



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

Lori A. Weaver
 Commissioner

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 Director

29 HAZEN DRIVE, CONCORD, NH 03301
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WRITTEN CERTIFICATION WITHDRAWAL

A certifying provider may rescind or withdraw a Written Certification which the provider previously issued, for cause. [See RSA 126-X:4, IX(b); He-C 401.06(f)]

Mail or fax this completed form to: NH Department of Health and Human Services
 Therapeutic Cannabis Program
 29 Hazen Drive
 Concord, NH 03301
Fax: (603) 271-8134

Please type or print clearly.

Patient Name: _____

Patient Date of Birth: _____

Certifying Provider Name: _____

Practice Phone Number: _____

Statement of Withdrawal

I hereby withdraw the Written Certification for the Therapeutic Use of Cannabis issued by me for the Qualifying Patient listed above because I have determined that this patient:

- No longer has a qualifying medical condition
- Should discontinue using cannabis
- Falsified information that was the basis of the Written Certification
- Did not adhere to the treatment plan
- Should no longer be certified for the therapeutic use of cannabis for another compelling reason:

Signature of Certifying Provider

Date