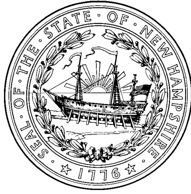


Lori A. Shibinette
Commissioner

Patricia M. Tilley
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

PATIENT APPLICATION

For the Therapeutic Use of Cannabis

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: https://www.dhhs.nh.gov/tcp

1. Read the "General Program Information" at the end of this application packet.
2. Complete ALL information on pages 1 and 3. Complete page 2 if you want to designate a caregiver and/or if you want to provide voluntary demographic information.
3. **Submit with this Application Form**:

   3a) The "Written Certification for the Therapeutic Use of Cannabis" form completed by your medical provider.

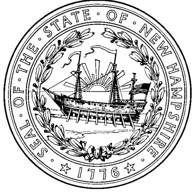
   3b) Proof of New Hampshire residency.* Submit ONE of the following:
   - A copy of your New Hampshire driver's license or New Hampshire State ID (front only); OR
   - Any other documentation that contains your name and current NH address, such as a current lease agreement or vehicle registration, or a utility bill, medical bill, property tax bill, mortgage statement, bank statement, government check, or payroll check with a date showing that it was issued within the previous 6 months; OR
   - Other state or federal government-issued identification that shows your name and NH address.

   **Proof of residency is not required for renewal applications if there has not been a change of address.*

   3c) 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.
4. Mail or hand-deliver the following:

Required Documents:	To This Address:
☐ A completed Patient Application ☐ A completed Written Certification (from your provider) ☐ Proof of NH residency (see 3b above) ☐ Application fee (see 3c above)	NH Department of Health and Human Services Therapeutic Cannabis Program 29 Hazen Drive Concord, NH 03301

5. Application processing:
   - 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.
   - Incomplete applications:
     - You will be notified in writing within 10 days of receipt 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/documentation within 6 months of the notice, your application will be closed. You will need to reapply by resubmitting ALL required application materials, including the fee.
     - The processing times listed above will begin when the application is complete.
6. Other Applications:
   - If the applicant is a minor, use the "Minor Patient Application," which is a combined patient/caregiver application.
   - If the applicant is an adult with a guardian, AND the guardian is applying to be the patient's Designated Caregiver, use the "Guardianship Patient Application." See the "General Program Information" at the end of this application packet.



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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.

Federal administrations have expressed 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 federally subsidized 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 form was revised effective October 2016 to include specific reference to state marijuana laws.

References

- ATF open letter: https://www.atf.gov/file/60211/download
- ATF Form 4473: https://www.atf.gov/file/61446/download
- HUD memos: https://www.hud.gov/sites/documents/MED-MARIJUANA.PDF
  https://www.hud.gov/sites/documents/USEOFMARIJINMFASSISTPROPTY.PDF

PATIENT APPLICATION
FOR THE THERAPEUTIC USE OF CANNABIS

Instructions: Complete pages 1 and 3 of this form.
Complete page 2 to designate a caregiver and/or to provide voluntary demographic information.

☐ Initial Application

☐ Renewal Application (or expired/lapsed)

Note to Applicant: *These items are required to be submitted with this Application:*

1. *A completed Written Certification (from your medical provider)*
2. *A $50 application fee (check/money order, payable to "Treasurer – State of NH")*
3. *Proof of NH residency* (copy of NH license/State ID, current lease, recent utility bill, etc.)*
   **This is NOT required for renewals if you are at the same address*

Send to: *NH DHHS, Therapeutic Cannabis Program, 29 Hazen Dr., Concord, NH 03301*

PATIENT INFORMATION

Name	First	Last	Middle
Date of Birth	MM/DD/YYYY	**Gender**	☐ Female ☐ Male ☐ Non-binary/Other gender ☐ Choose not to disclose ☐ Choose to self-describe: ____________
Phone Number			
Mailing Address	Street/P.O. Box/Apt #		
	City	State	Zip Code
Physical Address	(If different than mailing address) (If experiencing homelessness, this is not required)		

MEDICAL PROVIDER INFORMATION

Provide information about the medical provider who completed your Written Certification.

Name	First	Last	
Business Address	Street/Suite #		
	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 DHHS if additional information about my qualifying medical condition or Written Certification is required.

Applicant's Signature		**Date**	

DESIGNATE A CAREGIVER – OPTIONAL

Instructions: Read the "Designate a Caregiver" section at the end of this application packet. The person you designate below must submit a "Caregiver Application," submitted separately or with this application.		Is a "Caregiver Application" enclosed or has it already been submitted for the person listed below? ☐ Yes ☐ No
Name	First	Last	Middle
Mailing Address	Street/P.O. Box/Apt #		
	City	State	Zip Code
Date of Birth	MM/DD/YYYY		

VOLUNTARY DEMOGRAPHIC INFORMATION

Your voluntary answers are requested.
The information on this page will not be used for eligibility determination. Under the Health Insurance Portability and Accountability Act (HIPAA), personally identifiable information is protected information.

PATIENT INFORMATION

Race/Ethnicity
Are you Hispanic, Latino/a, or Spanish origin?
- ☐ No
- ☐ Yes, specify (one or more categories may be selected):
  - ☐ Mexican, Mexican American, Chicano/a
  - ☐ Puerto Rican
  - ☐ Another Hispanic, Latino/a, or Spanish origin
  - ☐ Cuban

What is your race? (One or more categories may be selected)
- ☐ White
- ☐ Korean
- ☐ Black or African American
- ☐ Vietnamese
- ☐ American Indian or Alaska Native
- ☐ Other Asian
- ☐ Asian Indian
- ☐ Native Hawaiian
- ☐ Chinese
- ☐ Guamanian or Chamorro
- ☐ Filipino
- ☐ Samoan
- ☐ Japanese
- ☐ Other Pacific Islander

Veteran Status
Have you ever served on active duty in the US Armed Forces, either in the regular military or in a National Guard or military reserve unit?
☐ No ☐ Yes

Employment
Are you currently: (Check all that apply)
- ☐ Employed full time (35 or more hours per week)
- ☐ Employed part time (up to 35 hours per week)
- ☐ Unemployed and currently looking for work
- ☐ Unemployed and not currently looking for work
- ☐ Student ☐ Retired ☐ Homemaker
- ☐ Self-employed ☐ Unable to work

What is your annual household income?
- ☐ Less than $25,000
- ☐ $75,000 to $99,999
- ☐ $25,000 to $49,999
- ☐ $100,000 or more
- ☐ $50,000 to $74,999

Public Assistance
In the past 12 months, have you been enrolled in a public assistance program?
- ☐ No
- ☐ Yes, specify: (Check all that apply)
  - ☐ Medicaid
  - ☐ Supplemental Security Income (SSI)
  - ☐ Social Security Disability Insurance (SSDI)
  - ☐ Other, specify: ______________________

Education
What is the highest level of education completed?
- ☐ Some high school
- ☐ Community college/2-yr degree
- ☐ High school diploma / GED
- ☐ University/4-year college
- ☐ Technical school
- ☐ Graduate program or more

Are you currently enrolled in school?
- ☐ No
- ☐ Yes, specify:
  - ☐ High school
  - ☐ University / 4-year college
  - ☐ Technical school
  - ☐ Graduate program
  - ☐ Community college/2-yr degree

Health Insurance
What is the primary source of your health care coverage?
- ☐ Employer-based plan (including through another person's employer)
- ☐ A plan that you or a family member buys on your own
- ☐ Medicare
- ☐ Medicaid, including Healthy Families, Well Sense, or AmeriHealth Caritas
- ☐ TRICARE, VA, or Military
- ☐ Other source
- ☐ None (no coverage)

Marital Status
What is your marital status?
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Never married
- ☐ Widowed
- ☐ Member of an unmarried partnership

Language Proficiency
How well do you speak English?
☐ Very well ☐ Well ☐ Not well ☐ Not at all

Do you speak another language other than English at home?
- ☐ No
- ☐ Yes, Spanish
- ☐ Yes, not Spanish. Specify: ______________________

THERAPEUTIC CANNABIS PROGRAM ACKNOWLEDGMENTS

I understand that my Registry ID 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, certification, and fee.
I understand that if I am notified of a denial I have 30 days to appeal the decision from the date of the notice, and that if a hearing request is not made within that timeframe then I will have waived my right to a hearing and the action of the Department shall become final.
I understand that I may not possess, between myself and my Designated Caregiver, more than two ounces of cannabis, or obtain more than two ounces of cannabis in any 10-day period from any source.
I understand that I may only use therapeutic cannabis for the purpose of treating or alleviating my qualifying medical condition.
I understand that 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 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 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, and that within 5 days of learning of my death, the 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 ID 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 granted by RSA 126-X for the therapeutic use of cannabis apply only within New Hampshire.
I understand that I must be in compliance with RSA 126-X and with the administrative rules adopted thereunder, and that the Department may revoke my Registry ID Card for any violation of any provision of RSA 126-X or the 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, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to federally subsidized housing, those related to immigration and naturalization, or the inability to pass a security clearance.

CERTIFICATION AND NON-DIVERSION PLEDGE

I, hereby, attest to the Acknowledgments listed above.

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, acknowledge that diversion of cannabis shall result in revocation of my Registry ID Card, and acknowledge that the sale of cannabis to anyone who is not a qualifying patient or a designated caregiver is punishable as a class B felony with a sentence of a maximum term of imprisonment of not more than 7 years, and a fine of not more than $300,000, or both, in addition to other penalties for the illegal sale of cannabis.

Applicant's Signature		Date	

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THERAPEUTIC CANNABIS PROGRAM – GENERAL PROGRAM INFORMATION

(Please keep for your records)

Program Website: *https://www.dhhs.nh.gov/tcp*
Applications and Forms: *https://www.dhhs.nh.gov/tcp-forms*
Contact: *(603) 271-9333; TCP@dhhs.nh.gov; NH DHHS, Therapeutic Cannabis Program, 29 Hazen Dr., Concord, NH 03301*

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 that is listed in NH law.
- 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 that is listed in NH 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
- Autism spectrum disorder (with an additional provider consultation requirement for those under age 21); OR
- Opioid use disorder with associated symptoms of cravings and/or withdrawal (requires a provider who is actively treating the patient for opioid use disorder and is board-certified in Addiction Medicine or Addiction Psychiatry); 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; or moderate to severe insomnia.

Medical Providers

ANY PHYSICIAN (MD/DO), PHYSICIAN ASSISTANT (PA), OR ADVANCED PRACTICE REGISTERED NURSE (APRN) LICENSED IN NH IS *PERMITTED* BY LAW TO CERTIFY YOU FOR THE THERAPEUTIC CANNABIS PROGRAM.

- Talk with any of your current medical providers about your interest in the Program. Ask if they will certify you by issuing you a "Written Certification" (available on the Program's website).
- State law does not *require* any medical provider to issue a Written Certification to their patients.
- There is no requirement for a provider to be registered with the State as a "marijuana doctor."
- 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.
- In addition, physicians and APRNs (but not PAs) licensed in Maine, Massachusetts, or Vermont are *permitted* to certify you. Border-state providers must be "primarily responsible for your care related to your qualifying medical condition," which means that you should ask your primary care provider or your specialist who is treating your qualifying condition.

Your certifying medical provider may:

- Issue a Written Certification for less than one year.
- Send instructions to your Alternative Treatment Center (ATC; dispensary), 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 the provider's opinion you should no longer be certified for the therapeutic use of cannabis.

Designate a Caregiver

If you need help with your therapeutic use of cannabis, including help with obtaining cannabis from your ATC, you may designate someone to be your *caregiver*. You may do this on your application or any time after you've been approved (use the Caregiver Designation/Removal" form on the Program's website). You may designate only one caregiver at a time. **Your caregiver must submit a separate "Caregiver Application"** and be issued a Registry ID Card before your caregiver can legally 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 your ATC. To be approved as a Designated Caregiver, a person must be at least 21 years old and must never have been convicted of a felony.

Alternative Treatment Centers

There are seven Alternative Treatment Center (ATC) dispensaries operating in New Hampshire for dispensing therapeutic cannabis. A registered Qualifying Patient, or their Designated Caregiver, is allowed to purchase cannabis from any ATC location in the state. You must show your Registry ID Card and valid photo identification to enter one of the ATC dispensaries. It's recommended that you call the ATC before your first visit to a new dispensary. The ATCs in New Hampshire are as follows:

- **Prime Alternative Treatment Centers of NH**, with dispensaries located in **Merrimack** and **Chichester**.
  380 Daniel Webster Highway, Units A and C, Merrimack, NH 03054. Phone: (603) 262-5035
  349 Dover Road (Route 4), Chichester, NH 03258. Phone: (603) 212-1500
  Website: www.primeatc.com. Email: info@primeatc.com.

- **Sanctuary ATC**, with dispensaries located in **Plymouth** and **Conway**.
  568 Tenney Mountain Highway, Plymouth, NH 03264. Phone: (603) 346-4619
  234 White Mountain Highway (Route16), Conway, NH 03818. Phone: (603) 662-0113
  Website: www.sanctuaryatc.org. Email: info@sanctuaryatc.org.

- **Temescal Wellness**, with dispensaries located in **Dover**, and **Lebanon & Keene**.
  26 Crosby Road, Units 11-12, Dover, NH 03820
  367 Route 120, Unit E-2, Lebanon, NH 03766
  69 Island Street, Suite 1, Keene, NH 03431
  Website: nh.temescalwellness.com. Email: info@temescalwellness.com. Phone: (603) 285-9383

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)

Use the "Minor Patient Application" located on the Program's website: https://www.dhhs.nh.gov/tcp-forms

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

- If the legal guardian(s) will be the patient's Designated Caregiver, please use the "Guardianship Patient Application" located on the Program's website: https://www.dhhs.nh.gov/tcp-forms
- If the legal guardian is signing *this* Patient Application on behalf of the patient, proof of guardianship must be submitted with this 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 or forms, except that proof of NH residency is not required if there has not been a change of address, unless your card has been expired for more than six months.
- There is no penalty for renewing after the suggested deadline, however, we ask that you submit your renewal application materials at least 30 days prior to your card's expiration to prevent a lapse in your registration.

Application processing

- 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.

Incomplete applications:

- You will be notified in writing within 10 days of receipt 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/documentation within 6 months of the notice, your application will be closed. You will need to reapply by resubmitting ALL required application materials, including the fee.
- The processing times listed above will begin when the application is complete.