PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services

http://oregon.gov/psilocybin



Oregon Psilocybin Services School Exclusion Exception Request Form

☐ I have found a public or private elementary or secondary school within 1,000 feet, but not within 500 feet, of the proposed service center premises and due to the presence of a physical or geographic barrier that would prevent children from traversing to the proposed licensed premises, am applying for a school exclusion exception request.
\Box Identify the distance between the school and proposed service center premises. The measurement must comply with OAR 333-333-4130(4)(b):
For purposes of determining the distance between a service center and a school, "within 1,000 feet" means a straight -line measurement in a radius extending for 1,000 feet or less in any direction from the closest point anywhere on the boundary line of the real property comprising a school to the closest point of the licensed premises of a service center.
\Box Please indicate if the barrier is physical or geographic and add a description of the barrier, and whether is it temporary or permanent.

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☐ Attach a map (preferably an aerial or satellite picture) depicting the proposed service center premises, the physical or geographic barrier, and the school(s).
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\square Attach photos of the physical or geographic barrier (PDF format) and indicate the directional
orientation of the barrier(s) from the school and the proposed service center premises
☐ Are there pedestrian crossings across the barrier? If so, please describe.
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☐ I certify that the information provided is true and accurate. I understand that thi does not guarantee that a school exclusion exception will be granted and that OR grants authority to the Oregon Health Authority to determine whether a physical obarrier is capable of preventing children from traversing to the proposed service opremises.	S 475A.310 r geographic
Name of the Individual Authorized to Act on Behalf of the Named Licensee:	
Signature of the Individual Authorized to Act on Behalf of the Named Licensee:	
Date	