

CRIMINAL BACKGROUND CHECK REQUIREMENTS AND INSTRUCTIONS for DHHS THERAPEUTIC CANNABIS PROGRAM

If you are applying to be a Qualifying Patient, you DO NOT need a criminal history record check.

All Designated Caregivers and all Alternative Treatment Center (ATC) Agents must complete a state and federal criminal history record check. You must not have a felony conviction on your record.

- **Designated Caregivers** – A criminal history record check is required for an initial application for a Registry ID Card, or if there has been a lapse in registration of more than one year.
- **ATC Agents** – A criminal history record check is required prior to beginning to work for an ATC.

Preferred/Recommended Method

Use the “NH State Police Criminal Records Request Online Portal” to schedule your fingerprinting appointment and make payment (\$48.25): <https://services.dos.nh.gov/chri/cpo/>. Go to your selected fingerprint station (listed below) at the selected time, and get fingerprinted. Results will be released to the Therapeutic Cannabis Program directly.

- **Note: The Authorization Form on the next page is not required if using the online portal.**
- **Note:** After you “Select Type of Agency: Therapeutic Cannabis,” the agency that populates is “DHHS: ADMIN RULES UNIT.” This is a known system error, which will be fixed in an upcoming release. This will not impact delivery of results to the Therapeutic Cannabis Program at 29 Hazen Drive in Concord.

Department of Safety Fingerprint Stations

These stations use LiveScan (digital) fingerprinting. Traditional inked fingerprint cards are not acceptable.

- **NH Department of Safety:** 33 Hazen Drive, Concord
- **DMV Dover Point:** 50 Boston Harbor Road, Dover
- **DMV Manchester Commons:** 377 South Willow Street, Manchester
- **DMV Salem:** 154 Main Street, Salem
- **Troop E:** 1863 White Mountain Highway, Tamworth
- **Troop C:** 15 Ash Brook Court, Keene
- **Troop F:** 549 Route 302, Twin Mountain

Alternate Methods

<p><u>Department of Safety Fingerprinting Appointment Desk</u></p> <ol style="list-style-type: none"> 1. Call the appointment desk at (603) 223-3867, during business hours, M-F, 8:15 am to 4:00 pm <ul style="list-style-type: none"> • Navigate the voice mail system <ul style="list-style-type: none"> ○ Select Option 2 from the first menu (ignore instruction to use the online portal) ○ Select Option 2 at the next prompt (ignore message about the emergency order / fingerprinting deferment still being in effect) ○ Leave name, phone number, and message, including the program you are applying for (eg, Therapeutic Cannabis Program). Please do not leave multiple messages. 2. Schedule a fingerprinting appointment with a DOS staff person (when they call you back) at one of the fingerprint stations listed above 	<p><u>Local Police Departments</u></p> <p>Your local police department <u>may</u> be able to take your digital fingerprints if they have LiveScan</p> <ol style="list-style-type: none"> 1. Call your local police station directly to see if they do LiveScan fingerprinting 2. If they do, schedule an appointment or walk-in, as available 						
<p><i>The following instructions apply to both Alternate Methods above</i></p>							
<ol style="list-style-type: none"> 3. Bring a photo ID to the appointment, such as a <u>valid</u> driver’s license, state-issued photo ID, or passport 4. Within 30 days of being fingerprinted, submit the following materials to the following address: 							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Submit Required Materials:</th> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> The “Criminal History Record Information Authorization for Therapeutic Cannabis” form (next page) </td> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> A check for \$48.25, payable to State of NH–Criminal Records </td> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> The “Applicant/ Licensing LiveScan Fingerprinting” form given to you at the fingerprint station </td> </tr> </table>	Submit Required Materials:	<input type="checkbox"/> The “Criminal History Record Information Authorization for Therapeutic Cannabis” form (next page)	<input type="checkbox"/> A check for \$48.25, payable to State of NH–Criminal Records	<input type="checkbox"/> The “Applicant/ Licensing LiveScan Fingerprinting” form given to you at the fingerprint station	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">To This Address:</th> </tr> <tr> <td style="padding: 2px;"> Department of Safety, Division of State Police Criminal Records Unit 33 Hazen Drive Concord NH 03305 </td> </tr> </table>	To This Address:	Department of Safety, Division of State Police Criminal Records Unit 33 Hazen Drive Concord NH 03305
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<p><i>Note: If your fingerprint station is Concord, you can leave the materials above at the Concord station.</i></p>							

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND MUST BE LEGIBLE. Incomplete forms may result in processing delays, additional fingerprinting, and costs. All signatures must be original. Photocopies are not accepted. Do not mail these forms and fees to the Therapeutic Cannabis Program.

Visit <http://www.dhhs.nh.gov/oos/tcp/index.htm>, or email TCP@dhhs.nh.gov, for additional Program information.



State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

THERAPEUTIC CANNABIS PROGRAM – RSA 126-X:4,8

This form is for DESIGNATED CAREGIVERS and ATC AGENTS only.

If you are applying to be a QUALIFYING PATIENT you DO NOT need to undergo a criminal history record check.

Please check one box: Designated Caregiver ATC Agent (ATC Name _____)

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual for whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II (PLEASE PRINT CLEARLY)

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Name/Entity NH Department of Health and Human Services – Therapeutic Cannabis Program

Address 29 Hazen Drive City Concord State NH Zip 03301

Your Signature _____ Date _____

Notary's Signature NOT APPLICABLE

(Affix seal)

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$48.25 if printed at a state police LiveScan site

NOTE: Make checks payable to: State of NH – Criminal Records