



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
THERAPEUTIC CANNABIS PROGRAM

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Designated Caregiver's
Attestation of No Felony Conviction

I, _____, have not been convicted of a felony
(*print first and last name*)

offense in this or any other state. I understand that any false statements made on this form are punishable as unsworn falsification under RSA 641:3.

Signature: _____ Date: _____

Instructions

- Complete this form if you are applying to be a Caregiver and are using an older version of the Caregiver Application, the Minor Patient Application, or the Guardianship Application (older versions include anything earlier than a 7/22 Version date in the bottom left corner of the application). These older versions of the applications do not have the required Attestation of No Felony Conviction on page 3.