

CONTINUING FACILITATOR EDUCATION HOURS LOG

Oregon Psilocybin Facilitator License Renewal

Facilitator Name: _____

Facilitator License Number: _____

Facilitator License Expiration Date: ____/____/____

Background

Beginning January 1, 2026, facilitator licensees must complete at least four hours of continuing education during their annual license period to be eligible for license renewal. As part of renewal application requirements, licensed facilitators must provide documentation of the education received. For more details about this requirement, please refer to [OAR 333-333-3300](#).

Instructions

Please use this form to submit documentation of required facilitator continuing education hours for the renewal application process.

To be satisfy requirements, continuing education hours must:

- Be completed within the 12 months preceding your renewal date.
- Consist of skills and knowledge that are relevant to the core curriculum described in OAR 333-333-3050 and 3060 which include:
 - (a) Historical, Traditional, and Contemporary Practices and Applications
 - (b) Cultural Equity in relation to Psilocybin Services
 - (c) Safety, Ethics and Responsibilities

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- (d) Psilocybin Pharmacology, Neuroscience, and Clinical Research
 - (e) Core Facilitation Skills
 - (f) Preparation and Orientation
 - (g) Administration
 - (h) Integration
 - (i) Group Facilitation
- Be provided by either:
- A training program with curriculum approved by OPS; or
 - An organization or conference that has been approved to offer continuing education for other types of professional licenses or certification.

Please use the tables below to document required continuing education hours for submission with facilitator license renewal application.

Training Offered by Training Programs with Approved Curriculum	
Date of Continuing Education	
Name of Training Program	
OPS Training Program Number:	
Description of Relevance to Core Curriculum	

Training Offered by Organization or Conference	
Date of Continuing Education	
Name of Organization or Conference	
Contact Information	
Name of the organization that approved the continuing education for other types of professional licenses or certifications.	
Description of Relevance to Core Curriculum	

Total CE Hours Completed: _____ (Minimum Required: 4 Hours)

Signature of Facilitator Applicant:

Date: ____ / ____ / ____