



Psilocybin Service Center License Renewal Application Guide for Renewal Applications Submitted Online

PUBLIC HEALTH DIVISION
CENTER FOR HEALTH PROTECTION
Oregon Psilocybin Services (OPS)
<http://oregon.gov/psilocybin>

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Introduction

The purpose of this guide is to provide support to applicants submitting a psilocybin manufacturer license renewal application **ONLINE**. The most current version of this guide can be found on the [Oregon Psilocybin Services \(OPS\) – Service Center License webpage](#).

Applicants must read, understand, and agree to adhere to the OPS statutes and administrative rules, outlined in [Oregon Revised Statute \(ORS\) Chapter 475A](#), [Oregon Administrative Rules \(OAR\) Division 333, Chapter 333](#), as well as any other applicable statutes or laws.

The [OPS – Training Program, Licensing, and Compliance system \(TLC\)](#) is an online platform where applicants can apply for psilocybin licenses, worker permits, training program curriculum approval and renewals. Please visit TLC at <https://psilocybin.oregon.gov> to complete the renewal application online. If you are unable to complete the renewal application packet online, you may print, complete, and mail the application packet. Printable renewal application forms may be found on the [OPS Service Center License webpage](#).

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. If you need materials in other languages, braille, large print, or other formats, contact:

OHA.Psilocybin@oha.oregon.gov

(971) 673-0322

For all other questions and concerns, please contact:

Licensing.Psilocybin@oha.oregon.gov

(971) 673-0304

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 provided in the application materials, including applicant and instructor names, is subject to disclosure under Oregon's public records laws.

Service Center License Renewal Application Packet Checklist

Please use the following checklist to assist in planning and ensuring the renewal application is complete.

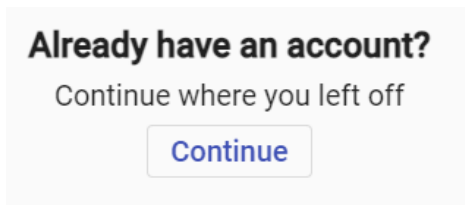
- Completed and signed Service Center license renewal application in TLC
- Copy of the front and back of a valid, unexpired government-issued photo identification for **each individual applicant**. Applicants must be age 21 or older. Accepted identification includes:
 - Passport
 - Driver license, whether 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.
- Copies of [Individual Applicant Information forms](#) and [Legal Entity Applicant Information forms](#) for **each applicant**
- Copy of the Social Equity Plan and Annual Social Equity Evaluation Report
- Copy of reduced licensing fee documentation (if applicable).
 - If the proposed licensed Service Center is a **non-profit entity**, please provide supporting documentation of the Service Center's non-profit status.
 - If the proposed licensed Service Center is an **individual applicant**, 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
- If the proposed service center is a legal entity, they may be eligible for a reduced license fee if every individual applicant within the entity meets to requirements for reduced fees in OAR 333-333-4060(4). Please include a copy of **one** on of the following supporting documents for every individual applicant within the entity.
- 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.

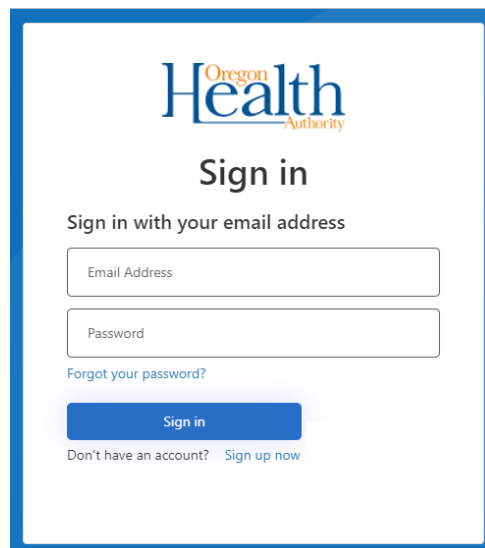
Getting Started with TLC

Please visit <https://psilocybin.oregon.gov> to access TLC and log into your account.

To begin an online renewal application, log into your existing TLC account by selecting “Already have an account? Continue where you left off.”



Click “Continue”

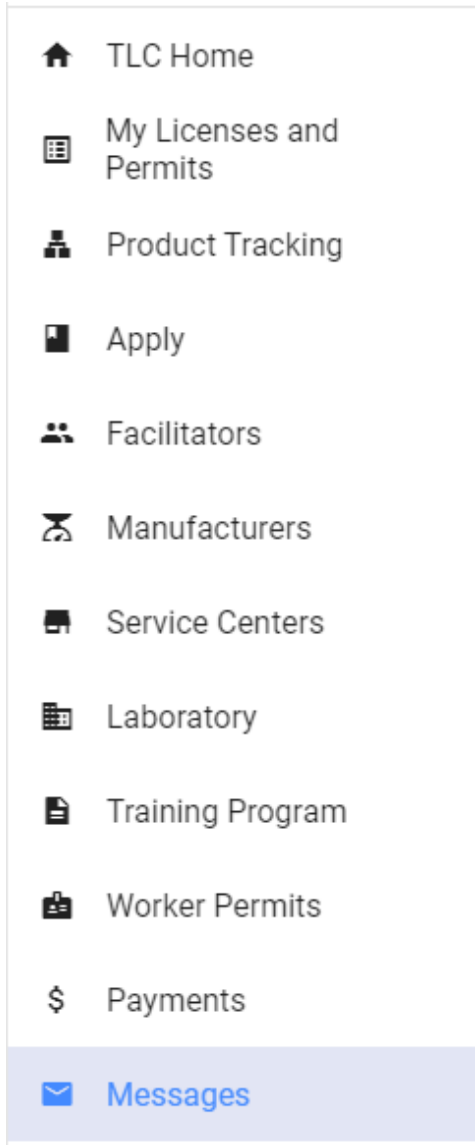


Sign in using your email address and password. Use “Forgot Password” if original password needs to be recovered.

TLC Dashboards

All license types and worker permits have unique dashboards in TLC. You can access each dashboard by clicking the type in the menu on the left side of the screen.

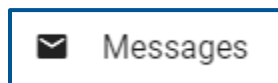
Dashboards:



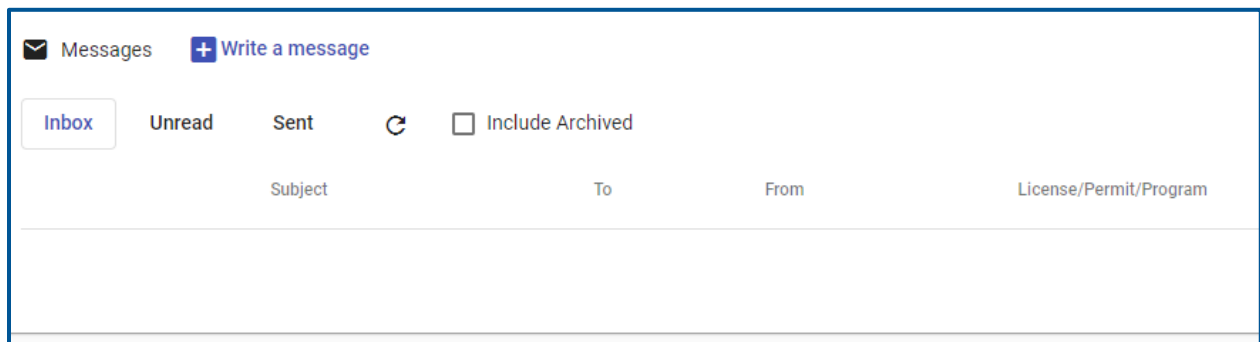
TLC Messaging Dashboard

Messages is a platform to communicate with the Oregon Psilocybin Services Licensing and Compliance Programs. From this dashboard you can send messages to and receive messages from the OPS Licensing and Compliance Programs. You can include attachments and write a message in the open text field.

To navigate to Messages, select “Messages” from the menu on the left side of the screen.



To write a new message select the 'Write a message' button.

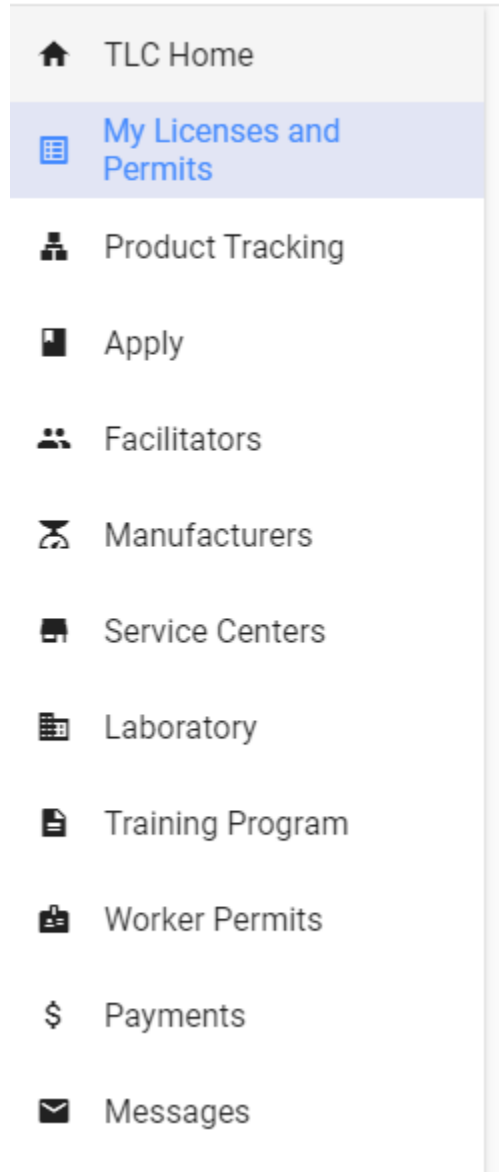


Then, select which program you are sending the message to. If you have a question related to applying for a license, worker permit, or training program curriculum approval, please direct your message to the OPS Licensing Program. If your message is related to site inspections, premises requirements, compliance with administrative rules, or investigations, please direct your message to the OPS Compliance Program. If you are unsure which program to send the message to, please select the program you think is most relevant and our teams will work together to answer the message.

Please include the application, license, or permit ID number you are reaching out about with your message.

Begin a Service Center License Renewal Application

When you are ready to begin a Service Center license renewal application, please navigate to “my licenses and permits” on the left-side menu.



Click on the service center license to be renewed and navigate to the button to begin your renewal.

[Continue Renewal](#)

Review all information on the “Getting Started” page of the application before proceeding through the application.

Residency Requirements (Expires 2025)

Residency requirements are outlined in [OAR 333-333-4050](#). Until January 1, 2025, to qualify for a service center license:

- If the direct owner of the proposed named licensee is organized as a legal entity, an applicant must provide proof that more than 50 percent of the shares, membership interests, partnership interests, or other ownership interests of the legal entity are held, directly or indirectly, by one or more individuals who have been residents of this state for two or more years.
- If the direct owner of the proposed named licensee is a partnership that is not a legal entity, an applicant must provide proof that more than 50 percent of the partnership interests of the partnership are held, directly or indirectly, by one or more individuals who have been residents of this state for two or more years.
- If the direct owner of the proposed named licensee is an individual, an applicant must provide proof that the individual has been a resident of this state for two or more years.

Applicants for a service center license must review and acknowledge the following statement indicating they understand and agree: I understand that the individual, partnership, and legal entity applicants in this application must meet the Oregon resident requirements outlined in ORS 475A and OAR 333-333-4050

This statement will be found in three places:

- Review and Submit Tab in the Service Center Application Form.
- Applicant Statements in the Individual Applicant Information Form which must be completed and signed by each individual applicant.
- Applicant Statements in the Legal Entity Applicant Information Form which must be completed and signed by each legal entity.

Applicants and licensees must retain documentation that demonstrates they meet the residency requirement. Applicants and licensees must provide documentation to OPS within 15 calendar days of written request. Proof of residency may be demonstrated by providing:

- A valid Oregon driver license or Oregon identification card issued at least two years prior to the date of application.
- Oregon full-year resident tax returns for the last two years
- Proof of Oregon voter registration issued at least two years prior to the date of application.
- Utility bills, lease agreements, rental receipts, mortgage statements or similar documents that contain the name and address of the applicant dated at least two years prior to the date of application and from the most recent month.
- Letter from a homeless shelter, nonprofit entity, employer, or government agency attesting that applicant has been an Oregon resident for at least two years.
- Any other documentation that the Authority determines to reliably demonstrate proof of Oregon residency for the last two years.

If applicants are being added to an existing OPS Service Center License, they must go through a formal addition process to be included on any Service Center license applications at renewal or during any other time. This will incur a change fee and a background check and attestation to residency requirements.

Service Center Applicant Information Tab

Please review the following information in the “Applicant Information” tab:

- Operational Name (***fixed-unable to be changed***) means an individual, legal entity or business name listed on an application and license certificate of a service center, manufacturer, or laboratory license that the licensee(s) will use for purposes of advertising and doing business with the public.
- Website (***can be edited for accuracy***)
- Verify Registered Business Information (***fixed- unable to be changed***)
 - Review and initial the statement indicating you understand and agree licensees that are required to be registered with the Oregon Secretary of State must register prior to receiving a license and maintain registration (***required***)
- Physical Address (***fixed- unable to be changed***)
- Mailing Address (***can be edited for accuracy***)

Previous License or Permit

If the operational name has ever applied for or received any other licenses from OPS, please provide this information within the online renewal application.

Service Center Information

Operational Name

Operational Name *

Service Center Website

Website

Registered Business

Is the applicant registered as a business with the Secretary of State (SOS) in Oregon?

Yes No

I understand licensees that are required to be registered with the Oregon Secretary of State must register prior to receiving a license and maintain registration per OAR 333-333-4400 (11).

Other OPS Licenses or Permits

Check the box if the applicant applied for or received any
 other licenses or permits from Oregon Psilocybin Services

Individual and Legal Entity Applicant Information Tab

An application for a psilocybin Service Center license must identify all individuals and legal entities who qualify as applicants as described in [OAR 333-333-1010](#) and [OAR 333-333-4030](#). Applicants are responsible for ensuring all individuals and legal entities who meet the definition of an applicant are identified.

OAR 333-333-1010(7):

“Applicant” means an individual who applies for a facilitator license and an individual or legal entity who:(a) Holds or controls an interest of more than 20 percent in the entity proposed to be licensed;

(b) Is entitled to receive 20 percent or more of revenue, profits or proceeds from the entity proposed to be licensed; or

(c) Is entitled to exercise control over the entity proposed to be licensed.

OAR 333-333-4030(4)

If a legal entity is an applicant, the following individuals within the legal entity are also applicants:

(a) If an applicant is a limited partnership, each general partner in the limited partnership.

(b) If an applicant is a limited liability company, each manager and managing member of the limited liability company.

(c) If the applicant is a for-profit corporation, each principal officer of the corporation.

(d) If the applicant is a non-profit entity, each principal officer of the entity.

(e) Any individual within the legal entity who meets the definition of applicant in OAR 333-333-1010.

All applicants must be identified in the online renewal application. If an individual within a legal entity is identified as an applicant, please be sure to include them as an individual applicant.

Individual Applicant Information Form

Each individual applicant must complete an [Individual Applicant Information Form](#). Applicants are responsible for completing and ensuring all individual applicant information forms are uploaded into the online application.

Each individual applicant must complete and sign their own applicant information form.

Within this form, an individual applicant will provide the following information:

- Indicate which type of license the individual applicant is associated with: manufacturer, laboratory, or service center **(required)**
- Provide the Service Center operational name listed on the application. **(required)**
- Provide the name(s) of the legal entity applicants the individual may be associated with **(required is applicable)**
- Legal Name **(required)**
- Preferred Name **(optional)**
- Prior Names and Aliases **(required)**
 - This information is used for the purposes of the background check.
- Date of Birth **(required)**
- Social Security Number **(required if you have one)**
 - If you do not have a social security number, you may still be licensed or permitted by Oregon Psilocybin Services
 - As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN), if you have one, to Oregon Psilocybin Services for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and have an SSN but fail to provide your SSN, Oregon Psilocybin Services may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you confirm your agreement that OPS can use it for administrative purposes as well.
 - In the application, we ask for **voluntary** consent to use your social security number, if you have one, to confirm your identity during the criminal records check. We 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.

- Check the appropriate box next to the social security field indicating whether you consent or do not consent
(required)

- Primary Phone Number **(required)**
- Alternate Phone Number **(optional)**
- Primary Email Address **(required)**
- Preferred Language **(optional)**
- Preferred Pronouns **(optional)**
- Physical Address **(required)**
- Mailing Address **(required)**
- Residential History Outside of Oregon in the Past 5 Years **(required if applicable)**
 - This information is used for the purposes of the background check.

Previous License or Permit

If the individual applicant has ever applied for or received any other licenses or a worker permit from Oregon Psilocybin Services, please provide this information within the form.

Worker Permit

An individual who is a licensee or a licensee representative must have a valid worker permit if the individual participates in:

- The provision of psilocybin services at a licensed premises
- The possession, manufacturing, securing, or selling of psilocybin products at a licensed premises.
- The recording of the possession, manufacturing, securing, or selling of psilocybin products at a licensed premises
- The verification of any document described in ORS 475A.445

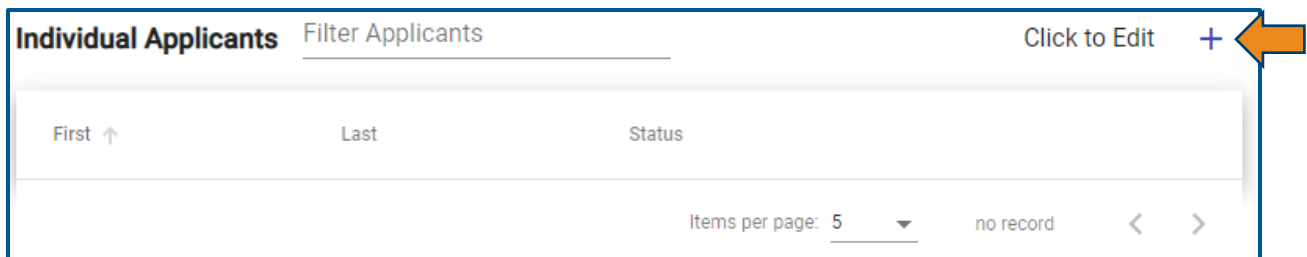
All licensed facilitators that provide psilocybin services to clients and all employees who work on a licensed manufacturer, service center, or laboratory premises must have a worker permit if the individual participates in provision of psilocybin services, possession, manufacture, selling or storage of psilocybin products or recording any information related to these activities.

Please review the worker permit application and application guide by visiting the [Oregon Psilocybin Services \(OPS\) – Worker Permit webpage](#). Individuals may apply for a worker permit online by visiting [Oregon Psilocybin Services – Training Program, Licensing, and Compliance system \(TLC\)](#). If an individual applicant does not want or is unable to apply online, the worker permit application may be submitted with the service center license application or mailed separately.

Adding Individual Applicants in the TLC Application

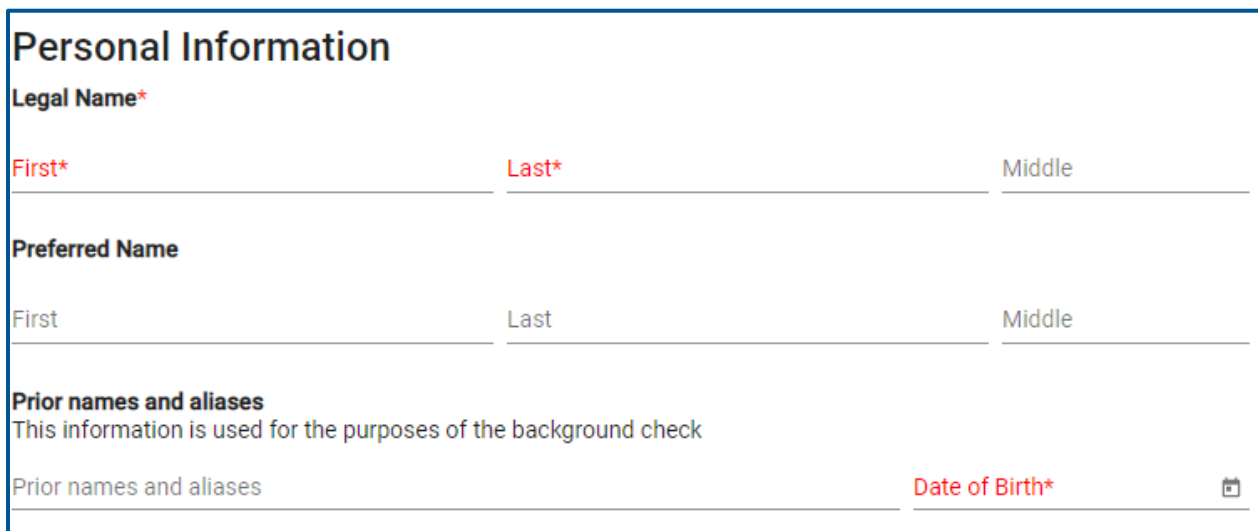
To add an individual applicant, click the “+” symbol.

*Note: any applicants added to the application will need to be added through a formal change process with OPS which will require a change fee and a background check for each new applicant



First ↑	Last	Status
Items per page: 5		
no record		

Please use the completed individual applicant information form to enter required information in the fields on the individual applicant screen.



Personal Information


Legal Name*

First* Last* Middle

Preferred Name

First Last Middle

Prior names and aliases
This information is used for the purposes of the background check

Prior names and aliases Date of Birth* 

Contact Information

Primary Phone*

Phone*

Alternate Phone

Alt Phone

Primary Email Address*

Email*

Confirm Email Address*

Confirm Email*

Preferred Language

Language

Previous License or Permit

Check if this individual has applied for or received any other licenses from Oregon Psilocybin Services.

Address

Physical Address

Street Apt/Unit/Suite*

City*

State/US territory/freely associated state*

Zip*

Mailing Address

Same as physical

Street Apt/Unit/Suite*

City*

State/US territory/freely associated state*

Zip*

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 to month/year.

City

State

Country

From Month and Year

To Month and Year

+

MM/YYYY

MM/YYYY

Individual Applicant Attestation

The following documents are uploaded on the Individual Applicant Information page:

- Attest to no new criminal convictions.
- Attest to personal information still being true and accurate.

Upload a copy of the individual applicant's photo identification (if the applicant does not already have current photo identification in TLC) and Individual Applicant Information Form by clicking "Browse" and selecting the file(s) you would like to upload.

Identity Verification Incomplete

Please visit the [OPS-Manufacturer License webpage](#) to download required forms.

You must upload a 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

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.

For each document select the requirements it verifies

- Identification
- Applicant Information Form

Browse 

Legal Entity Applicant Information Form

Each legal entity applicant must complete a [Legal Entity Applicant Information form](#). Applicants are responsible for completing and ensuring all legal entity applicant information forms are uploaded into the online application.

Within this form, the legal entity will provide the following information:

- Indicate which type of license the legal entity applicant is associated with manufacturer, laboratory, or service center **(required)**
- Provide the Service Center Operational Name listed on the application. **(required)**
- Legal Entity Name
- Registered Business Information **(required)**
 - Review and initial the statement indicating you understand and agree licensees that are required to be registered with the Oregon Secretary of State must register prior to receiving a license and maintain registration **(required)**
- Primary phone number **(able to be changed for accuracy)**
- Alternate phone number **(able to be changed for accuracy)**
- Primary email address **(able to be changed for accuracy)**
- Preferred language **(fixed- requires notification to OPS)**
- Headquarters/Main Office Address **(fixed- requires a change order)**
- Physical Address **(fixed- requires notification to OPS)**
- Mailing Address **(able to be changed for accuracy)**

Previous License or Permit

If the legal entity applicant has ever applied for or received any other licenses or a worker permit from Oregon Psilocybin Services, please provide this information within the form.

Financial Interests and Restriction on Multiple Licenses

Applicants and licensees must create and maintain complete lists of all individuals and legal entities that hold a financial interest in a service center, including contact information for each individual or entity and a description of their financial interest. Applicants and licensees must provide the information required to Oregon Psilocybin Services within 15 calendar days of the written request for such information. If a person or entity holds

an interest of twenty percent or more, they are an applicant in addition to holding a financial interest.

If a legal entity holds a financial interest, the following individuals within the legal entity also hold a financial interest:

- For limited partnerships, each general partner in the limited partnership
- For limited liability companies, each manager and managing member of the limited liability company
- For for-profit corporations, each principal officer of the corporation
- For non-profit entities, each principal officer of the entity

Restriction on financial interests on multiple licenses ([ORS 475A.280](#))

An individual may not have a financial interest in:

- More than one psilocybin product manufacturer; or
- More than five psilocybin service center operators

The legal entity applicant must initial each of the following statements indicating they understand and agree:

- I have read, understand, and agree to adhere to the financial interest requirements outlined in ORS 475A and OAR Chapter 333, Division 333.
- I understand every individual and legal entity applicant in the proposed service center to be licensed must comply with the requirements of ORS 475A.280, Restriction on financial interests in multiple licenses.

Associated Individual Applicants

The following individuals within the legal entity are also applicants:

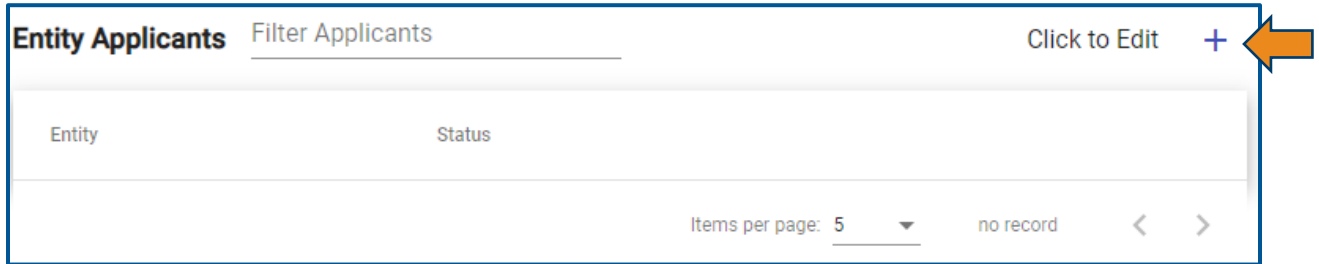
- If an applicant is a limited partnership, each general partner in the limited partnership
- If an applicant is a limited liability company, each manager and managing member of the limited liability company.
- If the applicant is a for-profit corporation, each principal officer of the corporation
- If the applicant is a non-profit entity, each principal officer of the entity
- Any individual within the legal entity who meets the definition of applicant in OAR 333-333-1010, including individuals who hold or control an interest of more than 20 percent of the entity proposed to

be licensed, individuals who are entitled to receive 20 percent or more of the revenue from the entity proposed to be licensed and any individual who is entitled to exercise control over the entity proposed to be licensed.

The legal entity applicant must provide the names and dates of birth of all individuals who meet the definition of an applicant. Those individuals must complete an Individual Applicant Information Form.

Adding Legal Entity Applicants in the TLC Application

To add a legal entity applicant, click the “+” symbol.



Entity	Status
no record	

Please use the completed Legal Entity Applicant Information Form to enter required information in the fields on the individual applicant screen.

Contact Information

Legal entity name

Entity Name*

Please provide the legal entity name

Registered Business

Is the applicant registered as a business with the Secretary of State (SOS) in Oregon?

Yes No

I understand licensees that are required to be registered with the Oregon Secretary of State must register prior to receiving a license and maintain registration per OAR 333-333-4400 (11).

Previous License or Permit

Has this applicant applied for or received any other licenses from Oregon Psilocybin Services?

Contact Phone	Preferred Language
Phone* <small>A name is required</small>	Language
Email Address	Confirm Email Address
Email* <small>Please enter an email address</small>	Confirm Email*

Addresses

Headquarters Address

Street Apt/Unit/Suite* Please provide a street City* Please provide a city State/US territory/freely associated state* Please select a state ▼

Zip* Please provide a zipcode

Physical Address Same as Headquarters

Street Apt/Unit/Suite* City* State/US territory/freely associated state* ▼

Zip*

Mailing Address Same as Headquarters Same as Physical

Street Apt/Unit/Suite* City* State/US territory/freely associated state* ▼

Zip*

Upload Legal Entity Applicant Information Form

Upload a copy of the Legal Entity Applicant Information Form by clicking “Browse” and selecting the file(s) you would like to upload.

Supporting Documents Incomplete

You must provide a completed entity applicant information form

[Browse](#)

Once the file is uploaded, it will appear in the adjacent box titled “Current Documents”. If you uploaded the incorrect file, you may delete it by clicking on the trash icon.

File	Requirement
Test Document for Upload.jpg	Applicant Information

Associating Individual Applicants in TLC

If an individual applicant is associated with a legal entity applicant, please associate them in the legal entity applicant information page by clicking the “+” symbol. Helpful note: To do this successfully, you must enter individual applicants before entering legal entity applicants.

Individual Applicants

Available Applicants Click **+** To Associate An Applicant

First	Last
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Items per page: 5 ▼ no record < >

Associated Applicants

First	Last
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Items per page: 5 ▼ no record < >

Designated Primary Point of Contact

One applicant must be designated as the Primary Point of Contact for communication. The primary point of contact is responsible for ensuring all persons identified as licensees or applicants are aware of relevant communications, including but not limited to notices issued under ORS Chapter 183. [See OAR 333-333-4010.](#)

Please indicate which individual **or** legal entity applicant is designated as the Point of Contact by selecting **only one** on the Applicant Information tab. Once selected, the Primary Point of Contact information will populate on the same page.

Communication about your application will be sent via TLC-Messages. You will be able to access new messages using the email address shown in the primary point of contact.




If the email address is the email address you used to create the TLC account for this application, you will receive TLC-Messages on the TLC account that was created for this application.

If the email address above does not have a TLC account, you will need to make a new TLC account for it to receive TLC-Messages.

Primary Point of Contact

Contact Name	Contact Phone
Email Address	Preferred Language

Individual Applicants [Filter Applicants](#) Click to Edit +

First	Last	Status	
		Incomplete	 Make Primary Contact 
		Incomplete	Make Primary Contact 

Financial Interest Tab

Applicants must attest to understanding the information below:

If a legal entity holds a financial interest, the following individuals within the legal entity also hold a financial interest:

- For limited partnerships, each general partner in the limited partnership
- For limited liability companies, each manager and managing member of the limited liability company
- For for-profit corporations, each principal officer of the corporation
- For non-profit entities, each principal officer of the entity

Restriction on financial interests on multiple licenses ([ORS 475A.280](#)):

An individual may not have a financial interest in:

- More than one psilocybin product manufacturer; or
- More than five psilocybin service center operators.

If a person or entity holds an interest of twenty percent or more, they are an applicant in addition to holding a financial interest.

Applicants must review and acknowledge the following statements indicating they understand and agree:

- I have read, understand, and agree to adhere to the financial interest requirements outlined in ORS 475A and OAR Chapter 333, Division 333
- I understand every individual and legal entity applicant in the proposed service center to be licensed must comply with the requirements of ORS 475A.280 (Restriction on financial interests in multiple licenses).

Practicum Site Tab

As outlined in [OAR 333-333-4470](#), any service center may function as a practicum site. A service center that functions as a practicum site must notify OPS that the practicum will be offered at their location and identify any training program affiliated with the practicum prior to the practicum taking place at their location.

If your service center intends to become a new practicum site, please indicate which training programs with OPS approved curriculum intend to conduct practicum at the service center .

Once licensed, service centers must [use the OPS Form for Updating Training Program Information](#).

Named licensee applicants must review and acknowledge the following statement in the online application indicating they understand and agree:

- I understand a service center that functions as practicum site must notify Oregon Psilocybin Services that practicum will be offered at their location and identify any training program affiliated with the practicum prior to practicum taking place at their location.

Documents Tab

Please upload the following documents in the Documents Tab of the application.


- Annual Social Equity Evaluation Report
- Updated Social Equity Plan (not required)
- Updated Premises Pictures (not required, but will be required before site inspection)
- Reduced Fee supporting documentation (if applicable)

Upload files by selecting the check box(es) indicating the type(s) of document. Click “Browse” and select the file(s) you would like to upload. You may upload documents individually or all at once.

Upload Supporting Documents

For each document select the requirements it verifies

- Land Use Compatibility Statement
- Premises Plan Including Boundaries, and Camera Plan
- Updated Social Equity Plan
- Social Equity Plan Evaluation
- Updated premise pictures
- Reduced Fee

Browse 

Social Equity Plan

Applicants must upload a social equity plan with their renewal application. An applicant may determine the format and structure of the social equity plan while meeting the requirements in [OAR 333-333-4020](#).

For guidance on creating or updating a social equity plan, please see the [OPS Social Equity Plan Guidance and Resources document](#).

If a facilitator is an employee of a licensed service center, the social equity plan requirements can be fulfilled by uploading a statement that references the service center's social equity plan. If a facilitator is an employee of more than one service center, the statement must identify each service center that employs the facilitator. If a facilitator contracts with a service center, they must submit their own social equity plan.

Annual Social Equity Evaluation Report

Renewal applicants must also upload an Annual Social Equity Evaluation Report with their renewal application.

For guidance on this requirement, please see the [Guidance for OPS Licensees on Preparing Annual Social Equity Evaluation Reports](#).

Fee Information Tab

Non-Refundable Service Center Annual License Fee: \$10,000 USD or \$5,000 USD if applicant qualifies for Reduced License Fee.

If OPS determines that the service center renewal license application meets all licensing requirements, you will receive an email request to pay the non-refundable annual license fee. The annual license fee must be paid within 30 days of the request and may be paid online, by mail, or in person.

To qualify for a reduced fee, an applicants must qualify under one of the following circumstances:

- If the proposed licensed service center is a **non-profit entity**, please upload supporting documentation of the service center's non-profit status.
- If the proposed licensed service center is an **individual applicant**, please upload 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
- If the proposed service center is a legal entity, they may be eligible for a reduced license fee if every individual applicant within the entity meets to requirements for reduced fees in OAR 333-333-4060(4). Please include a copy of **one** on of the following supporting documents for every individual applicant within the entity.
 - 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.

To request a reduced fee, please upload a copy of the required supporting documentation. If the named licensee applicant qualifies for a reduced license fee, the fee will be reduced accordingly and will be reflected in the annual licensing fee payment request.

Accepted Payment Methods

OPS accepts the following payment methods for online applications:

- Online
- Money Order
- Cashier's Check
- Personal/Business Check
- Personal and business checks will be held for 21 days to ensure payment clearance.
- Cash (**Please Do Not Mail Cash**)

Fee Payment Clearance

A renewal application will not be approved until the application fee payment has been received and cleared. If an applicant fails to pay the application fee within 30 calendar days of receiving notice that payment is due, the application is considered incomplete.

A license will not be renewed until the license fee is paid and cleared.

To ensure continuity in your business, you should submit your renewal application at least 60 days before your license expires. These renewal applications will be considered timely and service centers who submit timely applications can continue to operate on an expired license if OPS is unable to process their renewal application prior to the license expiration date. For renewal applications that are not timely, licensees will need to cease operations on the date their license expires if OPS is unable to process their renewal application before the expiration date.

Review and Submit Tab

Please review the application details you entered. You must confirm and attest to all the statements at the end of the application. Once the application is completed and reviewed, please enter your signature.

Once you click “Submit,” the application is submitted, and the application status will display “Submitted.”

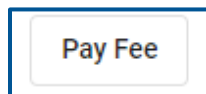
Once OPS determines that your renewal application meets all licensing requirements, you will receive an email request to pay the non-refundable annual license fee. You will also see the application status “Renewal Approved, pending fee payment and clearance” in the Service Center dashboard. Applicants may pay their annual license fees through TLC, by mail or in-person.

Online Fee Payment

To pay fees online, click the “Pay Fees” button after you submit your application. You will be taken to the Payments section of TLC. This may also be accessed by selecting “Payments” from the navigation bar on the left side of the screen. Payments captures all payments for all license or permit applications.

Manufacturer	[Redacted]	View
Manufacturer Id	[Redacted]	Request Withdrawal
Status	Submitted	Pay Fees ←
Date Submitted	Dec 22, 2022	
Application Fee Status	[Redacted]	

Select the fee you would like to pay online by clicking “Pay Fee”.



Scroll to the bottom of the payment instructions and select “Pay Online Now”.

[Pay Online Now](#)

You will receive a warning that you are being directed to a third-party payment processor. Click “Proceed to Payment” to be transferred to the third-party payment processor and complete payment.

[Proceed to Payment:](#)

If you have any questions, please contact the licensing team through the Messages function in TLC or by email/phone at:

Licensing.Psilocybin@oha.oregon.gov or (971) 673-0304

Mailed or In-Person Fee Payment and Remittance Form

If you do not want to pay fees online, you may pay fees by mail or in-person. A remittance form is required if an applicant pays fees by mail or in person.

Once OPS determines that your renewal application meets all licensing requirements, you will receive an email request to pay the non-refundable annual license fee and submit the fee remittance form. You will also see the license status “Renewal approved, pending fee payment and clearance” in the Service Center dashboard. Please include the remittance form with the annual license fee payment.

Do not pay the annual license fee until OPS notifies you.

The fee payment remittance form is provided in TLC. The remittance form can be viewed and printed by clicking the “Pay Fees” button. By clicking the “Pay Fees” button, you will be taken the Payments section of TLC. This may also be accessed by selecting “Payments” from the navigation bar on the left side of the screen. “Payments” captures all payments for any license or permit application.

To view and print the remittance form, scroll to the bottom of the instructions, and select “View Remittance Slip”.

[View Remittance Slip](#)

The remittance form will display instructions for payment.

Money orders and checks are payable to: **Oregon Psilocybin Services**
Applicants can mail the renewal application packet, money order or check, and remittance form to the following address:

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 the licensing team through the Messages function of TLC or by email/phone: Licensing.Psilocybin@oha.oregon.gov or (971) 673-0304

Background Checks

Individuals applying for a service center license renewal are required to inform OPS of any new convictions on their record. This may necessitate a new background check. Please do not disclose specific details of any new background check items to Oregon Psilocybin Services. Please send the Licensing Program a message in TLC informing them of the new conviction on your record, and OPS will communicate when the background check process has started. Any specifics of any new convictions on the record can be disclosed to the Oregon Background Check Unit.

Application Review

It may take OPS several weeks to review applications and applications will be reviewed in the order received. Thank you for your patience.

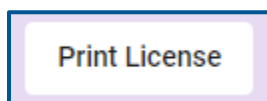
Incomplete Applications

An application is considered **incomplete** if the application is missing required information (e.g., missing/incomplete documents). If the application is incomplete, we will notify you by email to give you an opportunity to make your application complete. If you fail to do so, the application may be closed.

Application Approval and Proof of License

Once the renewal application has been evaluated, we will notify you by email that the annual license is approved. The Point of Contact will be emailed an updated proof of license which will include the service center named licensee, license ID number, address, license effective date, license expiration date, and a QR code which can be scanned to verify license status. Please note, the public facing license verification look-up and QR code **will only** confirm a license ID number, effective date, and expiration date.


From the Service Center dashboard in TLC, you can view and print your proof of license by clicking the “Print License” button.





The proof of license will display on the screen. Click the “Print” button. A PDF file will download to your computer that can be saved or printed. You may also revisit TLC anytime to print the proof of license.

Example of what the proof of license will look like:

[Print](#)



 Service Center License ID: SC-6fdbd590 

Name and Address

Operational Name	Address
Service Center Name	123 Street Name Salem, OR 97301 Marion

Service Center License Information

Approved Date	Applicants	Entity Applicants
10/2/2021	John Doe	Legal Entity One

Expiration Date
10/2/2024

Renewed Date
7/17/2023

As outlined in [OAR 333-333-4120](#), Service Center licensees must display a proof of licensure in a prominent place on the licensed premises. **A Service Center may not operate without a license.**

Notification of Changes

Please review all rules for Notification of Changes as described in [OAR 333-333-4200](#). An applicant or licensee must notify OPS in writing within 10

business days of the changes described in rule regardless of whether the change occurs at renewal or another time. Please notify the OPS Licensing Team of these changes by emailing licensing.psilocybin@oha.oregon.gov.

Changes which need to be reported by service center license applicants and licensed service centers include:

- Adding or removing an individual or legal entity who qualifies as an applicant under OAR 333-333-1010 or OAR 333-333-4030
- A change in contact information for any person listed as an applicant or licensee.
- A change in the licensee's operational name
- Any closure of the licensed premises lasting more than 30 days.
- Any conviction for any misdemeanor or felony committed by an individual listed as an applicant or licensee.
 - When notifying the OPS licensing team of changes to conviction history, please only include the following information:
 - Legal Name
 - Service Center License ID Number
 - A statement notifying OPS of a new conviction related to criminal history.
 - Please **DO NOT** provide any conviction details in the notification to OPS.
 - A criminal background check may be required if an individual has been convicted of a crime after their license has been issued.
- Any arrest for conduct that occurred on the licensed premises.
- Any theft of psilocybin products or cash from the licensed premises.

Licensees are required to use the forms below for Change of Location requests and Modification of Premises requests. These forms must be submitted to the OPS Licensing team through TLC. Please attach the necessary form and any other required documents to a TLC message and send to the OPS Licensing team.

 [Change of Location Request](#)

 [Modification of Licensed Premises Request](#)

For any other change requests not listed above, please message the licensing team in TLC messenger with your request.

Frequently Asked Questions (FAQs)

When do I need to file my renewal application?

In order to ensure continuity in your business, you should submit your renewal application at least 60 days before your license expires. These renewal applications will be considered timely and service centers who submit timely applications can continue to operate on an expired license if OPS is unable to process their renewal application prior to the license expiration date. For renewal applications that are not timely, licensees will need to cease operations on the date their license expires if OPS is unable to process their renewal application before the expiration date.

Is the annual license fee refundable?

No. The annual license fee is nonrefundable.

How long will it take OPS to review renewal applications?

OPS will review applications in the order received. Due to limitations in predicting application volume, it may take OPS several weeks to review applications. Thank you for your patience.

How do I know the status of my renewal application?

Due to limitations in predicting application volume, it may take OPS several weeks to review applications. You may also monitor the status of your application on the Service Center dashboard.

If you have questions about the status of your application, please send a message through TLC or email/call:

Licensing.Psilocybin@oha.oregon.gov

(971) 673-0304

OPS sent me a notice that the renewal application requires more information. What do I do now?

If the renewal application is lacking required information, OPS will notify you and specify a time period to complete your application. If you fail to do so, the application will be considered incomplete and will be closed.

What happens if my renewal application is closed? What happens if it is denied?

If the application is closed, you may reapply. If OPS denies an application, OPS will provide notice of the denial in writing and you have a right to a hearing under [ORS chapter 183](#).

Can I withdraw my renewal application?

You may request withdraw of your application by sending us a TLC message or emailing/calling the OPS Licensing Team. Please note, the application fee is nonrefundable.

Licensing.Psilocybin@oha.oregon.gov

(971) 673-0304

How long is the license valid?

The service center license term is one year from the effective date.

How do I know what the TLC ID number assigned to my license is?

The TLC ID number can be found on the Service center dashboard.

Who do I contact about general questions regarding license and permit questions?

Please send us a message through TLC or email/call:

Licensing.Psilocybin@oha.oregon.gov

(971) 673-0304