



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

Application for the Therapeutic Use of Cannabis:
QUALIFYING PATIENT

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. All releases, 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 pages 1 and 3. Complete page 2 only if you want to designate a caregiver or if this application is for a minor applicant (under age 18).
4. **Submit with this Application Form:**
 - a. A separate “Written Certification for the Therapeutic Use of Cannabis” form completed by your medical provider.
 - b. Proof of New Hampshire residency, as follows:
 - New Hampshire driver’s license (front only); OR
 - State or federal government-issued identification that shows your name and NH address; OR
 - Any other documentation that contains your name and current NH address, such as a current lease agreement, tax documents from the previous calendar year, or a recent utility bill.

Original documents are not required; legible photocopies of original documents are acceptable and preferred.
 - c. A \$50 application fee:
 - 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 Qualifying Patient Application <input type="checkbox"/> A completed Written Certification (from your provider) <input type="checkbox"/> Proof of NH residency (see 4b above) <input type="checkbox"/> Application fee (see 4c above)	NH Department of Health and Human Services Therapeutic Cannabis Program 29 Hazen Drive Concord, NH 03301

6. 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 Identification 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 given 30 days from the date of the notice to submit the missing information/documentation.
 - The processing times listed in 6a above will begin when the application is complete.
 - If you don’t provide the missing information/documentation within 6 months of the notice, your application will be closed. You will need to reapply by re-submitting ALL required application materials.



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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>

QUALIFYING PATIENT APPLICATION FOR THE THERAPEUTIC USE OF CANNABIS

Instructions: Complete pages 1 and 3 of this form. Complete page 2 only if you want to designate a caregiver or if this application is for a minor applicant. Type or print in ink your responses on this form.

PATIENT INFORMATION

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	If a renewal application, your Registry ID Number		
Name	First	Last	Middle
Mailing Address	Street/P.O. Box		
	City	State	Zip Code
Physical Address	(If different than mailing address) (If experiencing homelessness, this is not required)		
Date of Birth	MM/DD/YYYY	Phone Number	
E-Mail Address (optional)			

MEDICAL PROVIDER INFORMATION

Provide information about the medical provider who completed the Written Certification for you.

Name	First	Last	
Business Address	Street/P.O. Box		
	City	State	Zip Code
Phone Number			

MEDICAL INFORMATION RELEASE

I, hereby, authorize the release of relevant medical information by the provider listed above to the NH Department of Health and Human Services if further information about my qualifying medical condition is required by the Department.

Signature of Applicant/Applicant's custodial parent or legal guardian

Date

ALTERNATIVE TREATMENT CENTER

Check the box of the Alternative Treatment Center (ATC) you have selected. Select only one box.

- Dover – Temescal Wellness
- Merrimack – Prime Alternative Treatment Centers of NH
- Lebanon – Temescal Wellness
- Plymouth / Conway – Sanctuary ATC

DESIGNATED CAREGIVER INFORMATION – OPTIONAL

Read the Designated Caregiver information at the end of this application packet. Your caregiver will need to submit a separate application and fee. Provide the following information about your Designated Caregiver.

Name	First	Last	Middle
Mailing Address	Street/P.O. Box		
	City	State	Zip Code
Physical Address	(If different than mailing address)		
Phone Number		Date of Birth	MM/DD/YYYY

REQUIREMENTS FOR MINOR PATIENTS (UNDER AGE 18)

**This section is required only for an applicant who is under 18 years of age.
The minor applicant's custodial parent or legal guardian must initial each paragraph.**

	I am the applicant's custodial parent/legal guardian responsible for the health care decisions of the applicant.
	The applicant's health care provider has explained to me the potential risks and benefits of the therapeutic use of cannabis.
	I consent to allow the applicant's therapeutic use of cannabis.
	I consent to serve as the applicant's Designated Caregiver and to control the acquisition of the cannabis and the frequency of the therapeutic use of cannabis by the applicant.
	I understand that if my application to be a Designated Caregiver is not approved, then the applicant's application to be a Qualifying Patient will not be approved.
	[If applicable] I share legal custody of the applicant, and have notified the other parent with legal custody of the minor applicant in advance of submitting this application by having provided to the other parent a copy of the completed Application Form and the completed Written Certification Forms.

I, hereby, certify that the paragraphs initialed by me above are true and that I agree to comply with all requirements of the Therapeutic Cannabis Program. I understand that any false statements made on this application are punishable as unsworn falsification under RSA 641:3.

Signature of Applicant's custodial parent or legal guardian

Date

MEDICAL PROVIDER INFORMATION FOR MINOR PATIENTS

Provide information about the **SECOND** medical provider who completed a Written Certification.

Name	First	Last	
Business Address	Street/P.O. Box		
	City	State	Zip Code
Phone Number			

MEDICAL INFORMATION RELEASE FOR MINOR PATIENTS

I, hereby, authorize the release of relevant medical information by the provider(s) listed above to the NH Department of Health and Human Services if further information about the applicant's qualifying medical condition is required by the Department.

Signature of Applicant's custodial parent or legal guardian

Date

THERAPEUTIC CANNABIS PROGRAM ACKNOWLEDGEMENTS

The applicant (or the applicant's custodial parent or legal guardian in the case of a minor 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 time period is indicated by my provider. I must renew my 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 and I am in possession of a Registry Identification Card, I may not possess, between myself and my Designated Caregiver, more than two ounces of usable cannabis.
	I understand that if my application is approved, I may only use therapeutic cannabis for the purpose of treating or alleviating my qualifying medical condition, as defined in RSA 126-X:1, IX.
	I understand that if my application is approved, I may not be under the influence of therapeutic cannabis: (1) while operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power; (2) in my place of employment, without the written permission of my employer; or (3) while operating heavy machinery or handling a dangerous instrumentality.
	I understand that if my application is approved, I may not smoke or vaporize therapeutic cannabis in any public place, including a public bus or other public vehicle, or any public park, public beach, or public field.
	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 I may use cannabis on privately-owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property.
	I have instructed a family member, caretaker, executor, and my Designated Caregiver that, in the event of my death, the Department shall be notified within 5 days that I have died. Within 5 days of learning of my death, the surviving family member, caretaker, executor, or my Designated Caregiver shall either request that the local law enforcement agency remove any remaining cannabis or dispose of the 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 will 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 I 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.

CERTIFICATION AND NON-DIVERSION PLEDGE

I, hereby, certify that I am a resident of New Hampshire and 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/Applicant's custodial parent or legal guardian

Date

THERAPEUTIC CANNABIS PROGRAM – GENERAL PROGRAM INFORMATION

Minimum Requirements to Become a Qualifying Patient

- You must be a resident of New Hampshire.
- You must be diagnosed by a medical provider as having a qualifying medical condition.
- You must apply for and be issued a valid Registry ID Card by the Therapeutic Cannabis Program (TCP).

Qualifying Medical Conditions

Your medical provider must certify that you have a qualifying medical condition established in law, as follows:

- Moderate to severe chronic pain; OR
- Severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects; OR
- Moderate or severe post-traumatic stress disorder; OR
- Any combination of a qualifying diagnosis from (1) AND a qualifying symptom or side effect from (2):
 1. Cancer; glaucoma; positive status for human immunodeficiency virus; acquired immune deficiency syndrome; hepatitis C; amyotrophic lateral sclerosis; muscular dystrophy; Crohn's disease; multiple sclerosis; chronic pancreatitis; spinal cord injury or disease; traumatic brain injury; epilepsy; lupus; Parkinson's disease; Alzheimer's disease; ulcerative colitis; Ehlers-Danlos syndrome; or one or more injuries or conditions that has resulted in one or more qualifying symptoms under (2); AND
 2. Elevated intraocular pressure; cachexia; chemotherapy-induced anorexia; wasting syndrome; agitation of Alzheimer's disease; severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects; constant or severe nausea; moderate to severe vomiting; seizures; or severe, persistent muscle spasms.

Medical Providers

Talk with any of your current medical providers about your interest in the Therapeutic Cannabis Program. Ask if they will certify you for the Program by issuing you a "Written Certification" (available on the Program's website). Any physician, physician assistant, or advanced practice registered nurse (APRN) who is licensed in NH is *permitted* to certify you for the Program. In addition, physicians and APRNs (but not physician assistants) licensed in Maine, Massachusetts, or Vermont are *permitted* to certify you. Out-of-state providers must be primarily responsible for your care related to your qualifying medical condition. State law does not require any medical provider to issue a Written Certification to their patient.

There is not a public list of medical providers who participate in the Program. The Program cannot refer you to a provider. You must work with your current providers or develop a relationship with a new provider to become certified.

Your certifying medical provider may:

- Issue a Written Certification for less than one year.
- Send instructions to your ATC, such as the type of cannabis or the means by which the cannabis should be administered, and the ATC is required to follow such instructions.
- Rescind your certification at any time and for any reason if in his or her opinion you should no longer be certified for the therapeutic use of cannabis.

Designated Caregivers

If you need assistance with your therapeutic use of cannabis, including help with obtaining cannabis from your selected Alternative Treatment Center (ATC), you may designate someone to be your caregiver. You may do this on your initial application or any time after you've been approved. You may designate only one caregiver at a time (exceptions for minors and for adults with co-guardians are described below). Your caregiver must submit a separate "Designated Caregiver Application" and a \$50 application fee, and be issued a Registry ID Card before your caregiver can assist you with your therapeutic use of cannabis. The caregiver's Registry ID Card will allow that person to legally possess cannabis on your behalf and to legally purchase cannabis from the Alternative Treatment Center you select.

To be approved as a Designated Caregiver an individual must be at least 21 years old and must never have been convicted of a felony. Your caregiver must undergo a state and federal criminal background check, which includes being fingerprinted, and which requires an additional fee to the NH Department of Safety.

You may use the "Caregiver Designation/Removal" form, available on the Program's website, to designate a caregiver after you've submitted your application or if you want to change your current Designated Caregiver.

GENERAL PROGRAM INFORMATION (Continued)

Alternative Treatment Centers

On your application you are required to select an Alternative Treatment Center (ATC) for the dispensing of therapeutic cannabis. You may select any of the ATCs, but you may select only one at any given time. You can purchase cannabis only from the ATC you have selected. You may change your ATC at any time by completing a “Change of Information/Lost Card” form and submitting it to the Program.

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. Email: 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 (Route 16), Conway, NH 03818
Website: www.sanctuaryatc.org. Email: info@sanctuaryatc.org. Phone: (603) 346-4619
Note: The Plymouth and Conway dispensaries are considered to be the same ATC. 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. Email: info@temescalwellness.com. Phone: (603) 285-9383
Note: The Dover and Lebanon dispensaries are considered separate ATCs. Selecting one location does not allow you to go to the other location.

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.

Requirements for Minor Patients (under 18 years of age)

- The Patient Application must be completed by the applicant’s custodial parent or legal guardian.
- The custodial parent or legal guardian must apply for and be approved as the applicant’s Designated Caregiver.
- A minor patient may have two Designated Caregivers, both of whom must be the patient’s parent or legal guardian.
- Two Written Certification forms are required, to be completed by two separate medical providers. One of the medical providers must be a pediatrician.
- In cases where a minor applicant’s legal guardian is not a custodial parent, the legal guardian must submit proof of legal guardianship with the application. Submit a copy of the entire order that shows the powers granted to the guardian, which must include powers related to healthcare decisions.

Requirements for Adult Patients Who Have a Legal Guardian or Co-Guardians

- The Patient Application must be completed by the applicant’s legal guardian.
- Where a court has appointed co-guardians for an adult qualifying patient, the patient may have two Designated Caregivers, both of whom shall be court appointed co-guardians for the patient.
- The legal guardian(s) must submit proof of guardianship with the application. Submit a copy of the entire order that shows the powers granted to the guardian, which must include powers related to healthcare decisions.

Renewals

A Registry ID Card is effective for one year (exceptions are described above under “Medical Providers”). There is no difference between the initial and the renewal application process; 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.