



Lori A. Shibinette  
Commissioner

Lisa M. Morris  
Director

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

29 HAZEN DRIVE, CONCORD, NH 03301-3857  
603-271-9333 1-800-852-3345 Ext. 9333  
TDD Access: 1-800-735-2964  
email: [TCP@dhhs.nh.gov](mailto:TCP@dhhs.nh.gov)

Application for the Therapeutic Use of Cannabis:  
**DESIGNATED CAREGIVER**

**APPLICATION INSTRUCTIONS**

Information about the Therapeutic Cannabis Program, including the law ([RSA 126-X](#)), the rules ([He-C 400](#)), and all required forms, is available on the Program’s website at: <http://www.dhhs.nh.gov/oos/tcp/index.htm>

1. Read the “General Program Information” at the end of this application packet.
2. Type or print in ink on this application form. All acknowledgements and certifications on the application that require signature or initials must be completed in ink. Photocopies or faxed copies of the application will not be accepted.
3. Complete ALL information on the Application form.
4. **Submit with this Application:** A \$50 application fee: **(FEE TEMPORARILY WAIVED until end of State of Emergency)**
  - A check or money order made payable to “Treasurer, State of New Hampshire” in the amount of \$50.
  - The Program cannot accept cash, credit cards, or installment payments.
  - All application fees are non-refundable.

5. Mail or hand-deliver the following:

Required Documents:	To This Address:
<input type="checkbox"/> A completed Designated Caregiver Application <input type="checkbox"/> Application fee (see 4 above) <b>(FEE TEMPORARILY WAIVED)</b> <input type="checkbox"/> “Attestation of No Felony Conviction” form <b>(Renewal Only)</b> <b>(See 6 below for Initial application)</b>	NH Department of Health and Human Services Therapeutic Cannabis Program 29 Hazen Drive Concord, NH 03301

6. **Criminal Background Check Required.**

- For an initial application, you will need to have the results of a criminal history records check released to the Program before your application will be considered complete. Please see the “General Program Information” and the “Criminal History Record Information Authorization” form at the end of this application packet for specific instructions regarding the state and federal background check, which requires you to be fingerprinted.
- For a renewal application, a new criminal history records check is not required. Instead, you must submit a signed “Designated Caregiver’s Attestation of No Felony Conviction” form, at the end of this application packet. If there is a lapse in your registration of more than 6 months, the results of a new criminal history records check are required.

7. In order for your application to be complete, your patient must designate you as a caregiver on the Patient Application or on the “Caregiver Designation/Removal” form, and your patient must be approved and be issued a Registry ID Card.

8. Application processing:

- a. Application processing takes up to 3 weeks.
  - The Program will approve or deny a complete application within 15 days of receipt.
  - The Program will issue a Registry ID Card within 5 days of approval.
- b. Incomplete applications:
  - You will be notified in writing within 10 business days if an application is incomplete.
  - You will be asked to submit the missing information/documentation within 30 days from the date of the notice.
  - If you don’t provide the missing information or documentation within 6 months of the notice, your application will be closed and you will need to reapply by submitting ALL required application materials.
  - The processing times listed in 8a above will begin when the application is complete.



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**RSA 126-X:4, VI – NOTICE EXPLAINING FEDERAL LAW  
ON THE POSSESSION OF CANNABIS**

RSA 126-X, Use of Cannabis for Therapeutic Purposes creates an exemption in state law from criminal penalties for the therapeutic use of cannabis provided that its use is in compliance with RSA 126-X. State law does not exempt a person from federal criminal penalties for the possession of cannabis.

The federal administration has expressed its intention not to pursue or target patients and their caregivers who possess or use small amounts of cannabis for therapeutic use who are part of and compliant with a well-regulated state therapeutic cannabis program. However, federal law does not allow for the medical or therapeutic use of cannabis, and the federal government can enforce federal cannabis laws anywhere in the United States, including in states that allow the therapeutic use of cannabis. Federal criminal penalties for the possession of cannabis, in any amount, range from misdemeanors to felonies, and may include incarceration and fines.

To decrease the risk of any federal law enforcement action, patients and caregivers should know and abide by New Hampshire law with regard to the possession and use of therapeutic cannabis at all times.

**OTHER FEDERAL IMPLICATIONS**

Qualifying patients who use cannabis may be denied rights and privileges by federal agencies including, but not limited to, the loss of rights related to employment such as driving a commercial vehicle, the inability to pass a security clearance, the denial or loss of federal housing, and the loss of rights to own, possess, or purchase a firearm and/or ammunition. (See below for more information on the federal firearms restriction.)

**FEDERAL FIREARMS NOTICE**

The U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) has directed federal firearms licensees, in an open letter issued in 2011, not to transfer firearms or ammunition to users of a controlled substance, including marijuana, regardless of whether their state has passed legislation authorizing marijuana use for medicinal purposes. According to the federal directive, any user of marijuana “is an unlawful user of or addicted to a controlled substance, and is prohibited by Federal law from possessing firearms or ammunition.”

If a federal firearms licensee is aware that a person is in possession of a card authorizing the possession and use of marijuana under state law, that licensee has “reasonable cause to believe” that the person is an unlawful user of a controlled substance, and may not transfer firearms or ammunition to that person, even if the person answered “no” to question 11.e on ATF Form 4473. Note that this federal form was revised effective October 2016 to include specific reference to state marijuana laws.

Link to ATF open letter: <https://www.atf.gov/file/60211/download>

Link to ATF Form 4473: <https://www.atf.gov/file/61446/download>

## DESIGNATED CAREGIVER APPLICATION FOR THE THERAPEUTIC USE OF CANNABIS

**Instructions:** Complete pages 1 and 3 of this form. Complete page 2 only if you will be the Designated Caregiver for more than one Qualifying Patient. Type or print in ink your responses on this form.

### DESIGNATED CAREGIVER INFORMATION

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	If an initial application, have you sent the Criminal Record Authorization Form and the required fee to the NH Department of Safety? Yes No		
<b>Name</b>	First	Last	Middle
<b>Mailing Address</b>	Street/P.O. Box		
	City	State	Zip Code
<b>Physical Address</b>	(If different than mailing address)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>Phone Number</b>	
<b>E-Mail Address (optional)</b>			

### QUALIFYING PATIENT INFORMATION

**Provide information about the Qualifying Patient for whom you will be serving as a Designated Caregiver**

<b>Name</b>	First	Last	Middle
<b>Mailing Address</b>	Street/P.O. Box		
	City	State	Zip Code
<b>Physical Address</b>	(If different than mailing address) (If patient is experiencing homelessness, this is not required)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>Phone Number</b>	
<b>E-Mail Address (optional)</b>			
<b>Alternative Treatment Center</b>	Check the box of the ATC selected by this Qualifying Patient. Check only one box. <input type="checkbox"/> Dover – Temescal Wellness <input type="checkbox"/> Merrimack – Prime Alternative Treatment Centers of NH <input type="checkbox"/> Lebanon – Temescal Wellness <input type="checkbox"/> Plymouth / Conway – Sanctuary ATC		

## ADDITIONAL QUALIFYING PATIENT INFORMATION – OPTIONAL

**You may be the Designated Caregiver for up to five Qualifying Patients. (See the “General Program Information” at the end of this application packet for an exception to this limit.)**

**Provide information about the Qualifying Patient for whom you will be serving as Designated Caregiver**

<b>Name</b>	First	Last	Middle
<b>Mailing Address</b>	Street/P.O. Box		
	City	State	Zip Code
<b>Physical Address</b>	(If different than mailing address) (If patient is experiencing homelessness, this is not required)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>Phone Number</b>	
<b>E-Mail Address (optional)</b>			
<b>Alternative Treatment Center</b>	Check the box of the ATC selected by this Qualifying Patient. Check only one box. <input type="checkbox"/> Dover – Temescal Wellness <input type="checkbox"/> Merrimack – Prime Alternative Treatment Centers of NH <input type="checkbox"/> Lebanon – Temescal Wellness <input type="checkbox"/> Plymouth / Conway – Sanctuary ATC		

**Provide information about the Qualifying Patient for whom you will be serving as Designated Caregiver**

<b>Name</b>	First	Last	Middle
<b>Mailing Address</b>	Street/P.O. Box		
	City	State	Zip Code
<b>Physical Address</b>	(If different than mailing address) (If patient is experiencing homelessness, this is not required)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>Phone Number</b>	
<b>E-Mail Address (optional)</b>			
<b>Alternative Treatment Center</b>	Check the box of the ATC selected by this Qualifying Patient. Check only one box. <input type="checkbox"/> Dover – Temescal Wellness <input type="checkbox"/> Merrimack – Prime Alternative Treatment Centers of NH <input type="checkbox"/> Lebanon – Temescal Wellness <input type="checkbox"/> Plymouth / Conway – Sanctuary ATC		

**ADDITIONAL QUALIFYING PATIENTS MAY BE ADDED  
BY COMPLETING ADDITIONAL COPIES OF THIS PAGE**

## THERAPEUTIC CANNABIS PROGRAM ACKNOWLEDGEMENTS

**The applicant must initial each paragraph to acknowledge his or her understanding of the information.**

Initials	
	I understand that my Registry Identification Card is valid for one year, unless a shorter duration is indicated. I must renew my Registry Identification Card every year by submitting another application and paying a \$50 fee.
	I understand that if I am notified of a denial, I have 30 days to appeal this decision from the time I receive notice of the denial, and that if a request for a hearing is not made within that timeframe then I will be deemed to have waived my right to a hearing and the action of the Department shall become final.
	I understand that if my application is approved, I may not possess, between myself and my Qualifying Patient(s), more than two ounces of usable cannabis per Qualifying Patient.
	I understand that as a Designated Caregiver I am not permitted to use therapeutic cannabis, unless I am also a Qualifying Patient, and may be subject to criminal penalties if I do so.
	I understand that as a Designated Caregiver I am not permitted to possess any cannabis for purposes other than its therapeutic use as permitted by RSA 126-X.
	I understand that if my application is approved, I may not be in possession of therapeutic cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.
	I understand that in the event of my Qualifying Patient's death, I will, within five days of his or her death: (1) notify the Program of his or her death; and (2) either request that the local law enforcement agency remove any remaining cannabis or dispose of the remaining cannabis in a manner that is specified in RSA 126-X:2, XIV.
	I understand that if I am found to be in possession of therapeutic cannabis outside of my home and I am not in possession of my Registry Identification Card, I may be subject to a fine of up to \$100.
	I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined \$500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement officer or for the use of cannabis other than use undertaken pursuant to RSA 126-X.
	I understand that the protections conferred by RSA 126-X for the therapeutic use of cannabis are applicable only within New Hampshire.
	I understand that I must be in compliance with RSA 126-X, Use of Cannabis for Therapeutic Purposes, and with administrative rules adopted thereunder, and that the Department may revoke my Registry Identification Card for any violation of any provision of RSA 126-X or any violation of the administrative rules adopted thereunder.
	I understand that by using therapeutic cannabis my Qualifying Patient may be denied rights and privileges by federal agencies including, but not limited to, the loss of rights related to employment such as driving a commercial vehicle, the inability to pass a security clearance, the denial and loss of federal housing, and the loss of rights to own, possess, or purchase a firearm and/or ammunition.

### CERTIFICATION AND NON-DIVERSION PLEDGE

I, hereby, agree to act as the Designated Caregiver for the Qualifying Patient(s) named in this Application, and I certify that the facts as stated in this Application are accurate to the best of my knowledge and belief. I understand that any false statements made on this Application are punishable as unsworn falsification under RSA 641:3.

I, hereby, pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X and acknowledge that diversion of cannabis is punishable as a class B felony and will result in revocation of my Registry Identification Card, in addition to other penalties for the illegal sale of cannabis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# THERAPEUTIC CANNABIS PROGRAM – GENERAL PROGRAM INFORMATION

## ***Minimum Requirements to Become a Designated Caregiver***

- You must be at least 21 years old.
- You must never have been convicted of a felony.
- You must be designated as a caregiver on your patient's application, and that patient must be approved for the Program.

## ***Criminal History Records Check***

Your initial application will not be considered complete until the NH Division of State Police, Department of Safety, has released the results of state and federal criminal history records check to the Program. This background check requires you to be fingerprinted, and to pay an additional fee to the NH Division of State Police. Conducting the criminal records check can sometimes be a lengthy process. It is advisable to begin the criminal history records check process prior to submitting your application to the Program.

- Follow the instructions on the second page of the "Criminal History Record Information Authorization for Therapeutic Cannabis" form, which is attached to the end of this application packet and available on the Program's website. *Effective July 1, 2019, this form does not need to be notarized. An updated form will be made available.*
- The Division of State Police will conduct a criminal history records check through its records and through the Federal Bureau of Investigation records, and upon completion of the records check, will release a copy of your criminal history record to the Program.
- In the event that, after two attempts, your electronic fingerprints are invalid due to insufficient pattern, the Program may, in lieu of a criminal history records check, accept police clearances from every city, town, or county where you have lived during the past five years. You will need to work with the Division of State Police to obtain these clearances.

## ***Number of Qualifying Patients Allowed***

You may be the Designated Caregiver for up to 5 Qualifying Patients. An exception to this limit is if both you and any Qualifying Patients over and above five live more than a 50-mile drive from the nearest Alternative Center (ATC), in which case you may be the Designated Caregiver for up to nine Qualifying Patients. For example, if you want to have six Qualifying Patients, both you and at least one of the six Qualifying Patients must live more than a 50-mile drive from the nearest ATC.

## ***Designated Caregiver List of Qualifying Patients***

The Program will provide you with a current list of Qualifying Patients for whom you serve as Designated Caregiver. The Program strongly advises that you carry this document with you when transporting or possessing therapeutic cannabis. The information contained in the document is confidential; however, it may be shared with law enforcement officers.

## ***Compensation***

A Designated Caregiver may receive compensation from your Qualifying Patient for actual costs, such as gas, tolls, and the costs of any cannabis products purchased, but not for any time or labor associated with assisting your Qualifying Patient(s) with their therapeutic use of cannabis.

## ***Confidentiality***

The Program will maintain the confidentiality of all personal information about applicants, Qualifying Patients, Designated Caregivers, and certifying medical providers submitted to the Program and contained in the confidential Registry database. Local and state law enforcement officers, however, are allowed to receive limited information from the Registry if a person has been arrested or detained, or when there is probable cause to believe either cannabis is possessed at a specific address or by a specific individual.

## ***Renewals***

A Designated Caregiver's Registry ID Card is effective for one year. There is not a separate renewal application form. Submit your renewal application materials at least 30 days prior to your card's expiration to prevent a lapse in your registration. For a renewal, a new criminal records check is not required. Instead, you must submit a signed "Designated Caregiver's Attestation of No Felony Conviction" which is available on the Program's website. If there is a lapse in your registration of more than 6 months, a renewal application will be considered an initial application and you will be required to have the results of a new criminal history records check released to the Program.

## GENERAL PROGRAM INFORMATION (Continued)

### ***Alternative Treatment Centers***

On your application you are required to indicate the Alternative Treatment Center (ATC) that has been selected by your Qualifying Patient. You may purchase cannabis for that patient only from the ATC that the Qualifying Patient has selected. Your Qualifying Patients are not required to select the same ATC. Qualifying Patients may change their ATC at any time, and you will be notified of such changes.

The ATCs in New Hampshire are as follows:

- **Prime Alternative Treatment Centers of NH**, with a dispensary located in **Merrimack**.  
380 Daniel Webster Highway, Merrimack, NH 03054  
Website: [www.primeatc.com](http://www.primeatc.com). Email: [info@primeatc.com](mailto:info@primeatc.com). Phone: (603) 262-5035
- **Sanctuary ATC**, with dispensaries located in **Plymouth** and **Conway**.  
568 Tenney Mountain Highway, Plymouth, NH 03264  
234 White Mountain Highway (Route16), Conway, NH 03818  
Website: [www.sanctuaryatc.org](http://www.sanctuaryatc.org). Email: [info@sanctuaryatc.org](mailto:info@sanctuaryatc.org). Phone: (603) 346-4619  
*Note:* The Plymouth and Conway dispensaries are considered to be the same ATC. Your patient selecting Sanctuary ATC allows you to go to both locations.
- **Temescal Wellness**, with dispensaries located in **Dover** and **Lebanon**.  
367 Route 120, Unit E-2, Lebanon, NH 03766  
26 Crosby Road, Units 11-12, Dover, NH 03820  
Website: [www.temescalwellness.com](http://www.temescalwellness.com). Email: [info@temescalwellness.com](mailto:info@temescalwellness.com). Phone: (603) 285-9383  
*Note:* The Dover and Lebanon dispensaries are considered separate ATCs. Your patient selecting one location does not allow you to go to the other location.

**In response to the COVID-19 pandemic,  
the following temporary changes apply to DESIGNATED CAREGIVERS**

***TCP waives the DESIGNATED CAREGIVER application fee.*** The Therapeutic Cannabis Program is encouraging patients to designate a caregiver so that if patients become sick and cannot safely and responsibly access their ATC, they will have an alternative way of acquiring therapeutic cannabis, via their Designated Caregiver. To that end, the TCP is waiving the Designated Caregiver application fee until the end of the declared State of Emergency.

Note that the fee required by the Department of Safety for the criminal background check is not being waived at this time.

***Criminal History Record Checks for DESIGNATED CAREGIVERS.*** Requests for criminal history record checks may be conducted remotely (via regular mail), and the requirement for **FBI fingerprinting has been deferred** until after the State of Emergency has ended.

- State background check is still required.
- Federal FBI background check, and fingerprinting, is temporarily deferred.
- Fingerprinting will be required within 30 days of the State of Emergency ending.

To request a state criminal history records check:

- Complete the "Criminal History Record Authorization - Therapeutic Cannabis" form (see next page).
- Mail the completed form, and a check or money order for \$25.00, made out to "State of NH – Criminal Records," to:

New Hampshire State  
Police Criminal Records Unit  
33 Hazen Drive  
Concord, NH 03305

TCP will notify you after the State of Emergency has ended that the requirement for fingerprinting has been reinstated.

***September 2020 Update.*** The NH State Police has restarted fingerprinting on a "voluntary" basis. The Governor's Executive Order is still in place, and the fingerprinting requirement is still deferred, but now, applicants may choose to be fingerprinted. Please call 603-223-3867 to schedule an appointment at one of the NH Department of Safety's fingerprint locations.



# State of New Hampshire

## Criminal Records Unit

Department of Safety  
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

### THERAPEUTIC CANNABIS PROGRAM – RSA 126-X:4,8

**This form is for DESIGNATED CAREGIVERS and ATC AGENTS only.**

**If you are applying to be a QUALIFYING PATIENT you DO NOT need to undergo a criminal history record check.**

Please check one box:  Designated Caregiver  ATC Agent (ATC Name \_\_\_\_\_)

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual for whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed.

#### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  Male  Female

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:13

#### SECTION II (PLEASE PRINT CLEARLY)

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Name/Entity NH Department of Health and Human Services – Therapeutic Cannabis Program

Address 29 Hazen Drive City Concord State NH Zip 03301

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature NOT APPLICABLE

(Affix seal)

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

#### FEES

LIVESCAN - \$48.25 if printed at a state police LiveScan site

NOTE: Make checks payable to: State of NH – Criminal Records

## Additional Instructions – DHHS Therapeutic Cannabis Program

### **If you are applying to be a Qualifying Patient you DO NOT need to undergo a criminal history record check.**

All Designated Caregivers and all Alternative Treatment Center (ATC) Agents must complete a state and federal criminal history record check.

- *Designated Caregivers* – A criminal history record check is required for an initial application for a registry ID card, and if there has been a lapse in registration of more than 6 months. Designated Caregivers are not required to complete a criminal history record check when they apply to renew their registry ID card (unless there has been a 6-month lapse in registration). Instead, they must fill out an “Attestation of No Felony Conviction” form, available on the Therapeutic Cannabis Program’s website, listed below.
- *Alternative Treatment Center Agents* – A criminal history record check shall be required prior to beginning to work at an ATC.

**RECOMMENDED**

**Department of Safety Fingerprint Station:** The stations listed below all use LiveScan (digital) fingerprinting:

**NH Department of Safety:** 33 Hazen Drive (James H. Hayes Building), Concord

**Troop E – Ossipee Area:** 1863 White Mountain Highway, Tamworth

**DMV Dover Point:** 50 Boston Harbor Road, Dover

**Troop C – Keene Area:** 15 Ash Brook Court, Keene

**DMV Manchester Commons:** 377 South Willow Street, Manchester

**Troop F – Littleton Area:** 549 Route 302, Twin Mountain

1. Call the appointment desk at the Department of Safety at 603-223-3867.
2. Bring to the appointment official photo identification for each person being fingerprinted, such as a valid driver’s license, state-issued photo ID, or passport.
3. These locations will submit only fingerprints to the State Police; they will not submit the required forms or the fee.
4. Within 30 days of being fingerprinted, submit (a) the “Criminal History Record Information Authorization for Therapeutic Cannabis” form, (b) a check in the amount of \$48.25 made payable to **State of NH–Criminal Records**, and (c) the “Applicant/Licensing LiveScan Fingerprinting” form provided to you by the fingerprint station, by mailing them to:

Department of Safety, Division of State Police  
Criminal Records Unit  
33 Hazen Drive  
Concord NH 03305

### **ALTERNATE**

**Local Police Station with LiveScan:** Local police may charge an additional service fee and may delay approval.

1. Make an appointment with your local police station to be fingerprinted. Call the local police station directly.  
**DO NOT CALL the appointment desk number listed above.**
2. Bring to the appointment official photo identification for each person being fingerprinted, such as a valid driver’s license, state-issued photo ID, or passport.
3. The local police station will submit only fingerprints to the State Police; they will not submit the required forms or the fee.
4. Within 30 days of being fingerprinted, submit (a) the “Criminal History Record Information Authorization for Therapeutic Cannabis” form, (b) a check in the amount of \$48.25 made payable to **State of NH–Criminal Records**, and (c) the “Applicant/Licensing LiveScan Fingerprinting” form provided to you by the police station, by mailing them to:

Department of Safety, Division of State Police  
Criminal Records Unit  
33 Hazen Drive  
Concord NH 03305

**ALL SECTIONS OF THE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FOR THERAPEUTIC CANNABIS FORM MUST BE COMPLETED FULLY IN INK AND MUST BE LEGIBLE.** Incomplete forms may result in processing delays, additional fingerprinting, and costs. All signatures must be original. Photocopies of the signed form will not be accepted. Do not mail criminal records forms and fees to the Therapeutic Cannabis Program.

**KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS**

Please visit <http://www.dhhs.nh.gov/oos/tcp/index.htm> for additional program information.



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

Lori A. Shibinette  
 Commissioner

Lisa M. Morris  
 Director

29 HAZEN DRIVE, CONCORD, NH 03301-3857  
 603-271-9333 1-800-852-3345 Ext. 9333  
 FAX: 603-271-8134 TDD Access: 1-800-735-2964  
 email: TCP@dhhs.nh.gov

**CAREGIVER DESIGNATION / REMOVAL**

*Please type or print clearly. See reverse side for complete instructions.*

***To be completed by Qualifying Patient:***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registry Identification Card #: \_\_\_\_\_

- I designate \_\_\_\_\_ as my Designated Caregiver.
- I remove \_\_\_\_\_ as my Designated Caregiver.

\_\_\_\_\_  
*Signature of Qualifying Patient*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

***To be completed by Designated Caregiver:***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- I accept designation to act as Designated Caregiver for the Qualifying Patient named above.
  - I am currently a Designated Caregiver, and my Registry Identification Card # is:  
 \_\_\_\_\_.
  - I am not currently a Designated Caregiver. I understand that a complete Designated Caregiver application may be required to be submitted to the Program (see instructions on reverse side).
- I will no longer serve as Designated Caregiver for \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Designated Caregiver*

\_\_\_\_\_  
*Date*

## **Instructions for “Caregiver Designation / Removal” Form**

**Qualifying Patients.** Use this form to:

- (1) Designate a caregiver after you have been approved by the Program and have received your Registry Identification Card:**
  - a. Provide your name, date of birth, registry identification card number, signature, and date.
  - b. Provide the name of the person you wish to designate as your caregiver.
  - c. Have the person you wish to designate as your caregiver fill out the bottom of the form:
    - If the person is already a Designated Caregiver, then you or the person designated must send the completed form to the Program; or
    - If the person is not already a Designated Caregiver, then:
      - You or the person designated must send the completed form to the Program; and
      - The person designated must submit a complete Designated Caregiver application to the Program and be separately approved to be your Designated Caregiver. A Designated Caregiver must also have a criminal background check completed.
- (2) Remove your current Designated Caregiver:**
  - a. Provide your name, date of birth, and registry identification card number, and dated signature.
  - b. Provide the name of your Designated Caregiver you wish to remove.
  - c. Send the completed form to the Program.
- (3) Remove your current Designated Caregiver and add a new Designated Caregiver.**
  - a. Provide your name, date of birth, registry identification card number, signature, and date.
  - b. Provide the name of your Designated Caregiver you wish to remove.
  - c. Provide the name of the person you wish to designate as your caregiver.
  - d. Have the person you wish to designate as your caregiver fill out the bottom of the form:
    - If the person is already a Designated Caregiver, then you or the person designated must send the completed form to the Program; or
    - If the person is not already a Designated Caregiver, then:
      - You or the person designated must return the completed form to the Program; and
      - The person designated must submit a complete Designated Caregiver application to the Program and be separately approved to be your Designated Caregiver. A Designated Caregiver must also have a criminal background check completed.

**Designated Caregivers.** Use this form to:

- (1) Accept a Qualifying Patient’s designation as a Designated Caregiver:**
  - a. After a Qualifying Patient has filled out the top of the form, provide your name, date of birth, signature, and date.
  - b. Indicate if you are currently a Designated Caregiver for someone else, and if so, provide your registry identification number.
  - c. Indicate if you are not currently a Designated Caregiver. **NOTE:** You are required to submit a complete Designated Caregiver application to the Program and be separately approved to be the patient’s caregiver if (1) you have never been a Designated Caregiver or (2) you were previously a Designated Caregiver but your caregiver status has expired. Please contact the Program for assistance. A Designated Caregiver must also have a criminal background check completed.
  - d. You or the Qualifying Patient must send the completed form to the Program.
- (2) Stop being a Designated Caregiver for a Qualifying Patient:**
  - a. Provide your name, date of birth, registry identification card number, signature, and date.
  - b. Provide the name of the patient for whom you will no longer serve as Designated Caregiver.
  - c. Send the completed form to the Program.

### **Resources**

Designated Caregiver Application: <http://www.dhhs.nh.gov/oos/tcp/documents/applicationcaregiver.pdf>

Criminal Record History Authorization Form: <http://www.dhhs.nh.gov/oos/tcp/documents/criminalrecordsform.pdf>



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

Lori A. Shibinette  
Commissioner

Lisa M. Morris  
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TDD Access: 1-800-735-2964  
email: TCP@dhhs.nh.gov

**Designated Caregiver's**  
**Attestation of No Felony Conviction**

(For Renewal Applications Only)

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 of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Instructions**

- Designated Caregivers are not required to complete a new criminal history records check when they apply to renew their registry identification card for the Therapeutic Cannabis Program. Instead, Designated Caregivers must complete and submit this "Attestation of No Felony Conviction" form with their renewal application.
- If there has been a lapse in a Designated Caregiver's registration for the Therapeutic Cannabis Program of more than 6 months, the Designated Caregiver must complete a new state and federal criminal history records check.