PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services

http://oregon.gov/psilocybin



HIGHER EDUCATION COORDINATING COMMISSION (HECC) VERIFICATION FORM

Training Program Name:	
Training Program Number (TLC): _	
Date:	

Background

In 2023, Oregon Psilocybin Services (OPS) amended administrative rules on psilocybin facilitator training programs to clarify that requirements for HECC licensure apply to training programs and are necessary to receive and maintain OPS curriculum approval. These rules were amended to ensure consistency with existing Oregon law.

- Psilocybin facilitator training programs that received curriculum approval from OPS prior to December 31, 2023 must provide documentation that it has applied for a license from HECC or requested determination from HECC that a license is not required no later than June 1, 2024.
- Psilocybin facilitator training programs that receive OPS curriculum approval after December 31, 2023 must provide this documentation within 180 calendar days of receiving OPS curriculum approval.

How to Use This Form

Please fill out the top of this form and check the appropriate box below. Please send to the Higher Education Coordinating Commission (HECC) to review and sign the form. Once you receive the form back from HECC, please upload and send to the OPS Licensing Program in TLC messages. If you have any issues uploading the form, please send to the OPS Licensing Program at: licensing.psilocybin@oha.oregon.gov.

Verification

The training program listed above has applied for any approvals, such as licensure or authorization, required from the Higher Education Coordinating Commission in accordance with applicable law governing the type of school or institution and paid any required application fees.

The program listed above has requested a determination from the Higher Education Coordinating Commission that approval, such as licensure, is not required in accordance with applicable law governing the type of school or institution. If a determination that the training program has been exempted, please attach the verification letter from Higher Education Coordinating Commission that specifies exemption under one or more bases listed in ORS 345.015.

HECC Signature:
Printed Name of HECC Representative:
Title of HECC Representative:
I acknowledge that I understand a school must not engage in any form of marketing, advertising, instruction, recruitment, or any other activity regulated under ORS Chapter 345 and OAR chapter 715, division 45, until the school obtains licensure or exemption, or has verified with the HECC they are not required to obtain licensure or exemption.
School Signature:
Printed Name of School Representative:
Title of School Representative: