicines have not been established in the United States. *Smoking marijuana is the most commonly practiced route of administration. THC and the other cannabinoits are rapidly absorbed after inhalation *Marijuana is smoked in the form of a rolled eigarette (joint), pipe, or by a water pipe (bong) *Yanorization has the rapid onset and ability to self-titrate equivalent to smoked marijuana without the harmful effects of smoking. Cannabis is heated to a temperature of 180-200° Celsius which is just below the point of combustion where smoke is produced. THC and cannabinoids are emitted with little or none of the harmful tars or gases *Oral used by blending with lipids or ethanol. When used in cooking, cannabis is cooked in butter or other oil. The molecules in cannabis are lipophilic and only a little soluble in water.	- Smokine and Vaporization offer the benefit of rapid onset and ability to self-titrate - The effect is almost immediate with the peak effect occurring in approximately 1.5 minutes and reaches a plateau with the duration of about 2.4 hours - Qral consumption, when marijuana is cooked into foods, the dose is difficult to titrate and the onset is about 1 hour. Fasting prior to oral consumption may cause faster absorption	Smoking, Vaporization, Oral, and Transmureusal use includes all the above adverse reactions associated with THC use however cannabis whom smoked has additional adverse effects. Smoking marijuana, increases symptoms of chronic bronchitis such as coughing, wheezing and sputum production. Chronic, long-term cannabis smoking is associated with lung damage and may lead to an increased risk of lung cancer. Impurities in marijuana increases the risk of infection in the immunocompromised patient. Marijuana administration by smoking and vaporization can have decreased psychoactive affects in comparison to dronabinol due to the rapid onset and ability to self-tirate in addition to the other cannabinoids present in marijuana which have been found to decrease the psychoactive affects. Production of the drug is unregulated because marijuana use is illegal, so safeguards aren't in effect to protect patients. Risk of contamination and also personal safety of patients are of concern. Cannabis has a wide margin of safety, and no overdose has ever heen recorded. It is estimated that one would have to smoke 1,500 lbs. in 15 minutes to cause a lethal dose.	Current street value of marijinma is about \$3.00 an owner Currently 11 states have laws supporting medical marijinana use, Each of these state laws allow for possession and cultivation California is the only state with a bili which grants implied legal protection to the state's medicinal marijuana dispensaries On the federal level marijuana its a schedule I substance. Schedule I is defined as a due or substance which has no medicinal value, a high potential for abuse and can not be used safely under medical supervision There have been no deaths documented from its use



HISTORICAL AND REGULATORY ISSUES OF MEDICAL MARIJUANA

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Background

Macijuana (Cannabis) has been used mortically and recreationally for thousands of years and its use is well-documented. The political controversy and the discrepancy between the federal and state law have created confusion for healthcare providers and patients. The medical uses of cannabis include increasing appetite in cancer and HIV patients; controlling muscle spasms, solvures and chronic pain; control of nausea and vomiting; reducing intraoccular pressure in glaucoma patients. In the last 15 years scientist have learned more about the endocannabinoid system which has increased the interest of further exploring the medicinal properties of marijuana.

As healthcare providers it is important that we separate the issue of recreational use of marijuana from merical use, those are 2 separate issues. Oncology Nurses functioning as care coordinators, patient advocates and patient educators need to be aware of current regulatory issues both on the federal and state levels.

Public and Professional Opinions

There are over 100 health and scientific organization's which support use and/or research of cannabis as medicine.

- caren of cannabis as medicine.

 The American Nurses Association, in their position statement supports safe access to medical marijuana, research in controlled trials, removing criminal penalties, and excluding marijuana from classification as a schedule I drug.

 The American Cancer Society supports further cannabinoid research.

 The American Medical Association in their position statement calls for further cannability and the support of the statement calls for further cannability and the support of the support
- well-controlled studies of marijuana and cannabinoids.

A national Gallup poll released in 2005 showed that 78% of Americans suppor medical use of marijuana to relief pain and suffering. In the last 10 years, polls have shown 60-80% support of medical marijuana.

In 1999, the National Academy of Sciences' Institute of Medicine (IOM), released a report which was the result of 2 years of research that was funded by the U.S. Government. The IOM concluded that cannabis has therapeutic value, is safe for human use (they recommend further research is needed to develop alternatives to smoking), and is not highly addictive or a gateway drug.

In 1988, after 16 years of court battles, the DEA's chief administrative law judge in 1786, after tryeats or count rather, the Dors called animoss tarter as pinger. Francis L. Young in his ruling stated, "Marijuana, in its natural form, is one of the safest therapeutically active substances known." And ruled in favor of the transfer of marijuana from Schedule I to Schedule II. The DEA rejected Judge Young's ruling and the appeals continue today in attempts to reschedule marijuana.

Federal Regulations

In 1970 Congress passed the Controlled Substance Act, which assigns psychoactive substances to 5 Schedules with Schedule 1 being the most restrictive. Marijuana is currently a schedule 1 substance, the same class as heroin. Schedule 11 medications include eccaine, opiates, amphetamines. Dronabinol (Marinol) is currently a schedule 11 medication. By definition, schedule 1 drugs have no medical use, a high potential for abuse and cannot be used safely under medical supervision.

Due to marijuana's classification as a schedule I medication, researchers must go through additional regulatory steps. Medical marijuana research must be approved by the National Institute on Drug Abuse (NIDA) and receive funding from National Institute of Health (NIH). The Drug Enforcement Agency (DEA) must license any institution wanting to grow marijuana, currently the NIDA is the only legal source of marijuana for clinical research in the United States.



Currently 11 States have laws supporting Medical Marijuana





Washington State

1-692 is the 1998 medical marijuana initiative passed by 59% of the voters, which allows for medical use of marijuana by patients with certain terminal or debilitating conditions, it authorizes physicians to advise patients on the risk and benefits.

- Primary caregivers over the age of 18 are protected if designated in writing and are responsible for the housing, care and health of a patient.

- Patients much have a declare resonanced tion and designated in writing and are responsible for the housing.

- neamt or a patient.

 Patients must have a doctors recommendation and documented discussion of risks and benefits. Physicians are not required to authorize use or are required to discuss the medical use of marijuana.

 Patients can possess a 60 day supply, and are allowed to cultivate marijuana for personal, medical use.

 Patients are not allowed to sell, give away, or distribute marijuana and would be subject to feloay charges.

- Physicians can not prescribe marijuana or discuss how/where to obtain marijuana, since it is still illegal under federal law Medical marijuana cannot be used or displayed in public, it is a misdemeanor
- No school, business, youth center may be forced to accommodate the medical use of marijuana

At the Seattle Cancer Care Alliance and University of Washington there is a medical policy on Marijuana which provides guidelines for physicians.

A patient must meet the criteria for use of medical marijuana as defined in 1-692

The physician will review the benefits, risks, safety concerns, side effects and potential hazards of medical marijuana

This is documented in the medical chart and on two forms: a treatment consent form and an authorization for use form

- The authorization for use form must be renewed every 6 months
 Patients are given copies of these forms to keep in their possession

Historical Timeline

- 2737 n.c. Chinese emperor Shen Neng introduced pharmaceutical uses of cannabis 1400 n.c. Documented medical use of cannabis in India 70 n.c. Dioscorides compiled a pharmaceopocia which listed cannabis as one of the exotic plants with medical application 200 Chinese founder of surgery, Hua T'o, used cannabis combined with alcohol as an

 - anesthetic during surgery 1619 - America's 1st mandatory grow law was enacted which required farmers to grow
- 1619 America's 1st mandatory grow law was enacted which required farmers to grow cannabis for industrial use
 1839 William O'Shaughnessy wrote the 1st modern medical article on cannabis, over 100 articles were published in the next 50 years
 1854 Cannabis is included in the U.S. Pharmacopocia. Around this time was also the invention of the hypodemic needle
 1915 30 cannabis preparations were available by pharmacoutical companies in the U.S.
 1937 Marijuana Tax Act is passed. This imposed a probibitive tax on cannabis, about \$100 an ounce. Supporters of the bill included industrialist's William Randolph Hearst and Lammot Dupont. AMA opposed the bill
 1941 Cannabis is renoved from the U.S. Pharmacopocia
 1940's Scientist discover the first cannabinoid, cannabinol
 1964 Delta 9-tetrahydrocannabinol (THC) was identified as the major psychoactive component of cannabis
- component of cannabis 1970 Controlled Substance Act is passed, this defetes the Marijuana Tax Act
- 1971 First published report showing the benefit of cannabis in treatment of Glaucoma 1973-78-11 states adopted statutes that decriminalized use of marijuana
- 1978 In response to a lowsuit filed by a glaucoma patient, the U. S. Government created a compassionate program for medical marijuana: and the National Institute of Drug Abuse (NIDA) started to grow cannabis and supplies marijuana cigarettes to
- approved patients

 1985 FDA approves dronabinol (Marinol) a synthetic THC medication, developed by
- grants from the U.S. government 1991 President Bush closed the compassionate use program to accepting new patients

- 1991 President Busic closed the compassions are bus program to accepting new patients.

 There are 5 patients today who continue to receive prescription marijuana eigerettes.

 1992 Discovery of the first endocannabinoid.

 1996 California voters approve Medical Marijuana law.

 2005 Salvev, THC and emissional approxed for distric Canada.

 2005 Ruling by the Supreme Court that the federal government can still ban possession of marijuana in states with medical marijuana laws:

Acknowledgements I would like to thank-Doung L. Berry, PhD, RN, AOCN(r), FAAN for the support, education, and C

ANNETTE A. CAZENAVE

4434 West Berteau Avenue, Chicago, Illinois 60641 (h) 773.628.7160 (m) 312.451.6820 acazenave@comcast.net

BACKGROUND SUMMARY

Ms. Cazenave is a senior executive with over 34 years of comprehensive business management experience in Alternative Investments (managed futures, hedge funds and mutual funds). Experience includes the planning, establishment and successful management of the growth of business ventures on a global scale. A creative problem solver who thrives on challenges, resourceful team builder, participatory and demanding leader, organized planner, goal-oriented with excellent communication and interpersonal skills. Accustomed to a fast pace with multiple project and priority deadlines. Ms. Cazenave has held leadership/senior management positions for 30 of the last 34 years. Ms. Cazenave received a B.A. from Drew University and an M.B.A.in International Management from the Thunderbird School of Global Management. In addition, she holds the following licenses: NFA Series 3, and FINRA Series 7, 24 and 63.

AREAS OF EXPERTISE

Strategic/Business Planning: business modeling and definition, defining objectives, goal setting, resource requirements and allocation, funding, budget formulation, meeting sales and ROI targets, new market development, expansion ventures, establishing metrics and benchmarks to assess effectiveness.

Financial Product engineering and development: evaluating and combining strategies to meet specific investment objectives, due diligence on portfolio managers (futures, derivatives, hedge strategies), modeling and pro-forma analysis, track record analysis, capital flows, risk management, leverage, liquidity, principal protection wraps, portfolio risk profiling, pricing, compliance with regulatory framework in target markets, identifying appropriate counter-parties. Mutual funds, US registered funds and private placements, offshore funds

Marketing and Sales Management: Research-identifying and analyzing domestic and international trends; budget formulation, defining target markets, identifying and building appropriate distribution channels for product/service market mix, creating marketing materials, establishing brand management guidelines, promotional strategies, establishing training programs for sales force, monitoring independent and in-house sales network to assure efficiency, establishing sales targets.

General/Project Management: Presentations to Board of Directors and key clients, public speaking hiring key personnel, talent evaluation, staff training and professional growth, team building, coordinating and directing multiple and diverse projects, budget management, P&L focused.

BUSINESS EXPERIENCE:

<u>A Cazenave, LLC</u>. 12/2013 to Present: Consultant/ Independent Contractor for Alternative Investments. Mutual Funds, Hedge Funds.

R.J. O'Brien Securities LLC. 10/2010 to 12/2013: Chief Executive Officer, Board of Managers and 2007 to 10/2010: Executive Vice President and 1 of 2 on Board of Managers. FINRA registered Broker/Dealer formed to serve as Lead Selling Agent to registered funds.

Coordinated FINRA application: supervisory manuals, business plan, budget and financial projections.

- Coordinated creation and execution of Additional Selling Agreements with Broker/Dealers.
- Monitoring compliance: Blue Sky registrations, FINRA Rule 2810 and selling agent registrations.

R.J. O'Brien Fund Management, LLC. (via acquisition of Refco unit). 12/2006 to 12/2013: Chairman and Executive Vice President, Team of 8 people (3 sales, 3 accounting and 2 administration)

- Operating principal responsible for all fund operations.
- Conducting research with distribution partners to determine new product preferences.
- Instituting and managing procedures and processes for Sarbanes-Oxley compliance
- Performing due diligence on commodity trading advisors.
- Promoting FCM services within institutional and professional community; onboarding accounts.

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RJO Investment Management, LLC. 10/2011 to 12/2013: Chief Executive Officer and Chief Investment Officer, Mutual Funds. An SEC registered Investment Adviser with \$3.8 billion proprietary and client assets including 2 managed futures mutual funds.

Refco Alternative Investments (via acquisition of Cargill Investor Services). 9/2005 to 11/2006: Senior Vice President, 1 of 3 executive members Alternative Investments Steering Committee. Responsibility for group P&L, management and planning.

- Direct responsibility for sales team, Broker/Dealer and 3rd party distribution network, product management and investor services.
- Planned the integration of: 2 wholesale teams (14 individuals) which included redefinition of equitable territories, and integration of broker/dealer systems and products.
- Oct-05 to Dec. 06: One of 2 executives on crisis management, coordinating possible sale of General Partner and efforts to recover assets from Refco Capital Markets on behalf of investors.

<u>Cargill Investor Services, Investor Products Group ("IPG").</u> 12/2003 to 9/2005: Vice President, Head of IPG which included: Wholesale team – 4 US, 1 Europe; accounting team 4; fund administration team.

- General Partner /Managing Owner for 3 US registered funds, 3 private placements. Select 3rd party sales agreements.
- Overall responsibility for the division which included product development and management, sales, accounting, fund administration, compliance, strategy development and planning, investor and regulatory reporting, portfolio monitoring, clearing, program allocation and leading due diligence efforts; creation of offering documents including Form S-1 registration statements and post effective amendments.
- Managed vendor, legal and distribution relationships which included 43 national and regional broker/dealers in the US.

Horizon Cash Management, LLC. 1/2002 to 12/2003: Vice President Marketing/Product Development, Institutional cash managers serving the alternative investment industry (hedge, futures and fund of funds) and family offices.

- Developed and executed Marketing plans (annual and 5 year rolling plans) and strategy to target primary segments within the institutional trader/investor market effectively, identify new segments to diversify client base, and encompass flexibility to respond to shifts in the marketplace.
- Member of Executive Committee.

Skylark Partners, Inc. 3/1993 to 12/2001: President and Principal, Financial services consulting firm. Dedicated to serving the institutional and high net-worth individual markets.

- In the area of alternative investments. Proprietary portfolios or private label investment products (funds) for distribution.
 - O Analysis of: client base, target market, commercial/strategic and investment objectives and requirements; logistical/ internal and market resources, accounting practices.
 - Financial engineering: capital flows, liquidity, risk management, investment transparency, use of leverage, revenue points and guarantees.
 - O Identification and due diligence of support services as required: brokers, portfolio managers, counter-parties, custodians, attorneys, cash management, etc.
 - Development of strategic marketing plans.

SUMMARY OF PRIOR YEARS: AUGUST 1979 - MARCH 1993

- President and Securities Principal: E.D. & F. Man International Securities, Broker/Dealer.
- Vice President/Regional Manager for the Americas: E.D. & F. Man International Futures, Funds Division, (now known as Man Investments).
- Business Development Manager, Latin America: E.D. & F. Man International Futures, Funds Division,
- Business Development, E.D. & F. Man International Futures.
- Trading Assistant: Farr Man & Co., Sugar trading support and liaison to Latin American producing countries.

BOARD SERVICE:

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Thunderbird Alumni Association, Phoenix, Arizona.

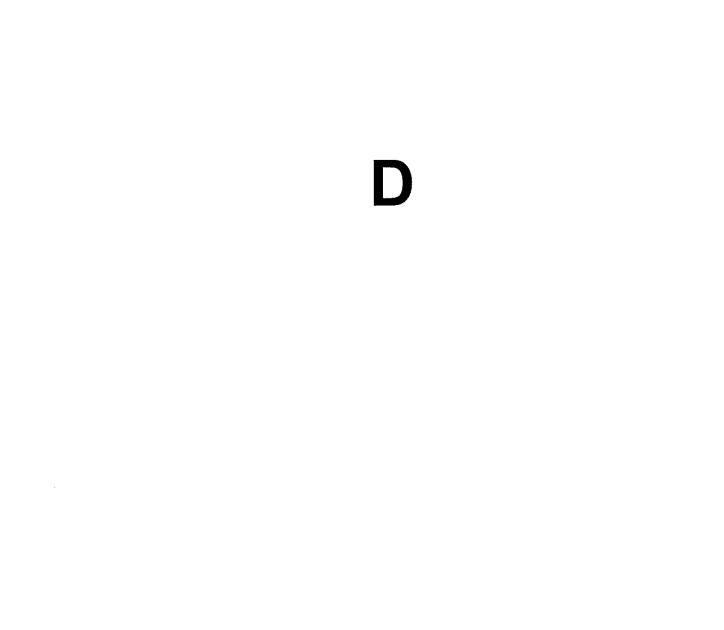
- Board Member, 1996-1998.
- Board President, 1998-2000.

Stoneleigh Burnham School, Greenfield, Massachusetts.

- Member, Board of Trustees.
- Chairperson, Audit and Finance Committee, 2009-present.
 St Edward School, Chicago, Illinois.
 Board Member 2009-2011.

- President 2011-2014.

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2000			



PHULI LEWIS COHAN, M.D.

WORK ADDRESS	538 Ward Street Newton Center, Massachusetts 02459 contact@phulicohanmd.com	Phone 617-584-5694 Fax 617-795-0292
DATE/PLACE OF BIRTH	June 28, 1956 Newton, Massachusetts	
EDUCATION	Brown University Medical School, Rhode Island Medical Degree (M.D.)	1978-1982
	Simmons College, Boston, Massachusetts Bachelor of Science (B.S.) Chemistry, Women's Studies-double major	1974-1978
MEDICAL TRAINING	Anti-Aging Medical Boards	2006
	Emergency Medicine/Disaster Fellowship University of Massachusetts Medical Center	1993-1994
	Emergency Medicine Residency Victoria, Australia	1990-1993
	Internal Medicine Residency Auckland University Medical Center Auckland, New Zealand	1984-1987
	Family Medicine Internship Florida Hospital, Orlando, Florida	1983-1984
ACUPUNCTURE TRAINING	Chinese Gynecology Apprenticeship – Australia Melbourne, Australia	1991-1993
	Acupuncture for Physicians UCLA School Medicine	1989-1990
	Acupuncture Training Auckland, New Zealand	1987
MEDICAL WORK EXPERIENCE	Author, Medical Health Blogger and Lecturer Top Health Blogger, Wellsphere Women's Health Lyme and Co-infections	2007- present

Author The Natural Hormone Makeover

Private Practice – specializing in anti-aging, Menopause/Perimemopause/Andropause – utilizing natural hormones, vitamins, homeopathic and vitamin therapies

2000- Present

American Whole Health

1998-2000

Holistic Medical Practice

Office based private practice primarily treating women's heal using acupuncture, herbs, natural hormone therapies.

Lawrence General Hospital

1994-1998

Lawrence, Massachusetts Emergency Medicine Physician and Rape Crisis Team

Management

University of Massachusetts Medical Center

1993-1994

Worcester, Massachusetts

Disaster Medicine Fellowship

Full time position in emergency department with active involvement with NELF (New England Life Flight), Clinical Instructor

DMAT (Disaster Medical Assistance Team) and Rape

Crisis Team Management

1990-1993

Bendigo Base Hospital Bendigo, Victoria, Australia

Emergency Medicine Registrar (FACEM Training

Program)

Physician coordinator sexual assault clinic/treatment of pelvic pain disorders

Chinese Gynecology Apprenticeship

1990-1993

Dr. Steven Clavey, Chinese gynecologist. Research at Monash University with Professor Carl Wood, treating endometriosis with laser

surgery and Chinese herbs.

1989-1990 Private Practice - Holistic Women's Health

Malibu, California

1987

Maui, Hawaii

Acting Medical Director

Hana Medical Center

Partially state funded medical center in rural

Maui

1985-1987 **Auckland University Medical Center** Auckland, New Zealand Internal Medicine Residency Auckland Public and North Shore Hospitals 12 months acute medical wards/CCU Greenlane Hospital 6 months Geriatric Registrar – acute ward and overseeing outpatient rehabilitation center – sued acupuncture to treat stroke victims and urinary incontinence 6 months Emergency Medical Registrar 1984-1985 Hawera Hospital Hawera, New Zealand Second Year House Office 120 bed teaching hospital 4 months surgery 4 months internal medicine 4 months pediatrics 1984 **Humana Medfirst Emergency Care** Orlando, Florida, Staff Physician 1983-1984 Florida Hospital Family medicine Program Orlando, Florida Internship 4 months internal medicine 2 months surgery 2 months pediatrics 3 months obstetrics (100 vaginal deliveries/20 primary C sections) 1 month emergency 1 month geriatrics JOICEF (Japanese Sponsored Unicef), Sri Lanka 1982-1983 JOICEF Medical Staff -Nutrition and Parasitology project, rural Sri Lanka 1978-1982 Brown University Depts Microbiology and Nutrition Rhode Island Research Assistant, Dr. F. Roland and Dr. P. Thompson Developed microbiologic assays for use in

detecting vitamin deficiencies in developing

PREMEDICAL WORK

EXPERIENCE

countries and authored nutrition syllabus used in the Medical School

Mobile Hospital Siddha Peeth Health Services Maharashtra, India Clinic Staff Mobile hospital unit servicing rural regions, vaccinations, and treatment of tropical diseases, malnutrition	1978
Harvard Medical School Dept. Physiology Boston, Massachusetts Research Assistant, Dr. Martin Moore-Ede Menstrual synchrony study in circadian rhythm laboratory	1975-1978
Harvard School of Public Health Dept. Microbiology Boston, Massachusetts Research Assistant, Dr. Jan Cerny	1974-1975
Simmons College B.S. Double Major: Chemistry and Women's Health	1974-1978
The Natural Hormone Makeover: 10 Steps to Rejuvenate Your Health and Regain Your Inner Glow (Wiley 2008 ed.) Contributing Author – Chapter on Women's Health	2008
OwnYour Own Health by Weisman and Berman Women's Health and Chinese Medicine, article in Earth Star Publication	1998
Lewis, Phuli and Richard Aghababian, "Disaster Planning" Disaster Medicine <u>14</u> :439-452	1998
Lewis, CP; <u>Nutrition Syllabus</u> , Brown University Medical School, Rhode Island	1981
Moore-Ede M. and C. Lewis; Biologic Handbooks, Vol. 11. <u>Human Health and Disease</u> ; Bethesda, Maryland	1981
The Perfect Storm: How You Got Here, Why You're Still Here	2013
Lyme Symposium Mass General Hospital Boston, MA Why You're Still Sick	2013

PUBLICATIONS

LECTURES and APPEARANCES

Boston Lyme Support, Harvard Spaulding Hospital	
Detoxification in Chronic Illness: Neuro-Immune Syndrome- Harvard Spaulding Hospital	2013
Bone Health and Risks of Bisphosphonates A4M – American Academy of Anti-Aging Medicine Las Vegas, Nevada	2008
Appearances on Liz Walker Show - Medical Expert for Channel 5 – New England news station The Balancing Act – Lifetime television	2008 - present
How to Balance Your Hormones for a Full Life: Lifetime Television: The Balancing Act	2008
Newtonville Books Author Series: Women's Health: Past, Present and Future	2008
The Plight of Women's Health and Hormones, (Book Tours throughout New England)	2008
Fox News: The Safety and Use of Natural Hormones Book launch for Natural Hormone Makeover	2008
Lesley College	2002
"Cultivating the Healer Within: Fall Forum" Women Health: "East Meets West" American Whole Health Lecture Series	2000
Melbourne, Australia	1993
Guest Speaker, Australian Acupuncture Society "Chinese Gynecology in Women's Health"	
National Boards, I, II, III Australian Medical Certification (AMC) Emergency Medicine Boards Part 1, Australian College Anti-Aging Medical Boards Diplomate Board of Medical Examiners	
American Academy of Cannabinoid Medicine Society of Cannabis Clinicians Massachusetts Medical Society Brown University Medical Association Australian Medical Acupuncture Society American Academy Acupuncturing Physicians Anti-aging Medical Association	

CERTIFICATIONS

ASSOCIATIONS

Mark Ferzoco 63 Norfolk Road Millis, MA 02054 Cell: 508 726 1072 Mark@safetysignal.com

Professional Experience

Safety Signal

Principal/General Manager

Responsible for marketing and sales and client relations for customer base consisting of residential, commercial, industrial and municipal accounts. System design and integration of security, fire, medical and environmental alarms.

Safety Signal

Central Station Manager

Provided staffing and training for 24 hour monitoring station. Implemented standardized procedures and computerized account base.

Safety Signal

Account Manager

Managed relationships with area police departments concerning high security alarm signal transmissions directly to local police departments. Customer base consisted of jewelry stores, pharmacies, banks, commercial establishments and high value residences.

Professional Involvement

Massachusetts Systems Contractors Association New England Alarm & Controls

Certifications and Licenses

Massachusetts Board of Electricians – Contractor Massachusetts Board of Electricians – Technician Massachusetts Department of Public Safety Rhode Island Data, Telephone, Video, Sound TSC Honeywell Certified Contractor

Education

Babson College - Bachelor of Science

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CURRICULUM VITAE

Name:

Joel C. Frost, Ed.D.

Home Address:

120 Amory Street, #2

Brookline, MA 02446-3520

(617) 734-5414 drjoelc@me.com

Education:

1972 B.S.

Miami University, Oxford, Ohio

1973 M.A.

Western Michigan University

1983 Ed.D.

Boston University

Postdoctoral Training:

1983-1985

Postdoctoral Training Program in Psychoanalytic Psychotherapy,

Massachusetts General Hospital, Boston, MA (Anne Alonso,

Ph.D., Director)

Internship:

1976-1977

Psychology Trainee, Cambridgeport Problem Center, Cambridge,

MΑ

1977-1978

Psychology Trainee, Cambridge Court Clinic, Cambridge, MA

Licensure and Certification:

1984

Massachusetts Board of Registration of Psychologists,

Health Service Provider: PY 3612-PR.

1986

National Register of Health Service Providers in Psychology:

34702

1994-2012

National Registry of Certified Group Psychotherapists: #909

1999

Board Certified in Group Psychology, American Board of

Professional Psychology: #5256

National Provider Identifier:

2005

1134106891

Academic Appointments:

1983-1988	Clinical Fellow in Psychology (Psychiatry), Harvard Medical School.
1988-1999	Instructor in Psychology (Psychiatry), Harvard Medical School.
1999-2011	Assistant Clinical Professor of Psychology in the Department of Psychiatry, Harvard Medical School

Hospital Appointments:

1983-1989	Clinical Fellow in Psychology (Psychiatry), Massachusetts General Hospital
1988-2001	Associate in Psychology (Psychiatry), Appointment to the Auxiliary staff, with clinical privileges, Beth Israel Deaconess Medical Center.
2003-2007	Allied Health with Clinical Privileges (Psychiatry), Department of Psychiatry, Beth Israel Deaconess Medical Center.

Other Professional Positions:

1973-1976	Mental Health Coordinator, Center for the Diagnosis and Treatment of Sexually Dangerous Persons, M.C.I. Bridgewater, Bridgewater, MA
1978-1982	Therapist Specialist, Massachusetts Treatment Center, M.C.I. Bridgewater, Bridgewater, MA
1982-1983	Program Manager Specialist IV, Massachusetts Treatment Center, M.C.I. Bridgewater, Bridgewater, MA
1982-1986	Psychology Testing Consultant, Union Hospital, Lynn, MA
1983-1985	Clinical Fellow in Psychology, General Psychiatry Practice, Massachusetts General Hospital
1985-1990	Coordinator, Treatment Center, Boston Institute for Psychotherapy
1986-1991	Faculty, Boston Institute for Psychotherapy
1987-1993	Consultant on Support Groups for Health Care Staff working with people with AIDS, Beth Israel Hospital

Consultant on Support Groups for Health Care Staff Working with Children with AIDS, Pediatric Unit, Boston City Hospital

Consultant on Support Groups for Health Care Staff Working with Hemophiliacs with AIDS, Hemophilia Clinic, Worcester, MA

Private Practice- Retired 5/1/2011

Major Committee Assignments:

Professional Societies:

National:

1979	Member, American Psychological Association
1983	Member, American Group Psychotherapy Association
1990-1992	Member, Liaison Committee, American Group Psychotherapy Association
1990-1992	Member, Open Sessions Sub-Committee, Conference Committee, American Group Psychotherapy Association
1991-1992	Acting Co-Chair, Open Sessions Sub-Committee, Conference Committee, American Group Psychotherapy Association
1992-1994	Co-Chair, Open Sessions Sub-Committee, Conference Committee, American Group Psychotherapy Association
1994-1995	Consultant & Advisor, Open Sessions Sub-Committee, Conference Committee, American Group Psychotherapy Association
1994-1996	Co-Chair, Special Interest Group Task Force American Group Psychotherapy Association
1994-1996	Elected to the Board of Directors of the American Group Psychotherapy Association
1995-1997	Co-Chairperson, Annual Meetings Task Force, American Group Psychotherapy Association
1998-2000	Member, Fellowship and Awards Committee, American Group Psychotherapy Association

	1999-2000	Member, Standards of Education and Practice Task Force, American Group Psychotherapy Association
	2000-2002	Elected to the Executive Office of Treasurer, American Group Psychotherapy Association
	2006-2009	Elected to the Board of Directors of the American Group Psychotherapy Association
	2008-2010	Elected to the Nominating Committee of The American Group Psychotherapy Association
	2012	Life Fellow, American Group Psychotherapy Association
	2010-2016	Treasurer, American Board of Group Psychology, Specialty Board of The American Board of Professional Psychology
	2011-2013	Elected to the Executive Office of President-Elect, American Board of Group Psychology, Specialty Board of The American Board of Professional Psychology
	2014-2016	Elected to the Executive Office of President, American Board of Group Psychology, Specialty Board of The American Board of Professional Psychology
	2012-2016	Appointment as Trustee to the Board of Trustees of the American Board of Professional Psychology
	2012-2016	Appointed Chair of Outside Organization Relations Task Force, American Board of Professional Psychology.
Regi	onal:	
	2012	Life Member, Massachusetts Psychological Association
	1975	Member, Massachusetts Psychological Association
	2012	Life Member, Northeastern Society for Group Psychotherapy
	1985	Member, Northeastern Society for Group Psychotherapy
	1985-1988 1988-1990	Member, Collegial Seminar Series Committee Northeastern Society for Group Psychotherapy Chair, Collegial Seminar Series Committee
	1700-1770	Northeastern Society for Group Psychotherapy

1990	Fellow, Massachusetts Psychological Association
1991-1994	Co-Chair, Conference Committee, Northeastern Society for Group Psychotherapy
1989-1991	Elected as Secretary, Northeastern Society for Group Psychotherapy
1995-1998	Elected to the Nominating Committee of the Northeastern Society for Group Psychotherapy
1997-1998	Chairperson, Nominating Committee of the Northeastern Society for Group Psychotherapy

Editorial Boards:

1995-2005	Occasional Reviewer, International Journal of Group
	Psychotherapy

Awards and Honors:

2012	Life Fellow, American Group Psychotherapy Association
2010	Fellow, American Academy of Group Psychology
1990	Fellow, Massachusetts Psychological Association
1992	Fellow, American Group Psychotherapy Association
1993	Certificate, Affiliate Societies Designate Training Group Institute
1995.	Founder's Award for Excellence in The Teaching of Beth Israel Hospital Clinical Psychology Interns

Part II: Research, Teaching, and Clinical Contributions:

A.

I have had three areas of teaching and clinical contributions: Gay Male Development, Group Psychotherapy, and Support Groups for Caregivers working with People with AIDS. Each area has been primarily focused upon a group intervention, psychotherapy, support, or psychoeducational. The work with gay men has been regarding their development of a positive gay identity, as well as facilitating their progress through stages of development toward a satisfactory relationship and sense of self. I have also been working on psychotherapist's capacity to recognize and work through their countertransferential responses to gay men in their clinical work. I have also worked on life stage development with gay men, and am preparing to do further work in gay male aging.

I worked for a number of years developing support groups for medical and psychological staff caregivers who were working with various populations of people with AIDS. The caregivers of focus included physicians, nurses, administrators, hemophilia workers, home care workers, and child care workers at multiple Boston area Hospitals.

I have been active in the national and regional group psychotherapy organizations, and have served as faculty for numerous institutes, panels, and workshops. I have been involved with teaching and thus certifying psychotherapists as Certified Group Psychotherapists, through the Registry of Group Psychotherapists. I have been an examiner with the American Board of Group Psychology, a sub-specialty of the American Board of Professional Psychologists. We have developed a Board Diplomate in Group Psychology. The first Diplomates were awarded in August 1999 at the American Psychological Association Convention.

D. Report of Teaching:

1. Local Contributions

1981	Individual and Group Psychotherapy with Sexually Dangerous Persons, Eric Lindemann Mental Health Center, Boston, MA
1987	Symptom-Specific versus Heterogeneously Formed Groups, GroupPsychotherapy Conference, Harvard Medical School/Massachusetts General Hospital, Boston, MA
1988	Taking a Sexual History in the Context of a Medical Interview, AIDS For Primary Care Givers: A Faculty Development Course, Boston, MA
1988	Transference and Countertransference Issues for Gay and Lesbian Therapists, 2-day conference, Psychotherapy: Clinical Issues with Gay Men and Lesbians, Department of Psychiatry The Cambridge Hospital/Harvard Medical School Department of Continuing Education
1991	Psychotherapy and Persons with HIV Disease, & HIV Caregiver's Group: Part I & II, Psychotherapy and The Patient with A Medical Illness Conference, Department of Psychiatry, Beth Israel Hospital, Harvard Medical School, Department of Continuing Education, Boston, MA
1994-1995	Faculty, taught a year-long course in Group Psychotherapy and Theory, to the 2 nd year Psychology Interns, Beth Israel Deaconess Medical Center
1996-1997	Faculty, taught an 18 week course in Group Psychotherapy and Theory to the combined 1st and 2nd year Psychology Interns, Beth Israel Deaconess
1997	Medical Center Grand Rounds On Group Psychotherapy: Social Work Department, Beth Israel Deaconess Medical Center

1997-1998	Faculty, taught an 18 week course in Group Psychotherapy and Theory to the 1st year Psychology Interns, Beth Israel Deaconess Medical Center				
1998-1999	Faculty, taught an 18 week course in Group Psychotherapy and Theory to the 1st year Psychology Interns, Beth Israel Deaconess Medical Center				
2000-2001	Faculty, taught a 20 week course in Group Psychotherapy and Theory to the 1st and 2nd year Psychology Interns, Beth Israel Deaconess Medical Center				
1995-2008	Supervise the psychotherapy group work with the Social Work Staff of HealthCare associates, Beth Israel Deaconess Medical Center.				
2. Regional, n	national, or international contributions:				
A. On Ga	y Male Development and Psychotherapy with Gay Men:				
1987	Gay Patients in Group Psychotherapy: Homogeneous or Heterogeneous Groups? Annual Conference of the American Group Psychotherapy Association, New Orleans, LA				
1988	Psychotherapy Issues for Gay Men and Lesbians, The Second International Lesbian and Gay Health Conference and AIDS Forum, Boston, MA				
1988	The Gay and Lesbian Group: Homophobia or Heterophobia? Annual Conference of the American Group Psychotherapy Association, New York, NY				
1989	Shame: Sexuality and Homosexuality, Boston Institute for Psychotherapy Conference, The Psychology and Treatment of Shame, Boston, MA				
1989	Group Psychotherapy with Gay Men, Annual Conference of the American Group Psychotherapy Association, San Francisco, CA				
1990	Group Psychotherapy with Gay Men, Annual Conference of the American Group Psychotherapy Association, Boston, MA				
1991	Group Psychotherapy with Gay Men, week-long course, Twelfth Cape Cod Institute, Albert Einstein College of Medicine, Wellfleet, MA				
1992	Pride, Shame, and Sexual Orientation in Group Psychotherapy, Annual Conference of the American Group Psychotherapy Association, New York, NY				

1992	Men in Groups: Traditional and More Recent Issues, panelist, American Psychological Association Convention, Washington, D.C.
1992	Confronting Homophobia: Restoring Love, 11 th International Congress of Group Psychotherapy, Montreal, Quebec, Canada
1993	Men of Minorities in Group Treatment, panelist, American Psychological Association Convention, Toronto, Canada
1994	Groups for Gay Men and Lesbian Women, Annual Conference, American Group Psychotherapy Association, Washington, D.C.
1994	Shame, Sexuality, and Identity in Psychotherapy, Nassau Psychological Services Institute Continuing Education Program, Bethpage, NY
1999	Countertransference and Sexual Identity: Gay, Lesbian, Bisexual, and Heterosexual Perspectives, Chair of Panel, American Group Psychotherapy Association, Houston, TX.
В.	On Group Psychotherapy:
1985	Faculty: Transfer of Leadership in Group Psychotherapy, Annual Conference of the American Group Psychotherapy Association, New York, NY
1993	Faculty: On Becoming Primarily a Group Therapist, 12th Annual Regional Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA
1996	Discussant, The Group Therapist's Use of Self Disclosure: Therapeutic Risk or Reward? Demonstration Group, N.S.G.P. Annual Institute and Conference, Wellesley, MA
1997	Faculty: How to Teach The Principles of Group Psychotherapy Course, Annual Conference of the American Group Psychotherapy Association, New York, NY
1997	Faculty: Untangling Moral Dilemmas: Therapist's Use of Self, Annual Regional Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA
1998	Faculty: How to Teach The Principles of Group Psychotherapy Course, Annual Conference of the American Group Psychotherapy Association, Chicago, IL

1998	Faculty: Two day Institute: The Therapist's Use of Self-Disclosure: Heresy or Therapy? Annual Institute & Conference of the American Group Psychotherapy Association, Chicago, IL
1997-1999	Ongoing Faculty, on a panel of group psychotherapists teaching group psychotherapy on-line, via the Internet, approved by A.P.A. for CEU credits. Psy. Broadcasting Corporation
1998	Speaker, Therapist Use of Self/Therapist Self Disclosure in Groups: What Guidelines Do We Use? Atlanta Group Psychotherapy Society, Atlanta, GA
1999	Faculty: Two day Institute: Self-Disclosure, A Therapeutic Option for Group Therapists, Annual Institute & Conference of the American Group Psychotherapy Association, Houston, TX
2000	Faculty: Two day Institute: Coming Into Our Own, Coming Out, and Authenticity, Annual Institute and Conference of the American Group Psychotherapy Association, Los Angeles, CA
2001	Faculty, Excitement: Inviting It In Ourselves and Into Our Groups, Annual Conference of the American Group Psychotherapy Association, Boston, MA
2002	Panelist, As I Become A More Experienced Group Therapist, I Give Myself License To, Annual Conference of the American Group Psychotherapy Association, New Orleans, LA.
2002	Institute Leader, Coming Into Our Own: Integrating Clinical Practice and Theory, Annual Institute and Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA.
2003	Institute Co-Leader, Authenticity: Keeping The Therapeutic Action Alive, Annual Institute and Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA.
2004	Institute Co-Leader, To Be or Not To Be Seen: Therapist Use of Self in Group, Annual Institute and Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA.
2004	Institute Leader, Two-Day Institute: The Gay Therapist & The All Gay Group: Trust, Boundaries, and The Use of Self, Annual Institute and Conference of the American Group Psychotherapy Association, New York, NY.

Panelist, Diversity in Aging: Group Work with Three Different 2004 Populations, Annual Conference of the American Group Psychotherapy Association, New York, NY. Workshop Co-leader: Sexual Health, Eroticism, & Intimacy In Group 2005. Psychotherapy, Annual Conference of The American Group Psychotherapy Association, New York, NY. Workshop Leader: Gays and Lesbians: You Will Never Fully Know Us, 2005 Annual Institute and Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA. Institute Co-Leader: Two-Year Institute- First Year Group Psychotherapy: 2006 A Unique Opportunity for Intimate Conversation, Annual Institute and Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA. Institute Co-Leader: Two-Year Institute, Second Year- Group 2007 Psychotherapy: A Unique Opportunity for Intimate Conversation, Annual Institute and Conference of the Northeastern Society for Group Psychotherapy, Wellesley, MA. Workshop Co-Leader: Building A Better Rainbow: Facing Our Anxiety, 2009. Annual Institute and Conference of The American Group Psychotherapy Association, Chicago, IL. "Reflections from Clinical Work with Gay Men for 25 Years", Social 2009 Work Grand Rounds Lecture, Beth Israel Deaconess Medical Center, Boston, MA. Chair: Open Session: Love, Loathing, and Countertransference: Working 2010 with LGBTQ Group Members, Annual Institute and Conference of The American Group Psychotherapy Association, San Diego, CA. Invited Speaker: Arrogance, Shame, Sadism, and Disappointment: When 2010 Love Fails for LGBT Clients, Weekend Conference, Austin Affiliate of The American Group Psychotherapy Association, Austin, TX. Invited Speaker: Disappointment: The Lens for Deeper Work with LGBT, 2010 Weekend Conference, San Antonio Group Psychotherapy Society, San Antonio, TX. Discussant, Demonstration Group, Attachment Theory and group 2011 Psychotherapy, Annual Institute and Conference of the Northeastern Society for Group Psychotherapy, Boston, MA.

2011	Guest Presenter: Working with Sex, Sexuality and Shame in Group Psychotherapy, Fall 2011 Weekend Conference, Carolinas Group Psychotherapy Society, Durham, NC.
2012	Panelist, Applying Group Leadership Skills to Organizational Groups: Integrating Process and Task, Annual Institute and Conference of the American Group Psychotherapy Association, New York, NY.
2013	Chair: Open Session: Busting Out of Binaries, Annual Institute and Conference of the American Group Psychotherapy Association, New Orleans, LA.
2014	Institute Leader, Two-Day Institute: Finding your voice: Integrating LGBTQQIAA+ into your professional identity and practice, Annual Institute and Conference of The American Group Psychotherapy Association, Boston, MA.
C.	On Support Groups and AIDS:
1989	Care for The Caregivers, AIDS Interest Group, Society of General Internal Medicine, Arlington, VI
1990	Taking a Sexual History: How to Address The Issues, Cambridge Hospital Series Conference: Psychotherapy, AIDS and the Gay/Lesbian Population, Cambridge, MA
1990	Supporting Professionals Caring for People with HIV Infection, AIDS For Primary Care Givers: A Faculty Development Course, Prout's Neck, MN
1990	Managing HIV-Related Stress in Healthcare Workers, The Medical College of Pennsylvania Conference, Occupational HIV Infection: Understanding and Controlling The Risks, Philadelphia, PA
1990	Care for the Caregiver, JSI Research & Training Institute, Inc. Conference, Creating AIDS Care Partnerships: The Clinical and Community Response for Mental Health Professionals, Boston, MA
1992	Support Groups for Caregivers of People with HIV Diseases, Annual Conference of the American Group Psychotherapy Association, New York, NY
1993	The Psychosocial Impact of HIV-Related Caregiving: Perspectives on The Challenge and Toll of Caregiving and Models for Supportive Intervention, ProVisions 3, The New England Conference on HIV, Hartford, CT

The Psychosocial Impact of HIV-Related Caregiving: Models of Support 1993 for the Caregiver and Psychotherapy and Support Groups with the HIV-Infected, Mental Health Aspects of HIV/AIDS Care Conference,

Boston, MA

Staff Support Groups: Focus, Leadership Style, and Efficacy, Panelist, 1997 Annual Conference of the American Group Psychotherapy Association,

New York, NY

Bibliography: Part III:

Frost JC. A developmentally keyed scheme for the placement of gay men into psychotherapy groups. International Journal of Group Psychotherapy 1990;40(2):155-167.

Frost JC, Makadon HJ, Judd D, Lee S, O'Neill SF, & Paulsen R. Care for care givers: A support group for staff caring for AIDS patients in a hospital based primary care practice. Journal of General Internal Medicine 1991; 6:162-167.

Frost JC, & Alonso A. Brief Report: On Becoming a Group Therapist. Group 1993; 17 (3): 179-184.

Frost JC. Support groups for Medical Caregivers of people with HIV diseases. Group 1994; 18, (3): 141-153.

Frost JC. Group Psychotherapy with the Aging Gay Male: Treatment of Choice. Group 1997; 21, (3): 267-285.

Frost JC. Countertransference Considerations For the Gay Male When Leading Psychotherapy Groups for Gay Men. International Journal of Group Psychotherapy 1998; 48, (1) 3-24.

Book Chapters:

Frost JC. The sexual history in the context of the medical interview. In Makadon HJ, editor. AIDS & The Primary Care Provider: A Faculty Development Course for Physicians and Caregivers. New York, American Foundation for AIDS Research, 1989.

Frost JC. Group psychotherapy with HIV-positive and AIDS patients, in: Alonso, A, & Swiller, H, editors. Group Therapy in Clinical Practice, Washington: American Psychiatric Press, 1993: pp. 255-270.

Frost JC. Taking a sexual history with gay patients in psychotherapy, in Cadwell S, Forstein M, & Burnham R, editors. Therapists on the Frontline: Psychotherapy with Gay Men in the Age of AIDS, New York: American Psychiatric Press, 1994: pp. 163-183.

Frost JC. Working with Gay Men in Psychotherapy Groups, in Andronico MP, editor. Men in Groups: Insights, Interventions, and Psychoeducational Work, Washington, D.C.: American Psychological Association, 1996: pp. 163-179.

Frost JC. Staying Current with Gay and Lesbian Research and Practice Knowledge, in Alexander CJ, editor. Working With Gay Men and Lesbians in Private Psychotherapy Practice, New York, Haworth Press, 1998: pp. 5-27.

Frost JC. Self-Disclosure: How Far Should I Go?, in Motherwell, L, & Shay, J.S, editors. Complex Dilemmas in Group Therapy, New York, Brunner-Routledge, 2005: pp. 195-204.

Book Reviews:

Frost JC. Disorienting Sexuality: Psychoanalytic Reappraisals of Sexual Identities. Journal of Psychotherapy Practice and Research 1997; 6 (2): 180-181.

Invited Articles:

Frost JC. Staying Current with Gay and Lesbian Research and Practice Knowledge. Journal Of Gay and Lesbian Social Services 1998; 8, (4), 5-27.

Dissertation:

Frost JC. An Analysis of The Object Relation of Sexually Dangerous Persons (dissertation). Boston, (MA): Boston University; 1983.

G

BARBARA LAWRENCE 156 Porter Street Boston, MA 02128 Moonstone.lawrence@gmail.com Cell Phone: 617-792-0425

SUMMARY

Owner of Boston Gems & Findings, Inc. 1973-2011, an importer and exporter of fine gemstones for retailers, designers and repair people in the jewelry industry. Hired, trained and managed employees in identification, quality control and sales of gemstones. Grew business by building relationships with foreign and domestic jewelers. Served on American Gem Trade Association Board (largest in US) for nine years.

WORK HISTORY

2011-present Independent Gemstone Dealer

- Purchase and sell gemstones to private clients.
- Lecture to schools and jewelry organizations on gemstone identification and pricing.

1973-2011 President of Boston Gems & Findings, Inc.

- Built and expanded business into importer and exporter of fine gemstones.
- Wholesale supplier of gemstones and findings to retailers, designers and repair people
- Awarded NETAAC grant to expand export business through the internet.
- Hired, managed, trained and supervised employees in the identification, quality control, security and sale of gemstones and findings.
- Controlled and secured approximately \$500,000 of revolving inventory.
- Adapted business model to global market changes.
- Sold business in 2011.

BOARD AND VOLUNTEER SERVICE

- 2010-2011 Board of Directors, Boston Jewelers Club Primary objective was to recruit women in the jewelry industry.
- 2002-2010 Board of Directors for American Gem Trade Association (1,500 members)
 Elected to three different positions during tenure—treasurer, vice president, and president.
 As president, hired consultant to do strategic planning and managed a gemological laboratory.
- 1994-present Advisor to Jewelry Making and Repair Program, North Bennet Street School Provide advice on curriculum, marketing, and promotions.

EDUCATION

1970 Bachelor of Arts, University of Vermont

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Valerio Romano – VGR Law Firm

109 State St., #404, Boston, MA 02109 | valerio@vgrlawfirm | (617) 307-4728

LEGAL EMPLOYMENT

VGR Law Firm, Boston, MA March 2013-Present

Administrative law, criminal defense and real property. Work with patients, caregivers, dispensary applicants and operators participating in the medical marijuana program in Massachusetts. Assist business owners who wish to open businesses in the medical marijuana industry, including doctors and security providers. Represent landlords, tenants and purchasers in real property transactions in the medical marijuana industry. Defend patients and caregivers accused of violations of marijuana laws due to their participation in the program. Work with municipalities including Quincy, Dennis, Plymouth, and Georgetown to open dispensaries. Meet with municipal representatives from Holyoke to Tisbury to obtain support/non-opposition for dispensary applicants.

Solo Practitioner, San Francisco, CA & Boston, MA October 2012-February 2013 Criminal Defense, Business Litigation and Administrative law. Formed and collectives and cooperatives for patients and caregivers under California's medical use of marijuana law. Represented those accused of crimes due to their participation in California's unregulated medical marijuana program.

Attorney with Bryant Street Law Offices, San Francisco, CA 2008-2011 Criminal Defense and Administrative Law. Represented defendants in criminal cases ranging from driving under the influence and drug possession to murder. Six month Jury Trial in a white collar criminal case where defendant was accused of denying service to the City of San Francisco due to his configuration of the City's networking devices. Examined defense and prosecution experts in the field of networking and internet security. Collective formation for medical marijuana providers in California.

Attorney with Pier 5 Law Offices, San Francisco, CA 2006-2008 Criminal defense in state and federal court. Defended an internet security expert accused of unlawfully accessing the University of Southern California's student database. Argued lack of federal jurisdiction given that data never crossed state lines. Mentored by J. Tony Serra, a civil rights lawyer who represented high profile defendants such as Huey Newton and Ted Kaczynski. Drafted a motion to suppress where 30,000+ marijuana plants were excluded on Fourth Amendment grounds.

STUDENT LEGAL EMPLOYMENT/EXPERIENCE

Student Clerkship with Pier 5 Law Offices, San Francisco, CA 2004-Spring 2005 Drafted writs and motions, analyzed discovery, and wrote legal memoranda to educate supervising attorneys on legal issues. Worked on criminal defense cases in state and federal courts for violations of marijuana laws.

Student Clerkship with the Federal Public Defender, San Francisco, CA Summer 2004 Assisted federal public defenders by analyzing discovery regarding the location of files located on defendant's computers and whether those files were simply internet cache, or whether they were actively downloaded. Managed the petty offense calendar where I supervised other law clerks and negotiated hundreds of resolutions with the United States Attorney's Office for defendants accused of offenses ranging from traffic infractions, walking dogs off-leash, over-fishing on federal lands, to marijuana smoking on federal property.

Student Internship with the Public Defender's Office, San Francisco, CA Fall 2003 Assisted public defenders in the Domestic Violence Unit by acting as an investigator. Spoke to criminal defendants, alleged victims and witnesses to uncover exculpatory facts. Took notes when appropriate and explained my findings to supervising attorneys.

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Valerio Romano – VGR Law Firm

109 State St., #404, Boston, MA 02109 | valerio@vgrlawfirm | (617) 307-4728

Spring 2002 Student Internship with the District Attorney's Office, San Francisco, CA Advocated for defrauded consumers and negotiated resolutions with businesses. Designed and implemented a system for tracking the hundreds of disputes that came into the office every week. Built consumer case files, researched applicable laws and contacted businesses to resolve disputes on behalf of the consumer.

INFORMATION TECHNOLOGY EMPLOYMENT

2000-2002 Unix System Administrator for NBCi.com, San Francisco, CA
Built, installed and configured front and back-end servers running Solaris, FreeBSD and Linux. Supported and developed NBCi.com's homepage, handling over 20 million hits per day.

1999-2000 Network Engineer for Northpoint Communications, Emeryville, CA Maintained Northpoint's national backbone. Connected it to switches from over 20 different ISPs.

TEACHING EXPERIENCE

June 2015; June 2014

Lecturer for MCLE in Boston Massachusetts

Taught Massachusetts attorneys seeking legal education credits in a course entitled "Medical Marijuana Meets

Massachusetts Real Estate, Land Use & Zoning Law." Co-author of companion book for that course.

April 2014; October 2013; March 2013 Lecturer for Cannabis Career Institute

Lectured for CCI during their Boston seminars regarding Massachusetts medical use of marijuana laws.

October 2011 Lecturer for the National Business Institute
Taught a seminar to legal professionals for continuing education credit on how to leverage the internet when doing legal research.

December 2010 Lecturer for the National Business Institute
Taught lawyers and paralegals seeking continuing education credits how to use the internet to do legal research and find sample legal documents.

LICENSES

California State Bar, 2006 (SBN 241688); Massachusetts State Bar, 2012 (SBN 624902); United States District Courts for the Northern, Central and Eastern Districts of California, 2006; United States District Court for the District of Massachusetts, 2013

EDUCATION

2005 J.D. University of San Francisco School of Law, Top Third of the 2005 Graduating Class; Moot Court, Best Oral Argument.

1998 BA University of San Francisco

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ELLEN ROSENFELD

52 Woodland Road

Jamaica Plain, Massachusetts 02130

(h) 617.522.1134 (o) 508.376.2041 (m) 508.294.2002

ellen@rosenfeld-law.com

EXPERIENCE:

2015-PRESENT

2140 PROVIDENCE HIGHWAY, LLC

WALPOLE, MA

MANAGER

• Limited liability company that owns and operates a 45,000 square foot office building.

2009-PRESENT

MILLISTON PLACE, LLC

MILLIS, MA

MANAGER

• Limited liability company that owns and operates a 20,000 square foot office building and a 26,000 square foot retail building.

2009-PRESENT

2 MILLISTON ROAD, LLC

MILLIS, MA

MANAGER

• Limited liability company that owns and operates a 13,000 square foot freestanding CVS pharmacy.

1999-PRESENT

ROUTE 109 SELF STORAGE, INC.

MILLIS, MA

DIRECTOR/PRESIDENT

 Corporation owns and operates a 35,000 square foot self storage facility.

1992-1995 1995-2001 2001-PRESENT ROSENFELD & POWERS ROSENFELD & SULLIVAN ROSENFELD LAW OFFICES MILLIS, MA

MILLIS, MA MILLIS, MA

OWNER

• Law practice primarily involved in real estate law, including but not limited to the preparation of leases, both commercial and residential.

- Preparation and review of purchase and sale documents.
- Provides necessary supervision in the approval process involved with subdivisions, financing, conservation and/or DEP and litigation arising therefrom.

1991-PRESENT

ROSENFELD REALTY, INC.

MILLIS, MA

DIRECTOR & TREASURER

- Construction and development company, focusing on residential subdivisions.
- Confer with various town/municipal boards vis a vis development of raw land.
- Procure financing for development and/or construction projects.
- Build residential subdivisions.

1989-PRESENT

ELLEN REALTY TRUST

MILLIS, MA

TRUSTEE

• Real estate trust that owns and operates an industrial

park and office building.

1987-PRESENT	MILLISTON COMMON, INC. DIRECTOR & PRESIDENT • Corporation owns and operates an 80,000 square foot retail shopping plaza anchored by a large supermarket.	MILLIS, MA
EDUCATION:		
2001-2003	BENTLEY COLLEGE M.S., 2003 Financial Planning, High Distinction	WALTHAM, MA
1987-1991	NEW ENGLAND SCHOOL OF LAW J.D., 1991	BOSTON, MA
1978-1979	THUNDERBIRD SCHOOL OF GLOBAL	GLENDALE, AZ
1973-1977	MANAGEMENT M.B.A., 1979 International Management BRANDEIS UNIVERSITY B.A., 1977 Psychology/Philosophy	WALTHAM, MA
HONORS:		
1987 2002	American Jurisprudence Award for Contracts Denis Maguire Pro Bono Award	
ASSOCIATIONS:	Member of the Massachusetts Bar Association Member of the Massachusetts District Court	
CERTIFICATIONS	Massachuseets Licensed Real Estate Broker Massachusetts Licensed Construction Supervisor Notary Public	

J

MARC ROSENFELD

7 Springdale Circle Holliston, Massachusetts 01746 Home (508) 429-3322 Work (508) 376-4600 Mobile (617) 212-7414 marc@rosenfeld-law.com

EXPERIENCE:

2007-present

Rosenfeld Law Offices

Millis, MA

Attorney

Law firm with primary focus on real estate law including but not limited to land use,

zoning, landlord/tenant, conveyancing and litigation arising therefrom.

1998-2000

Rosenfeld Realty, Inc.

Millis, MA

2001-2012

Manager

Real estate development and construction company with primary focus on residential

subdivisions. Manage process from zoning through sale.

2012-present

Milliston Common, Inc.

Millis, MA

Corporate Secretary/Manager

Owns and operates an 80,000 square foot retail shopping plaza

anchored by a Roche Bros. supermarket.

Manage day-to-day operations of various family owned businesses with a collective 119,000 square feet of retail space and 65,000 square feet of office space as well as a 36,000 square foot self-storage facility.

EDUCATION:

2003-2007

Suffolk University Law School

Juris Doctor

Phi Delta Phi - International Legal Honor Society

1998-2000

Bentley College

McCallum Graduate School of Business

Master of Business Administration

1993-1997

Brandeis University

Bachelor of Arts

BOARD SERVICE

2012-present

Friends of Holliston Trails, Inc.

President/Founder

501(c)(3) non-profit public charity established to raise money for, and awareness of, the Town of Holliston Massachusetts' rails to trails initiative.

2015-present

Demons Youth Hockey Assocation

Secretary

Youth hockey organization representing the communities of Ashland, Holliston and

Hopkinton, Massachusetts.

BAR and COURT ADMISSIONS:

Commonwealth of Massachusetts – All Courts United States of America – District Court of Massachusetts

PROFESSIONAL INVOLVEMENT:

Massachusetts Bar Association

CERTIFICATIONS and LICENSES:

Master Certificate in Medical Marijuana
Unrestricted Construction Supervisor
Hoisting Engineer (continuing education instructor)
Licensed Real Estate Broker
Notary Public
Emergency Medical Technician-MAST (former)

K

JAMES PAUL SIPE

| H: 415-690-9528 | jpsiv@yahoo.com

Profile

Large scale (30,000 sq ft) cultivation at all stages of development at multiple cultivation locations for Compassionate Caregivers in California which had dispensaries located throughout the state. Managed 50+ employees handling all aspects of medical marijuana cultivation and medicine processing. Designed and oversaw build out of cultivation sites. Experience with all types of growing mediums. Oversaw a yearly production of 1,000,000 clones on average. Per 1000 sq ft of flowering space, yearly output was around 300 lbs. Provided medicine to medical marijuana dispensaries throughout San Francisco for over 12 years.

Skills

- Project management
- Quality control
- Integrated Pest Management
- Safety-oriented

- Team player
- Energy management systems
- Automated equipment
- Wastewater engineering knowledge

Professional Experience

Lead Cultivator

2014 to Present

Ermont, Inc. - Quincy, MA

- Design the cultivation facility for a Registered Marijuana Dispensary in the Commonwealth of Massachusetts
- Work with engineers, architects, contractors and founders to create efficient designs for the construction of a cultivation and processing centers in Quincy.

Lead Cultivator

2014 to July 2015

William Noyes Webster Foundation, Inc. - Dennis, MA

- Design the cultivation facility for a Registered Marijuana Dispensary in the Commonwealth of Massachusetts
- Work with engineers, architects, contractors and founders to create efficient designs for the construction of a cultivation and processing center in Plymouth.

Estate Gardener

Apr 2013 to Oct 2014

Mary Costello Horticulture - Philadelphia, PA

- High-End Estate Gardening in Chestnut Hill district of Philadelphia.
- Head gardener on 7 estates.
- Project manager for long term and short term gardening projects on estates.
- Maintain both well established gardens and newly planted.
- Integrated Pest Management Maintain cutting gardens for clients.
- * Hardscaping projects using flagstone, fieldstone, and Belgian block.

Garden Care Manager

Oct 2011 to Aug 2012

R.S. McDannell Landscape Design - San Francisco, CA

- Responsible for maintaining all aspects of clients garden space.
- Irrigation and lighting.
- Installation of new plants.
- Client interactions.

Owner

Apr 2009 to Sep 2011

Nativescapes - San Francisco, CA

- Drought tolerant grasses
- Use of Water catchment devices
- Specialize in native garden design

Lead Gardener

Aug 2008 to Mar 2009

Rock and Rose Landscapes - San Francisco, CA

- Maintained gardens throughout S.F.
- Time management.
- Irrigation management.

Estate Gardener

May 2006 to Jul 2008

Mary Costello Horticulture - Philadelphia, PA

- High-End Estate Gardening in Chestnut Hill district of Philadelphia.
- Head gardener on 7 estates.
- Project manager for long term and short term gardening projects on estates.
- Maintain both well established gardens and newly planted.
- Integrated Pest Management Maintain cutting gardens for clients.
- Hardscaping projects using flagstone, fieldstone, and Belgian block.

Nursery Manager/Delivery Manager

Oct 2005 to Mar 2006

Pacific Nurseries - San Francisco, CA

- Responsible for overseeing the assembly of delivery orders.
- Gained extensive knowledge of botanical nomenclature.
- Managed staff of 6 employees.

Managing Director of Horticulture

Dec 2002 to Jun 2005

Compassionate Caregivers - Oakland, CA

- Responsible for all day-to-day operations at greenhouses.
- Managed a staff of 40 employees at 3 locations.
- Proven track record of promotion.
- Started as a greenhouse technician and within 1 year was promoted to my present position.

Education and Training

Environmental Science

12/10

University of San Francisco

Landscape Horticulture

06/01

University of Delaware

Certifications

- California Pesticide Applicator's License
- OSHA 40 Hour HAZWOPER
- In the process of obtaining LEED Green Associate credentials

Statement from the Chief Medical Officer Dr. Phuli Cohan

The present-day medical marijuana movement began with the discovery of the Endocannabinoid receptors in 1993. This elaborate pathway of receptors, located in our brains, liver, fat, gastrointestinal tract, pancreas, muscle and nerves, affects our mood, energy, focus, appetite, inflammation, and immune function. Unfortunately there is much confusion and misinformation about Cannabis. Most attention has focused on its abuse; few realize its vast medical potential.

Marijuana is a slang term developed in the 1930's for the cannabis plant, used medicinally for centuries. There are many species, but the two used medically are Cannabis Sativa, which is stimulating to the mind, and Cannabis Indica, that is relaxing and works more peripherally in the body.

As an integrative physician who lectures and consults patients suffering from chronic illness I have worked with patients using Dronabinol (Marinol), synthetic medical marijuana currently FDA approved for nausea. This drug is effective but of limited value due to its excessive psychoactive effects.

The active ingredients in Cannabis, Cannabinoids, have been studied in over 20,000 research articles. Most people are familiar with THC, the psychoactive constituent, but CBD is not psychoactive, and breeders are creating high CBD, low THC strains that have potential for anticancer, anti-inflammation and anti stress effects ideal for many medical conditions without unpleasant side effects.

As medical director for CommCan, Inc., I will educate professionals and patients about the proper use of Cannabinoid therapies. I will work directly with growers to establish strains of Marijuana that can best target symptoms with minimal psychoactive effects. Smoking marijuana is the least effective way to benefit from its medicinal properties; liquid extracts and oils are often best for medical use.

Although Cannabis is best known for its role in chemotherapy induced nausea and glaucoma, its immune and anti-inflammatory properties are useful to treat medical conditions such as fibromyalgia, osteoporosis, rheumatoid arthritis, diabetes, hepatitis C, HIV, hypertension, seizure, depression, insomnia, PTSD, ADHD, addiction, MS, sleep apnea, ALS, Tourette's, dystonias, and other movement disorders.

There was fear that marijuana could be harmful to the brain, but its neuroprotective effects have been shown to slow the progression of Alzheimer's and Parkinson's Disease.

Medical professionals should become the leaders in this new and growing field. Clinics with medical directors should become the standard. I look forward to bringing about change in its use and development to help patients in all fields of medicine.

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SECURITY SYSTEMS AND OPERATIONAL PLAN

The following security and operational plan meets and exceeds the requirements set forth in 105CMR 725.110 – Security Requirements for Registered Marijuana Dispensaries ("RMD").

Section 725.110 (A) – Requirement: A RMD shall implement sufficient security measures to deter and prevent unauthorized entrance into areas containing marijuana and theft of marijuana at the RMD. Security measures to protect the premises, registered qualifying patients, personal caregivers, and dispensary agents of the RMD must include but are not limited to the following.

Response: CommCan, Inc. ("CommCan") has contracted with a qualified security contractor to develop a full Security Plan (the "Plan") that provides details on how CommCan will ensure that its medicine and assets are secured against external threats. For security reasons, the comprehensive Security Plan is not publicly available. Key elements of this Plan are summarized below.

Section 725.110(A)(1) – **Requirement:** Allow only registered qualifying patients, personal caregivers, dispensary agents, persons authorized by 105 CMR 725.105(P), and, subject to the requirements of 105 CMR 725.110(C)(4), outside vendors, contractors, and visitors, access to the RMD.

Response: CommCan will limit access to its RMD to registered qualified patients, personal caregivers, dispensary agents, persons authorized by the Department of Public Health ("DPH"), and select outside vendors, contractors and visitors. All CommCan staff will be required to visibly wear a CommCan identification badge at all times while onsite and when making deliveries. All outside vendors, contractors, patients, caregivers, and visitors must obtain a visitor identification badge prior to entering a limited access area, and shall be escorted at all times by a dispensary agent authorized to enter the limited access area. The visitor identification badge must be visibly displayed at all times while the visitor is in any limited access area. All visitors must be logged in and out, and that log shall be available for inspection by the DPH at all times. All visitor identification badges shall be returned to the RMD upon exit.

Section 725.110(A)(2) – Requirement: Prevent individuals from remaining on the premises of the RMD if they are not engaging in activity expressly or by necessary implication permitted by the Act and 105 CMR 725.000.

Response: CommCan will employ security personnel who will routinely patrol the dispensary perimeters and grounds to prevent loitering, nuisance activity or crime. Security personnel will be trained prior to deployment in industry standards and crime prevention. Security personnel will ensure that only eligible patients who comply with the RMD's Code of Conduct and other dispensary policies are served and will patrol the area to ensure non-diversion and prevent use of medicine in public areas.

Section 725.110(A)(3) – Requirement: Dispose of marijuana in accordance with 105 CMR 725.105(J), in excess of the quantity required for normal, efficient operation as established in 105 CMR 725.105(G)(1).

Response: Solid waste generated at CommCan will be disposed of in the following ways:

- Through incineration in a commercial or municipal waste combustor in Massachusetts holding a valid permit issued by the Department of Environmental Protection ("DEP") witnessed and documented by no fewer than two (2) dispensary agents.
- Disposal in a landfill holding a valid permit issued by the DEP or by the appropriate state agency in the state in which the facility is located witnessed and documented by no fewer than two dispensary agents.
- Grinding and incorporating the medical marijuana waste with solid wastes such that the resulting mixture renders the medical marijuana waste unusable. Once such medical marijuana waste has been rendered unusable, it will be either disposed of in a solid waste management facility that holds a valid permit issued by the DEP or by the appropriate state agency in the state in which the facility is located or, if the material mixed with the medical marijuana waste is organic material as defined in 310 CMR 16.02, the mixture will be composted at an operation that is in compliance with the requirements of 310 CMR 16.00.

When marijuana or marijuana infused products ("MIP") are disposed of, CommCan will create and maintain a written record of the date, the type and quantity disposed of, the manner of disposal, and the persons present during the disposal, with their signatures. Disposal records will be kept for at least two (2) years.

Section 725.110(A)(4) – Requirement: Establish limited access areas accessible only to specifically authorized personnel, which shall include only the minimum number of employees essential for efficient operation.

Response: CommCan will establish limited access areas accessible only to specifically authorized personnel. CommCan will post the following statement (at a minimum size of 12" x 12" with lettering no smaller than 1" in height) at all areas of ingress or egress to identify limited-access areas: "Do Not Enter – Limited Access Area – Access Limited to Authorized Personnel Only."

CommCan will provide all dispensary agents with varying levels of access to limited access areas depending on their position. For example, the Chief Executive Officer and the Chief Operating Officer will have access to all areas of the dispensary, including all limited access areas. Other agents will be limited to only those areas directly related to their department and position within their department.

Section 725.110(A)(5) – Requirement: Store all finished marijuana in a secure, locked safe or vault and in such a manner as to prevent diversion, theft, and loss.

Response: CommCan will store all medical marijuana at its dispensary site in a private, secured vault room that is climate-controlled and monitored 24-hours a day, for both security and changes in environment (temperature and humidity). Rather than using a traditional safe, CommCan will convert the storage space into a walk-in safe ("vault"). CommCan will need to store a large amount of processed product, along with a secure freezer and refrigerator to store MIPs, requiring the conversion of the storage space into a vault room rather than a single, stand-alone safe. CommCan will store cash and other valuables in a secure safe located inside the vault room.

Access to the secure storage area will be heavily restricted and monitored through the use of electronic locks. Only select employees who have been authorized by management will have access to the secured storage area. This will be monitored through staff credentials.

Section 725.110(A)(6) – **Requirement**: Keep all safes, vaults, and any other equipment or areas used for the production, cultivation, harvesting, processing, or storage of marijuana and MIPs securely locked and protected from entry, except for the actual time required to remove or replace marijuana.

Response: CommCan will keep all safes and vaults securely locked and protected from entry via electronic locks, except for the actual time required to remove or replace marijuana, as conducted by authorized personnel.

Section 725.110(A)(7) – Requirement: Keep all locks and security equipment in good working order.

<u>Response:</u> CommCan will keep all locks and security equipment in good working order, via regular inspections and testing, not to exceed thirty (30) calendar days from the previous inspection and test.

Section 725.110(A)(8) – Requirement: Prohibit keys, if applicable, from being left in the locks, or stored or placed in a location accessible to persons other than specifically authorized personnel.

Response: CommCan will use electric locks with associated card readers to manage exit and entry into limited access areas. CommCan will restrict the availability of access cards only to authorized personnel, which will reduce the risk of access by unauthorized personnel. All access cards must be returned to security personnel at the end of each shift to ensure proper and safe storage.

Section 725.110(A)(9) – Requirement: Prohibit accessibility of security measures, such as combination numbers, passwords, or electronic or biometric security systems, to persons other than specifically authorized personnel.

<u>Response</u>: CommCan will protect the confidentiality of CommCan's security measures, such as combination numbers, passwords, and electronic lock activators, against threats from unauthorized personnel.

Section 725.110(A)(10) – Requirement: Ensure that the outside perimeter of the RMD is sufficiently lit to facilitate surveillance.

Response: CommCan will install sufficient lighting outside of the RMD for use each day between sunset and sunrise that adequately illuminates the RMD and its surrounding areas, including the parking and entry areas. Exterior lighting will be installed near video surveillance devices to ensure proper illumination for the identification of people, vehicles and license plates within forty (40') feet of the buildings. The outdoor lighting will be hooded to deflect light away from adjacent properties. Sufficient exterior lighting will serve as a deterrent against robbery and burglary.

Section 725.110(A)(11) – Requirement: Ensure that trees, bushes, and other foliage outside of the RMD do not allow for a person or persons to conceal themselves from sight.

Response: CommCan's external landscaping plans will minimize potential security threats posed by trees, bushes, and other foliage, while still promoting an aesthetic for the facilities that blends with the surrounding community. No trees, brush and/or any other material will be placed against the building.

Section 725.110(A)(12) – Requirement: Develop emergency policies and procedures for securing all product following any instance of diversion, theft, or loss of marijuana, and conduct an assessment to determine whether additional safeguards are necessary.

Response: CommCan will implement security policies and procedures providing detailed instructions for securing all product following any instance of diversion, theft, or loss of marijuana, and for conducting an assessment to determine whether additional safeguards are necessary. These instructions mandate close coordination with local law enforcement and the DPH.

Section 725.110(A)(13) - Requirement: Develop sufficient additional safeguards as required by the Department for RMDs that present special security concerns.

Response: CommCan is not aware, at this time, of any special security concerns pertaining to its proposed RMD. 331 Worcester Road was specifically chosen as it is a free-standing building situated in a commercial, open area. It is also across the street from the Massachusetts State Police Headquarters.

Section 725.110(A)(14) – Requirement: A RMD shall comply with all local requirements regarding siting, provided however that if no local requirements exist, a RMD shall not be sited within a radius of five hundred (500') feet of a school, daycare center, or any facility in which children commonly congregate. The five hundred (500') foot distance under this section is measured in a straight line from the nearest point of the facility in question to the nearest point of the proposed RMD.

Response: 331 Worcester Road, the proposed site for CommCan's RMD, complies with all local requirements regarding siting.

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LIMITED ACCESS AREAS

Section 725.110 (C)(1) – Requirement: All limited access areas must be identified by the posting of a sign that shall be a minimum of 12" X 12" and which states: "Do Not Enter – Limited Access Area – Access Limited to Authorized Personnel Only" in lettering no smaller than 1 inch in height.

Response: CommCan will post the following statement (at a minimum size of 12" x 12" with lettering no smaller than 1 inch in height) at all areas of ingress or egress to identify limited-access areas: "Do Not Enter – Limited Access Area – Access Limited to Authorized Personnel Only."

Section 725.110 (C)(2) – Requirement: All limited access areas shall be clearly described by the filing of a diagram of the registered premises, in the form and manner determined by the DPH, reflecting walls, partitions, counters, and all areas of entry and exit. Said diagram shall also show all propagation, vegetation, flowering, processing, production, storage, disposal, and retail sales areas.

Response: CommCan is attaching to this document an Exhibit Plan, assessor's map and assessor's card of the proposed RMD. Upon provisional licensure by the DPH, CommCan shall provide to the Town a diagram of the RMD, reflecting walls, partitions, counters, and all areas of entry and exit. Said diagram shall also show all propagation, vegetation, flowering, processing, production, storage, disposal, and retail sales areas.

Section 725.110 (C)(3) – Requirement: A dispensary agent shall visibly display an identification badge issued by the RMD at all times while at the RMD or transporting marijuana.

Response: All CommCan agents will be required to visibly wear a CommCan identification badge at all times while on-site and when making deliveries.

Section 725.110 (C)(4) – Requirement: All outside vendors, contractors, and visitors must obtain a visitor identification badge prior to entering a limited access area, and shall be escorted at all times by a dispensary agent authorized to enter the limited access area. The visitor identification badge must be visibly displayed at all times while the visitor is in any limited access area. All visitors must be logged in and out, and that log shall be available for inspection by the Department at all times. All visitor identification badges shall be returned to the RMD upon exit.

Response: CommCan will limit access to all areas of the RMD to authorized dispensary agents. All outside vendors, contractors, and visitors must obtain a visitor identification badge prior to entering a limited access area; the visitor identification badge must be visibly displayed at all times while the visitor is in any limited access area. All visitors must be logged in and out, and that log shall be available for inspection by the DPH at all times. All visitor identification badges shall be returned upon exit. For added security, CommCan will require that a security agent accompany any non-dispensary agent if a non-dispensary agent needs to enter an enclosed, locked area where marijuana is stored.

SECURITY AND ALARM SYSTEMS

Section 725.110(D)(1) – Requirement: A RMD shall have an adequate security system to prevent and detect diversion, theft, or loss of marijuana or unauthorized intrusion, utilizing commercial grade equipment, which shall, at a minimum include:

Section 725.110(D)(1)(a) – Requirement: A perimeter alarm on all entry points and perimeter windows.

Response: CommCan will feature an alarm system on all entry points and windows. An additional motion alarm will be placed on the dispensary wall that is adjacent to attached bay.

Section 725.110(D)(1)(b) – Requirement: A failure notification system that provides an audible, text, or visual notification of any failure in the surveillance system. The failure notification system shall provide an alert to designated employees of the RMD within five minutes after the failure, either by telephone, email, or text message.

Response: The electronic monitoring system for CommCan will include a failure notification system that provides both an audio and visual notification should a failure in the electronic monitoring system occur. Additionally, senior management will receive email/text notification of the system failure within five (5) minutes after the failure.

Section 725.110(D)(1)(c) - Requirement: A duress alarm, panic alarm, or holdup alarm connected to local public safety or law enforcement authorities.

Response: CommCan will install a "duress alarm" (silent alarm to signal alarm user being forced to turn off system), a "holdup alarm" (robbery in progress), and a "panic alarm" (life threatening or emergency situation). Alarms will be coordinated with local law enforcement.

Section 725.110(D)(1)(d) – Requirement: Video cameras in all areas that may contain marijuana, at all points of entry and exit, and in any parking lot, which shall be appropriate for the normal lighting conditions of the area under surveillance. The cameras shall be directed at all safes, vaults, sales areas, and areas where marijuana is stored, handled, or dispensed. Cameras shall be angled so as to allow for the capture of clear and certain identification of any person entering or exiting the RMD or area.

Response: The building will be well illuminated and video cameras will be at all entry and exit points as well as the parking lot, so as to allow for the capture of clear and certain identification of any person entering or exiting the RMD or area. Also, video cameras will be positioned in all areas that contain marijuana including the storage safe.

Section 725.110(D)(1)(e) – Requirement: Twenty-four (24) hour recordings from all video cameras that are available for immediate viewing by the DPH upon request and that are retained for at least ninety (90) calendar days. Recordings shall not be destroyed or altered, and shall be retained as long as necessary if the RMD is aware of a pending criminal, civil, or administrative investigation, or legal proceeding for which the recording may contain relevant information.

Response: CommCan's video recording will be operational twenty-four (24) hours a day/seven (7) days a week. Videos will be retained for a minimum of ninety (90) days or unless requested longer by appropriate authority.

Section 725.110(D)(1)(f) – Requirement: The ability to immediately produce a clear, color, still photo (live or recorded).

Response: CommCan will maintain a high-quality printer in the security viewing area that is capable of immediately producing a clear still photo from any video camera image.

Section 725.110(D)(1)(g) – Requirement: A date and time stamp embedded on all recordings. The date and time shall be synchronized and set correctly and shall not significantly obscure the picture.

Response: CommCan will embed a date and time stamp on all recordings. The date and time will be synchronized and set correctly and will not significantly obscure the picture.

Section 725.110(D)(1)(h) - Requirement: The ability to remain operational during a power outage.

Response: CommCan's video cameras will be supported by a backup generator, ensuring their ability to remain operational during a power outage.

Section 725.110(D)(1)(i) – Requirement: A video recording that allows for the exporting of still images in an industry standard image format, including .jpg, .bmp, and .gif. Exported video shall have the ability to be archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Exported video shall also have the ability to be saved in an industry standard file format that can be played on a standard computer operating system. All recordings shall be erased or destroyed prior to disposal.

Response: CommCan's surveillance system will allow for the exporting of still images in an industry standard image format, including .jpg, .bmp, and .gif. Exported video will have the ability to be archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Exported video will also have the ability to be saved in an industry standard file format that can be played on a standard computer operating system. All recordings will be erased or destroyed prior to disposal.

Section 725.110(D)(2) – Requirement: All security system equipment and recordings shall be maintained in a secure location so as to prevent theft, loss, destruction, and alterations.

Response: CommCan will maintain all security system equipment and recordings in a secure location so as to prevent theft, loss, destruction, and alterations. This will be a limited access area featuring electronic locks that allow restricted access to select authorized dispensary agents, such as the Chief Security Officer and Chief Executive Officer, as well as law enforcement authorities and the DPH.

Section 725.110(D)(3) – Requirement: In addition to the requirements listed in 105 CMR 725.110(D)(1) and (2), the RMD shall have a back-up alarm system, with all capabilities of the primary system, provided by a company supplying commercial grade equipment, which shall not be the same company supplying the primary security system.

Response: CommCan will have a back-up alarm system, with all capabilities of the primary system, which shall not be installed/monitored by the same company as the primary security system.

Section 725.110(D)(4) – Requirement: Access to surveillance areas shall be limited to persons that are essential to surveillance operations, law enforcement authorities acting within their lawful jurisdiction, security system service personnel, and the Department. A current list of authorized employees and service personnel that have access to the surveillance room must be available to the Department upon request. If on-site, surveillance rooms shall remain locked and shall not be used for any other function.

Response: CommCan's video surveillance system will have the capability to record, archive and play back video feed for a minimum of thirty (30) days. The system will be internet-based, providing greater flexibility, with the use of high-resolution megapixel cameras, and multiple streams for efficient operations and quick investigations. The electronic recording system hub and all recordings will be stored in a locked, tamper-proof compartment within the security viewing area. This will be a limited access area with entry restricted only to select authorized dispensary agents, such as the Chief Security Officer and Chief Executive Officer, as well as law enforcement authorities and the DPH. A current list of authorized employees and service personnel that have access to the surveillance room will be available to the DPH upon request.

Electronic locks will be used to secure the security viewing area, access will only be granted authorized dispensary agents.

Section 725.110(D)(5) – Requirement: All security equipment shall be in good working order and shall be inspected and tested at regular intervals, not to exceed thirty (30) calendar days from the previous inspection and test.

Response: CommCan will ensure all security equipment is in good working order via regular inspections and testing, not to exceed thirty (30) calendar days from the previous inspection and test.

REGISTERED MARIJUANA DISPENSARY TRANSPORTATION OF MARIJUANA AND MIPS

Section 725.110(E)(1) – Requirement: Only a dispensary agent may transport marijuana or MIPs on behalf of a RMD, whether between RMDs, RMD sites, or to registered qualifying patients or personal caregivers.

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Response: CommCan will use only highly trained dispensary agent couriers to transport marijuana or MIPs between RMDs, RMD sites, or to registered qualifying patients or personal caregivers.

Section 725.110(E)(2) - Requirement: A RMD shall:

- a) Weigh, inventory, and account for on video all marijuana to be transported prior to its leaving the origination location;
- b) Re-weigh, re-inventory, and account for on video all marijuana transported, within eight hours after arrival at the destination RMD except in the case of home delivery pursuant to 105 CMR 725.110(E)(11);
- c) Document and report any unusual discrepancy in weight or inventory to the Department and local law enforcement within twenty-four (24) hours;
- d) Complete a shipping manifest in a form and manner determined by the Department, for retention by the origination location, and carry a copy of said manifest with the products being transported; and
- e) Securely transmit a copy of the manifest to the receiving RMD prior to transport except in the case of home delivery pursuant to 105 CMR 725.110(E)(11).

Response: Orders received from the RMD to the cultivation site, and from qualifying patients, or personal caregivers for home delivery will be routed to a CommCan agent designated to processing orders for delivery. The agent will then package the order in a designated room within the RMD. When the order is complete, the agent will inform the courier of a delivery (which may or may not be the same calendar day).

A collaborative review by an agent designated to processing orders for delivery, and the courier is needed to review and crosscheck all products against the packaging invoice prior to packing the transportation box.

Each packaging invoice will contain the following information, which will be verified by both parties on video and signed off on by each party on the invoice copy:

- Quantity of product by variety and form (form relating to raw flower buds, concentrates or a particular MIP).
- Price per unit of each product.
- Date of delivery and estimated time of delivery.
- Product documentation on each variety shipped with laboratory testing results.
- The name (which must be initialed) by the designated agent who prepared and packaged the items being delivered.
- The name of the dispensary, phone number, designated agent name and agent's private cell phone number (in case of emergency) are listed on the invoice.

Once the verification is complete, the order will be placed in the transport box. The designated agent will then lock the transport box for delivery. A copy of the packaging invoice will accompany the transport.

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Section 725.110(E)(3) – Requirement: A RMD shall retain all shipping manifests for no less than one (1) year and make them available to the DPH upon request.

<u>Response</u>: CommCan will retain all packaging invoices (i.e., shipping manifests) for no less than one (1) year and will make them available to the DPH upon request.

Section 725.110(E)(4) - Requirement: A RMD shall ensure that marijuana is:

- a) Transported in a secure, locked storage compartment that is part of the vehicle transporting the marijuana;
- b) Not visible from outside the vehicle; and
- c) Transported in a vehicle that bears no markings that indicate that the vehicle is being used to transport marijuana nor indicates the name of the RMD.

Response: It is CommCan's policy to be as inconspicuous as possible when delivering product and to avoid drawing attention to any vehicle for the safety of the RMD, agents and our partner dispensary and patients. RMD vehicles will bear no markings that indicate that the vehicle is being used to transport marijuana nor indicates the name of the RMD. Additionally, vehicles with excessive bumper stickers, extra-large tires, tinted windows, unusual paint color, pinstriping, or raised chassis are not permitted to be used for transport, as they will only draw unwanted attention. Marijuana will be secured and transported so as not to be visible from outside the vehicle.

CommCan will use locked transport boxes to deliver products. The Chief Executive Officer and Chief Operating Officer will each have a set of keys, and a separate set will be given to the agent responsible for inventory and to courier(s), on an as-needed basis, for the purpose of home delivery. The couriers will deliver the product to the RMD, registered qualifying patient, or personal caregiver, who will unlock it in view of the agent receiving the deliver for the RMD, the registered qualifying patient, or personal caregiver and remove all items. This reduces liability on CommCan's part and circumvents agent theft of products.

CommCan will be using specially designed transport boxes with two separate embedded locks designed by security specialists. The transport boxes are designed to be the strongest and most durable in the industry. They are currently in use in industrial construction companies, and art and jewelry dealers for shipping precious cargo that requires ultimate security.

The transport box is constructed with heavily reinforced 16-gauge steel construction and a flat exterior, eliminating exposed handles. Dual locks are in recessed areas, making it impossible to attempt to cut locks off. Heavy-duty locking arms support the lid, and all hinges are welded on the inside of the box for extra security.

Locks are reinforced, and the laminated steel body adds strength and durability. Patented dual-locking levers offer added protection from prying and hammering, while the 7/16" hardened alloy shackle makes it tough to cut or saw off the box. Each lock is

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independent of the other and requires a separate key to open, thus preventing a lost key from opening the box.

The transport box will be stored within a secure, locked storage compartment that is part of the vehicle transporting the product.

During all transport, a high-powered GPS tracking device is placed inside the box and can be monitored in real-time on both the web and any smart phone that has internet and browser capability. In the unlikely event of a loss, CommCan can work in conjunction with law enforcement to trace the missing box. Due to the unique heavy-duty construction and locks, it would take several hours for any unauthorized person to get into the box, which is enough lead time to trace down the culprit using GPS.

Section 725.110(E)(5) – Requirement: Any vehicle transporting marijuana shall travel directly to the receiving RMD and shall not make any stops except in the case of home delivery pursuant to 105 CMR 725.110(E)(11). In case of an emergency stop, a detailed log must be maintained describing the reason for the event, the duration, the location, and any activities of personnel exiting the vehicle.

Response: CommCan couriers will travel directly to and from RMDs and patient homes with no stops permitted, except in the case of an emergency. In case of an emergency stop (such as those described above, as well as others), a detailed log will be maintained describing the reason for the event, the duration, the location, and any activities of personnel exiting the vehicle. Vehicles must have more than a half-tank of gas prior to departing the RMD. If the fuel level is less than half of a tank, the Couriers must stop and refuel prior to loading.

Section 725.110(E)(6) - Requirement: A RMD shall ensure that all delivery times and routes are randomized.

Response: CommCan policies regarding delivery schedules are as follows:

- Times for delivery are not set up on a weekly timed schedule. For security reasons, the days of the week and times are randomized to thwart any possibility of robbery.
- Delivery times are appointed according to courier schedules, and RMD and patient needs.
- Deliveries of product are not announced on any dispensary calendar, nor are they put into any online calendar for view by the general public.
- Delivery routes are randomized for security purposes. Prior to making the first delivery, it is the responsibility of the courier to do a "test-run" from the RMD on various streets to find potential routes that are efficient in traffic and well-traveled.
- Deliveries can only take place between 10 a.m. and 3 p.m. to avoid rush hour traffic and dispensaries' high-volume sales times.

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Section 725.110(E)(7) – Requirement: A RMD shall staff all transport vehicles with a minimum of two (2) dispensary agents. At least one (1) dispensary agent shall remain with the vehicle at all times that the vehicle contains marijuana.

Response: CommCan will staff the transportation service with a minimum of two (2) dispensary agents (Couriers). At least one (1) dispensary agent will remain with the vehicle at all times that the vehicle contains marijuana.

Section 725.110(E)(8) – Requirement: Each dispensary agent shall have access to a secure form of communication with personnel at the sending site at all times that the vehicle contains marijuana.

Response: Couriers will be required to carry smart phones such as iPhones, Androids, Blackberrys or other devices that have GPS technology and serve as a secure form of communication with the personnel at the sending site at all times that the vehicle contains marijuana. Should a dispensary agent not own a phone with these features, CommCan will provide a temporary-use phone to the courier.

Section 725.110(E)(9) – Requirement: Each dispensary agent shall carry his or her DPH-issued registration card at all times when transporting marijuana and shall produce it to the Department's authorized representative or law enforcement official upon request.

Response: Each of CommCan's couriers will carry his or her DPH-issued agent ID registration card at all times when transporting marijuana and will produce it to the DPH's authorized representative or law enforcement official upon request.

Section 725.110(E)(10) – Requirement: A RMD shall report to the DPH and local law enforcement any vehicle accidents, diversions, losses, or other reportable incidents pursuant to 105 CMR 725.110(F), that occur during transport, within 24 hours.

Response: CommCan will report to the DPH and local law enforcement any vehicle accidents, diversions, losses, or other reportable incidents pursuant to 105 CMR 725.110(F), that occur during transport, within twenty-four (24) hours. CommCan's security policies and procedures will contain detailed instructions for how couriers should respond if stopped by law enforcement, are involved in an accident, and/or experience diversion.

Section 725.110(E)(11) – Requirement: Home delivery of marijuana to a registered qualifying patient or a personal caregiver shall be conducted in accordance with 105 CMR 725.105(F) and 105 CMR 725.110(E).

Response: Arrival at the delivery destination will be carried out as follows:

• When the couriers are approximately five (5) minutes away from the delivery destination, courier two will telephone the registered qualifying patient or personal caregiver to inform them of the impending arrival and to alert any dispensary security team members of the arrival.

- At the moment of arrival, courier two will telephone the registered qualifying patient or personal caregiver to inform them of arrival.
- For home deliveries, the registered qualifying patient or personal caregiver will verify safety and direct courier two to exit the delivery vehicle.
- At this time, courier two will display the CommCan ID badge in plain view for verification to the registered qualifying patient or personal caregiver.
- Likewise, courier two will verify patient or caregiver credentials, including personal identification prior to removing the transport box from the vehicle.
- If there are any unfamiliar faces present, or if credentials do not match, the CommCan couriers will exit the premises and return to the delivery vehicle.
- After verification, courier two will remove the transport box from the vehicle and enter the delivery location.
- Courier two will call a designated agent of CommCan (e.g. security agent) and verify his/her safe arrival.
- Once safely inside, the courier will unlock the transport box.
- In the case of home delivery, courier two will provide the registered qualifying patient or personal caregiver with a copy of the packaging invoice. The patient or caregiver will verify the accuracy of the delivery as described on the packaging invoice, will initial each line item on the invoice, then place his/her full signature at the bottom of the invoice to indicate receipt of the merchandise as documented on the packaging invoice.
- All documentation will be placed back in the locked transport box to prevent document-tampering.
- Courier two will take the transport box back to the transport vehicle and return to CommCan.

Leaving the patient location will include the following process:

- Courier two will call CommCan to inform staff of a completed delivery and that the Courier is on route back to the RMD.
- Courier two will verify that the phone and GPS Tracking program are active for the return trip to CommCan.
- In the case of a home delivery, courier one will be notified by courier two to perform a security check of the immediate vicinity prior to courier two leaving the location with the empty transport box.
- Once courier one gives the all-clear signal to courier two, he/she will exit the location and place the transport box into the delivery vehicle.
- Once courier two is safely in the locked vehicle, he/she will telephone CommCan to inform them transport is ready to depart the location for the RMD.
- The couriers will return to CommCan using an approved randomized route without any stops.
- The couriers must telephone CommCan for any changes in the preplanned route back to the RMD.

• When the couriers are approximately five minutes from the RMD, Courier Two will telephone CommCan so that the designated agents can prepare for the delivery vehicle to arrive at the RMD.

Section 725.110(E)(12) – Requirement: Each vehicle used for transport of marijuana shall have a global positioning system monitoring device that is monitored by the RMD during transport.

Response: Couriers will be required to carry smartphones such as iPhones, Androids, Blackberrys or other devices that have GPS technology and serve as a secure form of communication with the personnel at the sending site at all times that the vehicle contains marijuana. Should a dispensary agent not own a phone with these features, CommCan will provide a temporary-use phone to the couriers.

The purpose of smart phones is to use the GPS Tracker application from an application such as AppBrain.com. The application will allow staff at the RMD to track routes used by the delivery couriers for expected arrival times at drop-off locations and in the case of an emergency. This is a safety measure for CommCan's staff and also a deterrent so that couriers do not take any unpermitted side trips.

INCIDENT REPORTING

Section 725.110(F)(1) – Requirement: A RMD shall immediately notify appropriate law enforcement authorities and the DPH within twenty-four (24) hours after discovering the following:

- a) Discrepancies identified during inventory, diversion, theft, loss, and any criminal action involving the RMD or a dispensary agent;
- b) Any suspicious act involving the sale of marijuana by any person;
- c) Unauthorized destruction of marijuana;
- d) Any loss or unauthorized alteration of records related to marijuana, registered qualifying patients, personal caregivers, or dispensary agents;
- 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 (8) hours; and
- g) Any other breach of security.

Response: CommCan will notify appropriate law enforcement authorizes and the DPH within twenty-four (24) hours after discovering incidents involving material inventory discrepancies, compromises to the RMD's security equipment, threats and acts of violence and security-related incidents such as theft, loss, vandalism, malicious or unauthorized use of company equipment or facilities, and allegations of employee misconduct.

Section 725.110(F)(2) – Requirement: A RMD shall, within ten (10) calendar days, provide written notice to the DPH of any incident described in 105 CMR 725.110(F)(1), by submitting an incident report in the form and manner determined by the DPH, which details the circumstances

of the event, any corrective actions taken, and confirmation that the appropriate law enforcement authorities were notified.

<u>Response:</u> Within ten (10) calendar days of an incident, as noted above, CommCan will submit an incident report detailing the circumstances of the event, any corrective actions taken, and confirmation that the appropriate law enforcement authorities were notified.

Section 725.110(F)(3) – Requirement: All documentation related to an incident that is reportable pursuant to 105 CMR 725.110(F)(1) shall be maintained by a RMD for no less than one year and made available to the Department and to law enforcement authorities acting within their lawful jurisdiction upon request.

Response: CommCan will maintain all documentation related to a reported incident for no less than one (1) year and will make this information available to the DPH and law enforcement authorities upon request.

SECURITY SYSTEM AUDIT

Section 725.110(G) – Requirement: A RMD must, on an annual basis, obtain at its own expense a security system audit by a vendor approved by the DPH. A report of such audit must be submitted, in a form and manner determined by the DPH, no later than thirty (30) calendar days after the audit is conducted. If the audit identifies concerns related to the RMD's security system, the RMD must also submit a plan to mitigate those concerns within ten (10) business days of submitting the audit.

Response: CommCan will undertake an annual security system audit using a DPH-approved vendor. The findings of this audit will be submitted to the Department no later than thirty (30) days after the audit is conducted. CommCan will also submit all necessary plans detailing how any findings will be mitigated within ten (10) business days of submitting the audit.

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Direct 978-750-4600 Toll Free 888-477-1122 Fax 978-777-2922

Re: Security Plan for Medical Marijuana Dispensary for CommCan, Inc.

International Protective Services, a division of Snyder Security Services, has been providing a variety of security services and products to Registered Marijuana Dispensaries, the Registry of Motor Vehicles, Boston School Department, Prisons and Courts, Insurance Companies, Partner Health Care, Mass General Hospital, Brigham & Women's Hospital, Hotels, Theatres, Education, Banking and Government Institutions and Executive Protection for nearly three decades to include security personnel, intrusion, video and access control systems, investigations, undercover shoppers, personal protection and security consulting with a strong presence in Massachusetts, Connecticut, Michigan, Virginia and Missouri.

We are pleased to be of assistance to CommCan, Inc. in their effort to establish a dispensary to distribute medically prescribed marijuana for authorized persons vetted by the Department of Public Health ("DPH"). We, as they, believe in the medical benefit to patients who suffer from extraordinary pain and lack of mobility due to debilitating illness, injury, radiation, whose illnesses severely hamper the normal course of family sharing and events from which they are deprived. We support the program authorized by the State that enables those so stricken and suffering to offer respite and comfort and be able to confront and bear the hardships of life.

It should be understood from the outset, that the Governing Body of the Town has a grave responsibility on behalf of its citizenry, whom they have sworn to protect and serve. They must take every precaution to ensure the safety of all within their jurisdiction. Therefore, CommCan, Inc. intends to fully respond to all recommendations by the Town and the Police Department to demonstrate their fullest cooperation as a business created only to serve registered patients who have been properly vetted by the DPH. All personnel who may be employed at the Dispensary will be first fully investigated to the satisfaction of the DPH and all activities conducted therein will be under the scrutiny of the DPH. All activities to include delivery of product from the cultivation facility to the purveying of product will be monitored and patients arriving will be limited to only a few at a time, most by appointment, who will be checked in by presenting the registration credential issued by the DPH to patients they have researched and approved and have issued their medical prescription and authorization to before being granted acceptance to the program. This must be an absolutely controlled procedure. It should be a pleasant visit and experience for the patient while obvious to all that the environment is under total control. CommCan, Inc. will undertake all suggestions made by the Town and will consistently demonstrate its full cooperation at all times and include the Town in the process of developing the dispensary and the intended security methodology to discourage, if not prevent, opportunities for theft,

diversion, or other incidents from occurring. The following recommended security systems and other safeguards are designed with these purposes in mind.

The facility in which the CommCan, Inc. dispensary will be located will incorporate all available elements of security to protect the public, the patients and the staff and be responsive to all Regulations mandated by the DPH. In order to accomplish this we offer the following recommendations, which contain rebuilding sections within and enhancing the appearance of the structure followed by varied electronic systems capable of detecting intrusions, panic alarms, both portable and fixed, motion activated video cameras, video storage of a minimum of 60 days before recording over images, remote access to video by authorized management, remote monitoring center, including police department, if requested, and an access control system limiting access to authorized personnel with the ability to detect and capture data to learn who attempted to gain access and where.

The Physical Dispensary

Signage will be kept to a minimum, will not appear garish and will comply with DPH guidelines.

There will be an arrival door which grants access to a limited number of patients and in some instances their care givers. Initially, it may prove desirable to schedule patients by appointment so that to many patients do not arrive in the same time frame and cause others to wait outside in inclement hot, cold or stormy weather.

An arriving patient may press the button which is monitored by the security officer positioned inside a control station. The officer will be able to view and speak directly to the person arriving, and upon an initial check of the person's registration card, and the arrival of expected patient due for that appointment period of time may allow the person into the entrance area.

Once inside the secured entrance area the patient will approach the window manned by the attendant to enable closer inspection of the patient's registration card. The card will be checked in the state wide system to ensure its validity and how much product the patient is entitled to purchase during this visit. The patient will be supplied a serving number and will be granted access into the viewing salon where there is seating and informational screens that inform the patients until called to a counter position.

A staff member will describe and show the products available to the patient who will indicate their choice and the amount they wish to order. The amount that the patient has received during the course of each month is accounted for locally, as well as on the statewide directory maintained by the DPH, to be certain the total for the month never exceeds the allocation permitted by the DPH, which is determined by staff before the order is accepted for processing.

All purchases made by, or for the patient by a registered care giver, are also reviewed via statewide active records to ensure that no product is ever released inadvertently in excess of the monthly amount authorized. The patient will retire to a waiting area while the order is processed and the data is verified at the state level.

Once cleared, the purchase will be appropriately packaged and scanned. The number assigned to the patient will be called and the patient will come to the desk/counter, where they will again be verified, and will proceed to sign for and pay the amount due before receiving the product. Once the

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transaction is completed the patient will be free to leave by the designated exit door. The posted security officer who is able to view the exterior via a video camera will release the door to permit the patient to exit the facility.

The counter area will be built to receive the patient's immediate product ordered and prepared from the storage area. All product, with the exception of that used to describe and educate patients, or product being ready for delivery to the patient, will not be visible and will be retained in a secured storage area. Neither this room, nor the product contained within, will be visible from the salon area and may be accessed by authorized staff only. A secure vault door will be installed at the entrance to the storage area and will be accessible only to key personnel.

The overall presence will be pleasant, modern, with soft lighting and comfortable seating, with internal windows, dividing partitions, and perimeter windows converted to bullet resistant glass. Natural wood and warm colors will present a comfortable environment for both patients and staff. The demeanor of staff and the atmosphere will be one of friendly, helpful, professional environment. The exterior windows will be tinted to allow natural lighting to be enjoyed from within but not permit viewing the interior from the exterior. A welcoming entrance door will be visible from the front exterior with an emergency exit door from the front, or side, depending upon final internal configuration.

There will be two additional apertures to the rear. One will be structured as an emergency exit while the other will be used to permit delivery and pickup of product. Both of these doors will be of metal. The door used to receive product or other materials will possess a video capability to permit the security officer to view who is at the door while viewing the extended rear portion of the building. An overhang will be erected at the rear access door to protect vehicles and attending personnel while making deliveries or receiving product from inclement weather. This entrance will be utilized for deliveries, contractors and vendors. They will be seen and vetted by the security officer before being granted access and escorted while on the premises.

The internal control room, where video NVR, access control and intrusion controls are located, will have solid reinforced walls and will be accessible only by authorized contractors escorted by management.

Rest room facilities for staff and visitors will be handicapped accessible as will building access. Staff will be trained to respond to a visitor's medical condition, by administrating first aid while waiting for fire or medical response.

Developments for Approval

- Architectural plans for the facility will be presented for approval by the Framingham authorities.
- * A fire protection and sprinkler system will be presented to the Framingham Fire department for their approval before installation is permitted.
- The intrusion, video and access control systems will be presented to the Police Department for approval.

- * The DPH will be consistently monitoring every aspect of the operation at all times
- * Whereas, the Framingham Police Department will be first responder to intrusion and other alarms, a Framingham Police Officer will be employed to stand post at the facility to project a protective police presence for a reasonable period of time after initial opening of the facility.

Intended Security Systems

Intrusion System

The intrusion system will consist of installing sensors on all exterior doors, as well as interior doors, with sensors strategically placed on walls and windows to detect efforts to enter the premises. Motion sensors will be installed in each separate area of the facility to detect anyone, or anything, entering or moving within. Motion sensors will be installed between the internal ceilings and roof of facility in the event any effort is made to enter the building through the roof.

A siren will be mounted securely to serve as warning that an unauthorized entrance has been detected.

A control panel will be installed in the vicinity of the exit door which, upon entry, will provide a reasonable delay to allow turning the system on or off upon departure or arrival. Persons with authority to open and close the facility will have different access numbers in the event it becomes vital to know who accessed the panel. The control system operating and sustaining the alarm system will be in a separate secured portion of the vault in which product is secured. Power for the system will be furnished by local electrical power that is backed up by generator and battery.

Two independent intrusion systems will be installed simultaneously but operate independently according to mandate by the DPH, which requires two separate redundant intrusion systems to be installed so that one will be able to function, even if the other should fail.

The alarm signal will be transmitted to the alarm company, which will notify CommCan, Inc. management, their security director, and the police department. If preferred, CommCan. Inc. offers to have the alarm signal forwarded directly to the police dispatch center, however, we caution against this because of possible false alarms.

Video substantiation, or notification by alarm central station, will be forwarded to the Framingham Police Department.

Portable alarm transmitters will be assigned to management and security to be able to send request for emergency response by a single press of the transmitter.

Video System

Internally, there will be installed motion activated, high resolution cameras throughout the facility. The interior will have total coverage of the sales area, preparation area, receiving area, shipping area, processing area, vault area, as well as entrance, exits and waiting areas. Video will be stored to a hard disk and retained for a minimum of 60 days.

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Externally, there will be provided a series of wide angled cameras installed so their field of view covers all sides of the facility to include the entrance to the building, the exit doors, the rear door servicing employees, authorized vehicles which are viewed during operating hours by the security officer on duty, and which completely covers the circumference of the building. Additional cameras will be situated at the two points of egress (Worcester Road and Beacon Street) to capture license plate numbers of vehicles entering and exiting the property.

Any effort to breach the building will be recorded and retained. Video controls and recording disks will be located in a secured control room. Cameras will be set to send a short segment of video to alert authorized personnel of the physical presence of an intruder while they continue to record activities generated by an intrusive presence.

Management, executives and the security director of CommCan, Inc. and security officers on duty will be permitted to view camera areas of choice providing they are granted access. Authorized persons may view cameras of choice from their computers, tablets, or phones.

Access Control System

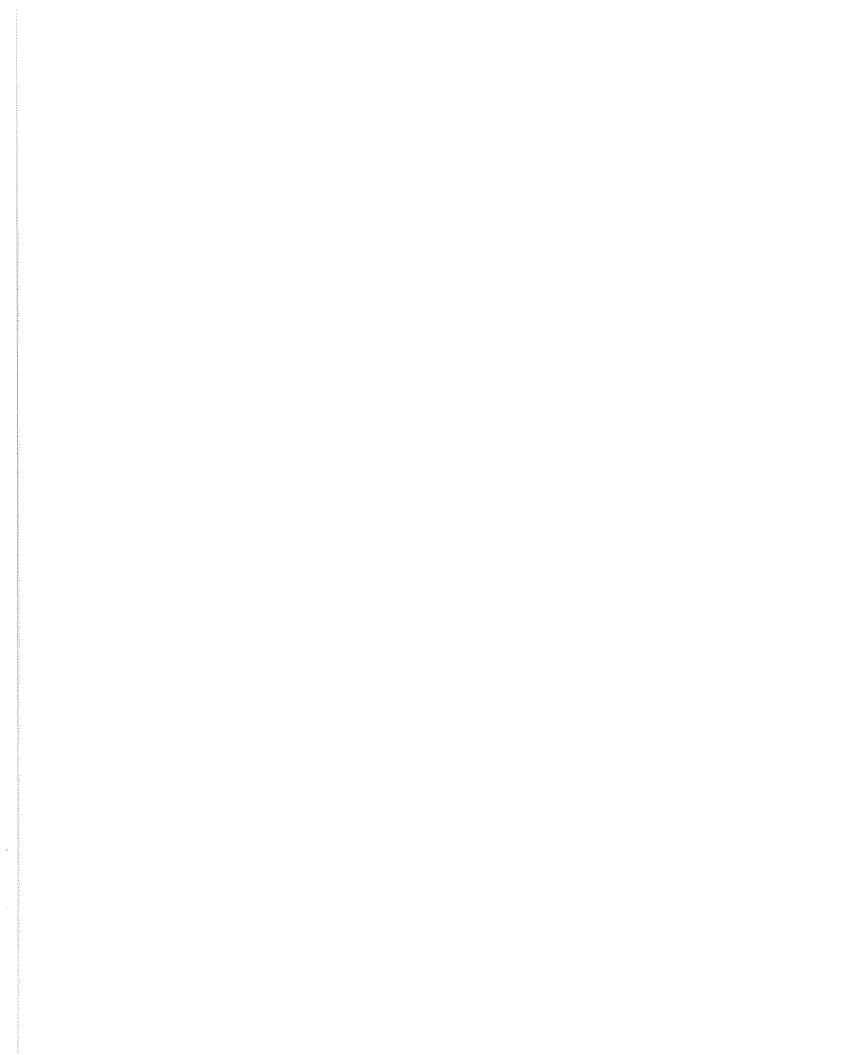
An access control system will be installed that will permit staff to gain entrance to specific doors to which they will require access. The system will report any effort made by any employee who attempts to use their access card at a door to which they are not granted access. It will also keep track of which doors were used by staff throughout the week. Access cards can only be used to access specific doors at the times granted.

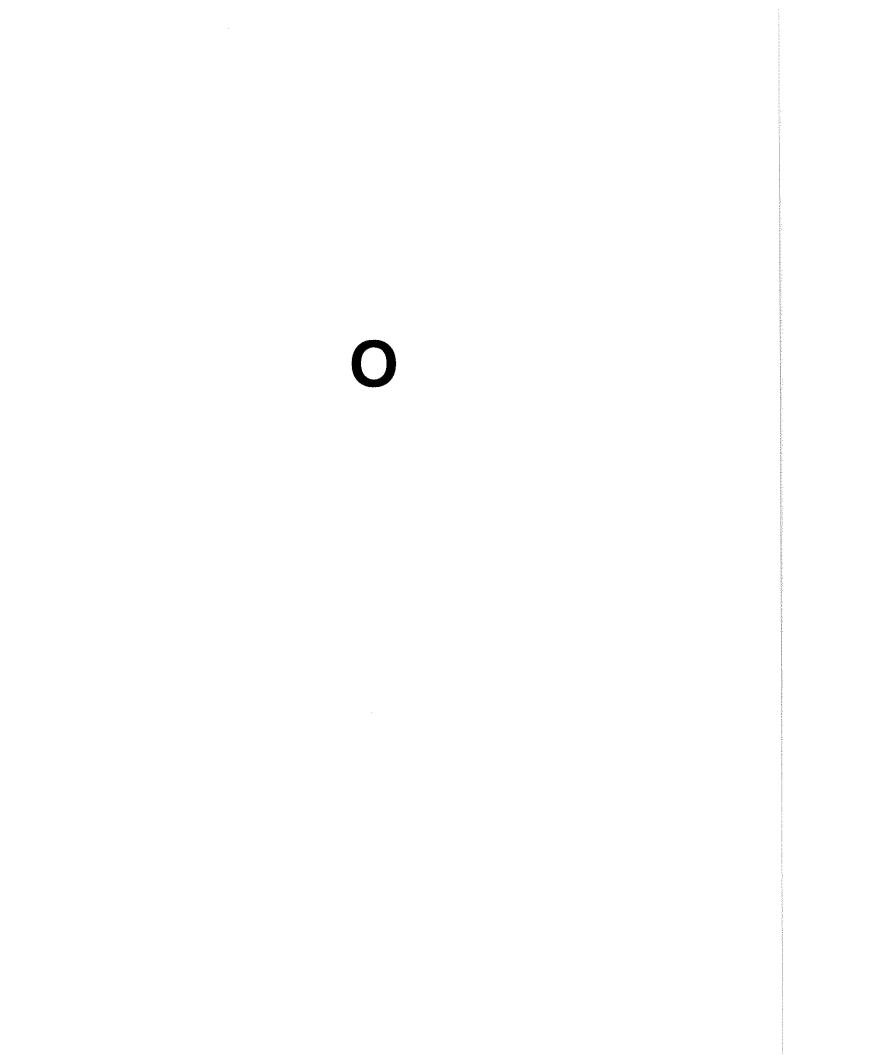
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With best wishes for your success in this worthy and valued undertaking, I remain

Sincerely yours,

Josephe Snyder Joseph S. Snyder, CEO





SECTION C: LETTER OF SUPPORT OR NON-OPPOSITION

Attach a letter of support or non-opposition, using one of the templates below (Option A or B), signed by the local municipality in which the applicant intends to locate a dispensary. The applicant may choose to use either template, in consultation with the host community. If the applicant is proposing a dispensary location and a separate cultivation/processing location, the applicant must submit a letter of support or non-opposition from both municipalities. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality; or (b) the City Council, Board of Alderman, or Board of Selectmen for the desired municipality. The letter of support or non-opposition must contain the language as provided below. The letter must be printed on the municipality's official letterhead.



TOWN OF FRAMINGHAM

Memorial Building, 150 Concord Street, Room 121, Framingham, MA 01702 508-532-5400 | 508-532-5409 (fax) | rhalpin@framinghamma.gov | www.framinghamma.gov

Town Manager Robert J. Halpin

Assistant Town Manager James P. Duane Board of Selectmen Charles J. Sisitsky, Chair Michael J. Bower, Vice Chair Laurie Lee, Clerk Jason A. Smith Cheryl Tully Stoll

October 20, 2015

Marc Rosenfeld CommCan, Inc. 730 Main Street Millis, MA 02054

Dear Mr. Rosenfeld:

The Framingham Board of Selectmen does hereby provide support to CommCan, Inc. to operate a Registered Medical Marijuana Dispensary at 331 Worcester Road in Framingham. I have been authorized to provide this letter on behalf of the Board of Selectmen by a vote of four in favor and one opposed at a duly noticed meeting on September 1, 2015.

The Board of Selectmen has verified with the appropriate local officials that the proposed RMD facility at 331 Worcester Road is located in a zoning district that allows such use by right or pursuant to local permitting.

Sincerely

Robert Halpin Town Manager

RJH/cmb

CC

Board of Selectmen Kenneth Ferguson, Chief of Police Michael Tusino, Building Commissioner Board of Health Amanda Loomis, Planning Board Administrator



TOWN OF MILLIS

Christopher J. Smith, Chairman James G. Neville, Vice Chairman James J. McCaffrey, Clerk

OFFICE OF THE BOARD OF SELECTMEN

Veterans Memorial Building 900 Main Street • Millis, MA 02054 Phone: 508-376-7040

Phone: 508-376-7040 Fax: 508-376-7053 Charles J. Aspinwall Town Administrator caspinwall@millis.net

Karen M. Bouret Operations Support Manager kbouret@millis.net

August 4, 2015

Department of Public Health Medical Use of Marijuana Program RMD Applications 99 Chauncy Street, 11th Floor Boston, MA 02111

Re: CommCan, Inc. Application to Operate Registered Marijuana Dispensary in Millis, MA

Dear Sir or Madam,

The Millis Board of Selectman does hereby provide its support to CommCan, Inc. to operate a Registered Marijuana Dispensary in Millis. I have been authorized to provide this letter on behalf of the Board of Selectmen by a vote taken at a duly noticed meeting held on August 3, 2015.

The Board of Selectmen has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use pursuant to local permitting.

Sincerely,

Christopher J. Smith, Chairman Millis Board of Selectmen

The Town of Millis is an equal opportunity employer.

Board of Selectmen

John A. Foresto, Chair Maryjane White, Vice-Chair Richard A. D'Innocenzo, Clerk Slenn D. Trindade Dennis P. Crowley



Medway Town Hall 155 Village Street Medway, MA 02053 Phone (508) 533-3264 Fax (508) 321-4988

TOWN OF MEDWAY COMMONWEALTH OF MASSACHUSETTS

July 6, 2015

Department of Public Health Medical Use of Marijuana Program RMD Applications 99 Chauncy Street, 11th Floor Boston, MA 02111

Re: CommCan, Inc. Application to Operate Registered Marijuana Dispensary in Medway

Dear Sir or Madam,

The Medway Board of Selectmen does hereby provide its support to CommCan, Inc. to operate a Registered Marijuana Dispensary in Medway. I have been authorized to provide this letter on behalf of the Board of Selectmen by a vote taken at a duly noticed meeting held on July 6, 2015.

The Board of Selectmen has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use pursuant to local permitting.

Sincerely,

John Foresio, Chairman Medway Board of Selectmen