



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

Lori A. Shibinette
 Commissioner

Patricia M. Tilley
 Director

29 HAZEN DRIVE, CONCORD, NH 03301
 603-271-9333 1-800-852-3345 Ext. 9333
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CHANGE OF INFORMATION / LOST CARD

Please type or print clearly.

Name: _____ Date of Birth: _____

Phone Number: _____

Check the box of the change(s) 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 / Chichester – Prime ATC
- Lebanon / Keene – Temescal Wellness
- Plymouth / Conway – Sanctuary ATC

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Change of Name or Address

Provide new name and/or address: _____

Lost, Stolen, or Destroyed Registry ID Card

Include a check or money order for \$10 made payable to “Treasurer – State of New Hampshire”

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 in writing when your change request has been processed, with the effective date of the change.
- It may take up to 10 days to process this request, including the 5 days described below.
- You may not be able to purchase cannabis at either ATC for up to 5 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 ID 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 \$10 made payable to “Treasurer – State of New Hampshire.”
- The Program will issue a new Registry ID Card within 5 days of receiving your request.

Other 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: TCP@dhhs.nh.gov

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>.