



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
 603-271-9333 1-800-852-3345 Ext. 9333
 TDD Access: 1-800-735-2964
 FAX: 603-271-8134 EMAIL: TCP@dhhs.nh.gov

WRITTEN CERTIFICATION EXTENSION

(for Certifications of less than one year only)

The standard duration of a Written Certification is one year. A certifying provider may, however, issue a Written Certification for a shorter duration [see [RSA 126-X:4, IV](#); [He-C 401.07\(b\)\(7\)](#)].

A certifying provider may extend a “short-duration” certification by providing written notice to the program. This extension request does not require the submission of a new Written Certification, or a new Patient Application and fee.

The extension period shall not be for a duration longer than one year from the original effective date of the registry ID card. For example, if the original certification was for 6 months, an extension shall be for a maximum of an additional 6 months, after which the patient would need to reapply with a new Written Certification and a new Patient Application and fee.

An extension request must be submitted prior to the expiration of the patient’s registry ID card.

Mail or fax the 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: _____

Practice Contact Person (if applicable): _____

Length of Extension: Maximum allowed Other duration (months) _____

Signature of Certifying Provider

Date