

Psilocybin Facilitator License Application

Thank you for your interest in applying for a Facilitator License through Oregon Psilocybin Services (OPS). More detailed information to support the application process can be found in the [Facilitator License Application Guides](#).

The [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance system \(TLC\)](#) is an online platform where applicants can apply for a psilocybin licenses, a worker permit, and training program curriculum approval. Please visit <https://psilocybin.oregon.gov> to complete the application online. If you are unable to complete the application packet online, you may print, complete, and mail the application packet and pay the application fee following the instructions provided in the remittance form at the end of this application. Paper application forms may be found [here](#).

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. If you need these written materials in other languages, braille, large print, or other formats, please contact:
OHA.Psilocybin@oha.oregon.gov or (971) 341-1713

For all other questions and concerns regarding Facilitator Licenses, please contact:

Licensing.Psilocybin@oha.oregon.gov or (971) 341-1509

Facilitator License Requirements:

- Must be 21 years of age or older
- Must have a high school diploma (or equivalent)
- Must be a resident of Oregon (provision expires in 2025)
- Must complete a facilitator training program with curriculum that has been approved by OPS
- Must pass the OPS Regulations Exam
- Must pass a criminal background check
- Must pay a license application fee
- Must pay an annual license fee

Facilitator License Application Packet Checklist

An application packet must contain the following to be considered complete and to be considered for approval. Please complete this checklist to ensure you have all the necessary items.

- Completed and signed Facilitator license application
- Copy of the front and back of a valid, unexpired government-issued photo identification. Accepted identification includes:
 - Passport;
 - Driver license, whether issued by the State of Oregon or by another state of the United States;
 - Identification card issued under ORS 807.400;
 - United States military identification card;
 - An identification card issued by a federally recognized Indian tribe with photo, name and date of birth; or
 - Any other identification card issued by a state or territory that bears a picture of the person, the name of the person, the person's date of birth and a physical description of the person.
- Copy of certificate of completion from a psilocybin facilitator training program with OPS approved curriculum
- Copy of the social equity plan
- OPS Regulations Exam answer sheet
- Copy of reduced licensing fee documentation (if applicable). If requesting a reduced licensing fee, please include a copy of one of the following required supporting documents:
 - A copy of a current monthly Social Security Income benefit statement showing dates of coverage
 - A copy of the applicant's current eligibility statement or card if enrolled in Oregon Health Plan
 - A copy of current proof of food stamp benefits from the Oregon Supplemental Nutrition Assistance Program
 - A copy of proof of having served in the Armed Forces, such as but not limited to, submitting a Veteran's Administration form DD-214
- \$150 Non-refundable license application fee with payment remittance form (payment must clear before application will be reviewed)

Important Notes:

- Please review each section of the application to ensure it is complete
- Toward the end of the application, the fee payment remittance form will

describe how to submit the application fee which may be paid by mail or in-person

- Applicants must read, understand, and agree to adhere to the Oregon Psilocybin Services Revised Statutes ([ORS Chapter 475A](#)), Oregon Administrative Rules ([OAR Chapter 333, Division 333](#)), as well as any other applicable statutes or laws
- OPS will not review an application packet until the application fee is paid and cleared. You have 90 days from the date of application submission to pay the application fee or it will be closed

Incomplete and Insufficient Application Statuses: Please review the application guide for more detailed information on all application statuses.

- **Incomplete:** An application is considered incomplete if the application is missing required information (e.g., the application fee has not been paid or the applicant did not submit fingerprints). If the application is incomplete, we will notify you by email to give you an opportunity to make your application complete. You have 90 days from the initial date you are notified to complete your application. If you fail to do so, the application will be closed.
- **Insufficient:** An application is considered insufficient if the complete application or site inspection does not meet requirements outlined in statute or rule. If the application is insufficient, we will notify you by email to give you an opportunity to meet requirements. You will have 90 days from the initial date you are notified to meet requirements, or your application will be denied.

DISCLAIMER: Psilocybin remains a schedule I drug under the federal Controlled Substances Act. Applicants are responsible for making their own determinations regarding the legal risks associated with participating in this program. The information you provide in your application materials, including applicant name, is subject to disclosure under Oregon's public records laws.

voluntary consent to use your SSN for the following administrative purposes only: to positively confirm your identity during the criminal records check. Oregon Psilocybin Services will not deny you any rights, benefits, or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC§ 552(a)). **Please check the appropriate box next to the social security field indicating whether you consent or do not consent.**

Do you consent to use of SSN for purposes of confirming identity during a criminal records check?

- Yes
- No

Primary Phone Number: _____

Alternate Phone Number (optional): _____

Primary Email Address: _____

Preferred Language (optional): _____

Preferred Pronouns (optional)

Physical Address

Street		Unit/Suite	
City		State	
County		Zip code	

Mailing Address

Same as Physical Address

Street		Unit/Suite	
City		State	
County		Zip code	

Residential History Outside of Oregon in the Past 5 Years

This information is used for the purposes of the background check.

City/State/Country	From (Month/Year)	From (Month/Year)

Previous License or Permit

Have you applied for or received any other licenses or permit from Oregon Psilocybin Services?

Yes No

If yes, please provide the license/permit name and license/permit id(s) for each:

Resident Statement (Expires 2025)

Please initial the following statement indicating you understand and agree:

___ I certify that I am a current Oregon resident and have been a resident of Oregon for two or more years

High School Diploma or Equivalent Statement

Please initial the following statement indicating you understand and agree:

___ I certify I have a high school diploma or equivalent education as required by ORS 475A.325 (2)(d)

OPS Regulations Exam

Every applicant for a facilitator license must take the required OPS Regulations Exam and receive a passing score prior to being issued a facilitator license.

- A score of 75 percent is passing
- An applicant who does not pass the exam may retake the exam
- The exam may be retaken immediately
- There is no limit on exam retakes

Applicants may access and refer to the statute and administrative rules found in [ORS 475A](#) and [Oregon Administrative Rules](#) when answering exam questions. It may be helpful to have these links open while completing the exam.

The exam is located on page 7 of this application. Please return the answer sheet along with your application. If you do not pass the exam, we will notify you and you may retake the exam.

Fee Information

Non-Refundable Application Fee: \$150

The facilitator license application will not be reviewed until the application fee payment has been received and cleared. Details on how to submit the application fee payment are located on page 10 of this application.

Non-Refundable Facilitator License Fee: \$2,000 or \$1,000 if applicant qualifies for Reduced License Fee

If your license application is approved, pending license fee payment and clearance, you will receive a request to pay the licensing fee. At that time, we will provide a licensing fee remittance form to submit with your licensing fee payment.

To request a reduced fee, please include copies of the required supporting documentation, as described in the Facilitator License Application Packet Checklist and in the Facilitator Application Guide. If you qualify for a reduced license fee, the fee will be reduced accordingly.

A license will not be issued until the license fee is paid and cleared. A licensee may not operate until the effective date of licensure.

Applicant Statements

Please initial each statement indicating you understand and agree.

_____ I certify the information provided in this application is true and complete to the best of my knowledge. I understand falsifying an application, supplying misleading information, or withholding information is grounds for denial of my application or revocation of my license.

_____ I understand I am responsible for making my own determination regarding the legal risks associated with a Schedule 1 substance under the Federal Controlled Substances Act.

_____ I understand the information provided in application materials, including applicant name, is subject to disclosure under Oregon's public records laws.

_____ I understand I must complete and pass a background check as a condition of licensure.

_____ I understand I must notify Oregon Psilocybin Services in writing within 10 business days of any conviction for any misdemeanor or felony committed, and I will be required to undergo another criminal background check.

_____ I understand I must notify Oregon Psilocybin Services in writing within 10 business days of a change in contact information.

_____ I understand I am also required to obtain a worker permit as described in OAR 333-333-4070.

_____ I have read, understand, and agree to adhere to the Oregon Psilocybin Services Revised Statutes (ORS) Chapter 475A, Oregon Administrative Rules (OAR) Chapter 333, Division 333, as well as any other applicable statutes or laws.

_____ I understand that failure to adhere to these statutes and rules may result in my application being denied or disciplinary action taken against any future licenses issued by Oregon Psilocybin Services.

_____ I understand the facilitator license has a term of one year from the effective date of licensure. If I wish to renew the license after that term, a renewal application must be submitted.

_____ I understand a license will not be issued until the license fee payment is paid and cleared. A licensee may not operate until the effective date of licensure.

_____ I understand the facilitator application and annual license fees are non-refundable.

Printed Name of License Applicant: _____

Signature of License Applicant: _____ Date: _____

**Please be sure to submit all required documents
as outlined in the
Facilitator License Application Packet Checklist**

**Instructions for submitting the application packet and fee
payment can be found in the Facilitator License Fee Payment
Remittance Form on page 10 of this packet or by visiting the
[Oregon Psilocybin – Facilitator License webpage.](#)**

Psilocybin Facilitator License Application Fee Payment Remittance Form

Facilitator Applicant Name	
Facilitator Phone Number	
Facilitator Email	
Application Date	

Type of Payment

- Cashier's Check
- Money Order
- Personal/Business Check
- Cash (**Please Do Not Mail Cash Payments**)

Payment Purpose

- New Application Fee \$150

Instructions for Submitting the Application and Fee Payment by Mail or In-Person

Money orders and checks are payable to: **Oregon Psilocybin Services**
Personal and business checks will be held for 21 days to ensure payment clearance.
Applications will be reviewed once payment has been cleared.

Mailing the application packet, money order or check, and remittance form:

Oregon Health Authority – Public Health Division – Fiscal Services
RE: OPS, PO Box 14260, Portland, OR 97293-0260

In-person payment with a money order or check:

To make an in-person fee payment with a money order or check, proceed to Cashier's Office on the second floor of the Portland State Office Building at 800 NE Oregon St, Suite 200, Portland, OR 97232 – Hours: 9am to 4pm, Mon to Fri

Additional instructions: The Cashier's Office window is located on the second floor next to the Vital Health Statistics window. If security asks if you have an appointment, you may let them know you are dropping off a payment for Oregon Psilocybin Services at the Cashier's Office window which does not require an appointment. Please include the remittance form with the payment and provide the application, if not already submitted by mail.

To make cash payment arrangements or for payment questions, please contact:

Licensing.Psilocybin@oha.oregon.gov or (971) 341-1509

Facilitator Regulations Exam Instructions

As outlined in [ORS 475A.330](#) and [OAR 333-333-3200](#), every applicant for a facilitator license must take the required Regulations Exam and receive a passing score prior to being issued a facilitator license.

- A score of 75 percent is passing
- An applicant who does not pass the exam may retake the exam
 - The exam may be retaken immediately
 - There is no limit on exam retakes

Instructions

Before you begin, make a copy of the last page which is the answer sheet. Applicants may access and refer to the statute and administrative rules found in [ORS 475A](#) and [OAR Chapter 333, Division 333](#) when answering exam questions. It may be helpful to have these links open while completing the exam.

Please submit the completed answer sheet with your facilitator application packet. You will receive notification of your exam results by email. Proceed by writing the letter corresponding with the answer for each question (there is only one answer to each question).

If you have questions or concerns, please contact the Licensing Team at:
licensing.psilocybin@oha.oregon.gov

or
(971) 341-1509

Facilitator Regulations Exam

1. What age does a client need to be to meet eligibility for psilocybin services?

- a. 18 years old
- b. 21 years old
- c. 21 years old, or 16 years old if they have a doctor's referral
- d. 25 years old

2. How is 'nondirective facilitation' defined in rule?

- a. A client-directed approach to facilitation
- b. An approach to facilitation in which the facilitator holds space and provides suggestions throughout the client's experience, acting as a guide, rather than a director
- c. An approach to facilitation in which the facilitator maintains a consistent disposition with a client, while avoiding giving the client direct advice or directly interpreting a client's statements or behaviors
- d. Both answers A & C

3. In which scenario must a client have an opportunity to meet a facilitator who will provide psilocybin services prior to receiving services from that facilitator?

- a. If the client will participate in group session
- b. If the facilitator is leading practicum for a training program
- c. Always, unless a back-up facilitator is required in case of facilitator emergency
- d. If the facilitator has a conflict of interest

4. Which of the following is not a required standardized document that needs to be provided and reviewed during the preparation session?

- a. Client Bill of Rights
- b. Informed Consent document
- c. Client Information Form
- d. Conflict of Interest document

5. When must a facilitator coordinate with the client to complete a client safety plan?

- a. When the client requires additional supports, such as the use of a medical device or mobility device
- b. During a preparation session for every client, regardless of the client's safety concerns
- c. If the client has a recent history of causing harm, or wanting to cause harm, to self or others
- d. When the client requests a safety plan
- e. Both answers C & D

6. Which of the following is not true about presenting the bill of rights?

- a. It must be posted in a prominent location within the licensed premises
- b. It must be discussed during all preparation sessions
- c. It may be adapted to include the facilitator's core values and principles
- d. It must be provided in other languages or accessible formats, upon a client's request
- e. It must be confirmed by the client in a signed informed consent document that their facilitator explained the bill of rights and that they understand their rights as a client

7. What does it mean to remain within the facilitator scope of practice?

- a. A facilitator cannot diagnose or treat a client's mental health concerns, even if they hold other professional licenses in the mental health field
- b. A facilitator cannot provide a psilocybin product to a client during the administration session, even if the facilitator is also a licensed representative of the service center
- c. A facilitator cannot offer counseling during an administration session, even if the client provides prior consent
- d. A facilitator cannot offer therapeutic massage, even if the facilitator is a licensed massage therapist
- e. All the above

8. Which of the following does not require prior written consent?

- a. Consent to participate in a group administration session
- b. Consent to the use of supportive touch during an administration session
- c. Consent to video or audio recording of administration session
- d. Consent to the offering of adjustments to sound, lighting, or other aspects of the setting
- e. Consent to consume a secondary dose of a psilocybin product

9. Which of the following pieces of information are not part of the Client Information Form that the facilitator must receive before a client can participate in an administration session?

- a. Whether the client has taken the prescription drug Lithium within the last 30 days.
- b. Whether the client is currently being treated by a medical, clinical, or other healthcare provider for a medical, mental health, or behavioral health condition.
- c. Whether the client will require assistance from an interpreter or client support person
- d. Whether the client has experienced traumatic events, which are required to be disclosed
- e. Whether the client has a recent history of causing harm, or wanting to cause harm, to self or others

10. In which scenario can a facilitator assist a client with consuming psilocybin products or other medications while providing psilocybin services to the client?

- a. Never
- b. If the facilitator is a licensed prescriber, a physician, or a nurse practitioner
- c. Only if the facilitator also has a pharmacy endorsement
- d. Only if the facilitator is a caregiver and the client consents to assistance
- e. Anytime the client provides a written consent

11. Which of the following is not a part of the Client Bill of Rights?

- a. The right to a full disclosure of any facilitator conflicts of interest
- b. The right to receive a comprehensive list of contraindicated medications that should not be taken with psilocybin
- c. The right to access their client records after providing reasonable notice to a facilitator or service center and to correct information that is inaccurate
- d. The right to receive the facilitator's personal phone number and contact the facilitator at any time within the 48 hours following the conclusion of an administration session
- e. The right to make complaints to the Oregon health Authority regarding psilocybin services, including facilitator violations
- f. None of the above are part of the Client Bill of Rights
- g. A and D
- h. B and D
- i. All the above are part of the Client Bill of Rights

12. A facilitator may not allow any unlawful or disorderly activity. Which activities below qualify as unlawful or disorderly activity?

- a. Activities that threaten or harass another person
- b. Discussing a news article about illegal consumption of psychedelic substances.
- c. Offensive conduct towards another person based on race, ethnicity, religion, language, disability, age, gender, gender identity, sexual orientation, or social class
- d. Both answers A & C
- e. All the above

13. Which of the following is not included in the informed consent document?

- a. A requirement that the client has read every section and has signed the informed consent document before the administration session begins
- b. An acknowledgement that federal law prohibits the manufacture, distribution, and possession of psilocybin, even in states that have adopted laws to allow its possession or use
- c. A requirement that a client consult a medical provider if they are currently taking any prescription medications or have a medical condition or mental health condition before the administration session can occur
- d. An agreement to follow a transportation plan and that failure to do so may result in the facilitator contacting emergency services if it presents a safety risk
- e. An acknowledgement that the facilitator has shown the client where the restrooms are located and shared the protocols for using restrooms during an administration session, along with an acknowledgement that the facilitator may also take short restroom breaks during the administration session

14. How soon after a preparation session can an administration session be conducted?

- a. 24 hours
- b. Immediately
- c. Two hours
- d. One week

15. Which of the following is true about administration areas?

- a. Client administration areas where group administration sessions will take place must contain at least 10 square feet of area for every person who will be present during the session
- b. Clients and facilitators are the only people who may access a client administration area regardless of the circumstances
- c. A client who leaves an administration area may visit areas outside of the licensed premises if they are accompanied by a licensed facilitator
- d. A permitted worker may be present in an administration area to assist with operations and shall not interfere or otherwise participate in the administration session
- e. Both answers A & B

16. Which of the following is true about facilitator conduct?

- a. A facilitator shall not engage in any romantic relationships, sexual contact, or sexual intimacy with clients for a period of one month following the last date that the facilitator provided psilocybin services to the client
- b. If a facilitator is a mandatory reporter of abuse under Oregon law, the facilitator may not disclose their status to a client during the course of providing psilocybin services
- c. A facilitator shall determine whether they are able to provide psilocybin services to a client. If a facilitator determines that they are unable to provide services to a client for any reason, the facilitator may refer the client to another facilitator
- d. Both answers A & B
- e. Both answers B & C

17. What is 'supportive touch' limited to?

- a. The facilitator may offer hugs or place their hands on a client's hands, feet, or shoulders.
- b. The facilitator may provide any kind of supportive touch as long as the client provides prior consent
- c. The facilitator may offer therapeutic touch, such as massage, however any sexual contact or intimacy is prohibited
- d. The facilitator may place their hands on the client's head or back
- e. All of the above

18. Which of the following things can facilitators do during an administration session?

- a. Leave the administration area and monitor the client using video monitoring equipment
- b. Have an assistant monitor the client as long as they have a worker permit
- c. Have a support person monitor the client as long as it is part of the client support plan developed prior to the administration session
- d. Conduct other business outside of the administration area as long as there is a license representative available to monitor the client in your absence
- e. Invite the client to go outside, as long as the facilitator accompanies the client and the outdoor space is a designated administration area

19. Some people can assist a client during an administration session as long as they meet with the facilitator and client in advance of the administration session and develop a written support person plan. Which of the following types of support person is not allowed?

- a. An interpreter
- b. A support person to assist the client in consuming the psilocybin product
- c. A support person to assist with a medical device or a mobility device
- d. A support person to assist with difficult emotional experiences
- e. Both B & D

20. A backup facilitator must be available to reach the service center within a reasonable period of time during an administration session.

- a. True
- b. False
- c. True, as long as they are within 15 minutes of the service center
- d. Neither true nor false, a backup facilitator is not required for an administration session

21. What is the ratio of facilitators to clients for a group administration session where the client is consuming 30mg of psilocybin analyte?

- a. One to eight
- b. One to six
- c. One to five
- d. One to four
- e. One to two

22. If a client leaves in the middle of a session, what is required?

- a. A facilitator must require every client to sign a release document which states that the client agrees to end their administration session
- b. A facilitator must accompany the client for the minimum duration of time required, even if it involves accompanying them outside of the service center
- c. Facilitators are required to contact appropriate emergency services if the client fails to follow any detail of the of their transportation plan
- d. Both answers A & C
- e. Both answers B & C

23. Unless otherwise stated, how long must client records be retained for?

- a. Five years
- b. They are not required to be maintained
- c. Six months
- d. Two years

24. If a client requests their records be destroyed, they must be destroyed.

- a. TRUE, after the proper retention period
- b. False
- c. True

25. What is the minimum duration for an administration session if a client consumes 20mg of psilocybin analyte?

- a. Two hours
- b. Four hours
- c. Five hours
- d. Six hours

26. Is video recording of an administration session allowed?

- a. Yes, a facilitator can record with prior client consent using portable video equipment
- b. Yes, a client can record the session with the facilitator's consent using their own equipment
- c. No, unless it is part of a practicum for learning purposes and the client offers prior consent
- d. No, video recording is never allowed
- e. Both answers A & B

27. Which of the following statements about psilocybin products is not true:

- a. A facilitator must provide a product information document for all psilocybin products that may be consumed during an administration session during a client's preparation session and provide the client an opportunity to discuss the document.
- b. A product information document must include product type, laboratory test results, date of manufacture, list of all ingredients, estimated activation time, and "best by" date.
- c. A product information document must be made available in languages other than English and/or in an accessible format, upon the client's request.
- d. A product information document originates from the manufacturer of the product, who is required to provide the document when transferring products to a service center.
- e. If a client chooses to have a secondary dose during an administration session, a facilitator must confirm that the psilocybin product's unique identification number matches the product information document before transferring the product to the client.

28. After the conclusion of the administration session, a facilitator shall attempt to contact the client within how many hours after the conclusion of the administration session?

- a. 24 hours
- b. 48 hours
- c. 72 hours
- d. 3 days
- e. 1 week

29. Which of the following statements about the conclusion of an administration session is not true?

- a. Following the conclusion of the minimum duration period, a facilitator, in consultation with the client, shall determine whether the administration session should be concluded. If continuing the administration session is not required to ensure the safety of the client and the public, the administration session may be concluded.
- b. If following the conclusion of the minimum duration period, a facilitator determines that it is appropriate to continue the administration session beyond 11:59 PM local time, the facilitator and service center where the client received services shall notify the Authority no later than 11:00 AM the next calendar day.
- c. A facilitator must dispose of any product that is not consumed at the conclusion of the client's administration session.
- d. A facilitator must record and retain the time and date that each administration session began and concluded.
- e. A facilitator shall require every client to sign a release document at the conclusion of the administration session which states that the client agrees to end their administration session and follow the terms of their transportation plan.

30. Integration sessions must use a non-directive facilitation approach.

- a. True
- b. False

Facilitator Regulations Exam Answer Sheet

Facilitator Applicant Name

Date of Birth

Please write the letter corresponding with the answer for each question (there is only one answer to each question).

- | | | | |
|--------------|-------|--------------|-------|
| Question #1 | _____ | Question #16 | _____ |
| Question #2 | _____ | Question #17 | _____ |
| Question #3 | _____ | Question #18 | _____ |
| Question #4 | _____ | Question #19 | _____ |
| Question #5 | _____ | Question #20 | _____ |
| Question #6 | _____ | Question #21 | _____ |
| Question #7 | _____ | Question #22 | _____ |
| Question #8 | _____ | Question #23 | _____ |
| Question #9 | _____ | Question #24 | _____ |
| Question #10 | _____ | Question #25 | _____ |
| Question #11 | _____ | Question #26 | _____ |
| Question #12 | _____ | Question #27 | _____ |
| Question #13 | _____ | Question #28 | _____ |
| Question #14 | _____ | Question #29 | _____ |
| Question #15 | _____ | Question #30 | _____ |

PLEASE SUBMIT THE COMPLETED ANSWER SHEET WITH YOUR FACILITATOR APPLICATION PACKET