



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

CHANGE OF INFORMATION / LOST CARD

Please type or print clearly.

Name: _____ Date of Birth: _____

Phone Number: _____

Check the box of the change you want to make. See reverse side for complete instructions.

Change of Alternative Treatment Center (ATC)

Check the box of your **current** ATC:

Check the box of the ATC you want to **change to**:

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

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For office use only.

Effective date of ATC change: _____

Change of Name or Address

Provide **new** name and/or address: _____

Lost, Stolen, or Destroyed Registry Identification Card

Instructions for “Change of Information / Lost Card” Form

Change of Alternative Treatment Center (ATC) (Qualifying Patient only)

- Check the box of your current ATC, and check the box of your new ATC.
- The Program will return this form to you when your change request has been processed, and the form will indicate the effective date of the change.
- It may take up to 20 days to process this request, including the 5 days described below.
- You will not be able to purchase cannabis at either ATC for up to 5 business days after the effective date of the change.
- A new registry ID card will not be issued.
- There is no fee required for this change.

Change of Name or Address (Qualifying Patient or Designated Caregiver)

- You must notify the Program within 10 days of any change to your name or address.
- Provide your new name and/or your new address in the space provided.
- The Program will issue a new registry ID card within 20 days of receiving your request.
- There is no fee required for this change.

Lost, Stolen, or Destroyed Registry Identification Card (Qualifying Patient or Designated Caregiver)

- You must notify the Program within 10 days of your card being lost, stolen, or destroyed.
- Include a check or money order for \$25 made payable to “Treasurer – State of New Hampshire.”
- The Program will issue a new registry ID card within 5 days of receiving your request.

General Instructions / Information

- Please mail, fax, or email the completed form to:

NH Department of Health and Human Services
Therapeutic Cannabis Program
29 Hazen Drive
Concord, NH 03301

Fax: 603-271-8134

Email: TherapeuticCannabisProgram@dhhs.nh.gov

- Failure to notify the Program of a change of name or address within 10 days of the change will result in a \$150 fine.
- To add, remove, or change a Designated Caregiver, use the “Caregiver Designation / Removal” form available at <https://www.dhhs.nh.gov/oos/tcp/applications-forms.htm>.