



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

Jeffrey A. Meyers
 Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9333 1-800-852-3345 Ext. 9333
 FAX: 603-271-8134 TDD Access: 1-800-735-2964
 email: TherapeuticCannabisProgram@dhhs.nh.gov

CHANGE OF INFORMATION / LOST CARD

Please type or print clearly.

Name: _____ Date of Birth: _____

Phone Number: _____

Check the appropriate box(es), and if applicable, provide the new information in the space provided. 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, Inc.
- Merrimack – Prime Alternative Treatment Centers of NH
- Lebanon – Temescal Wellness, Inc.
- Plymouth – Sanctuary ATC

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- Lebanon – Temescal Wellness, Inc.
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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 notify you (and your Designated Caregiver if applicable) once your request has been processed, by returning this form to you. It 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.
- There is no fee required for this change and a new registry identification card will not be issued.

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.
- Include a check or money order for \$25 made payable to “Treasurer – State of New Hampshire.”
- The Program will issue a new card, with a new identification number, within 20 days of receiving your request.
- You must return the old card within 10 business days of receipt of the new card. Failure to do so will result in your new card becoming unusable (void) until your old card is returned.

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 card, with a new identification number, within 5 days of receiving your request.

General Instructions/Notes.

- Please mail, fax, or email the completed form to the address, fax number, or email in the header on the form.
- Failure to notify the Program of a change of name or address within the time frames described above will result in a \$150 fine.
- To change or assign a new Designated Caregiver you must use the “Caregiver Designation/Removal” form available on the Program’s website at <http://www.dhhs.nh.gov/oos/tcp/index.htm>.