



New Hampshire Syringe Services Program Registration Form

Registration Date: ____ / ____ / ____

- Organizations operating syringe services programs in New Hampshire must register with the department of health and human services and confirm registration annually on or before November 1 of each subsequent year.
- Organizations operating syringe services programs must report syringe services program activities to the department quarterly. A report format for this purpose will be provided by the department. For questions about this form, call the Bureau of Infectious Disease Control at 603-271-4496.

Organization Information

Name _____

Address _____ City/Town _____ State _____ Zip _____

Organization Phone Number: _____ Email: _____

Primary Contact Person Name: _____

Phone Number: _____ Email: _____

Secondary Contact Person Name: _____

Phone Number: _____ Email: _____

Planned days/hours of operation: _____

Organization Type

- | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Federally-Qualified Health Center | <input type="checkbox"/> Community Health Center |
| <input type="checkbox"/> Public Health Network | <input type="checkbox"/> AIDS Service Organization |
| <input type="checkbox"/> Substance Misuse Support or Treatment Organization | <input type="checkbox"/> Community-Based Organization |

Syringe Services Offered

Sterile needle and syringe distribution	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Used needle and syringe disposal	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Risk reduction counseling and education	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Condoms distribution	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
HIV screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
STD screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Hepatitis B screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Hepatitis C screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Tuberculosis screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Naloxone dispensing	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Hepatitis A and B vaccination	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Medical and mental health care	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Substance use disorder treatment	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred

Submit completed registration form by email or fax to:
FAX: (603) 271-0545 Email: nhbidc@dhhs.nh.gov