

# Psilocybin Facilitator Training Program Online Curriculum Application Guide

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

Updated 6/27/2022

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## Introduction

The purpose of this guide is to provide additional support to applicants submitting a facilitator training program curriculum application **ONLINE**. The most current version of this guide and the online application guide can be found at [Oregon Psilocybin Services \(OPS\) – Apply for Training Program Curriculum Approval](#). Rules and requirements for facilitator training programs are outlined in Oregon Administrative Rules (OAR) 333-333-3005 thru 333-333-3090, which can be reviewed at [Oregon Psilocybin – Administrative Rules](#).

The [Oregon Psilocybin Services – Training Program, Licensing, and Compliance system \(TLC\)](#) is an online platform where applicants can complete and submit the facilitator training program curriculum application, a curriculum worksheet, and upload a copy of the training program curriculum. Applicants will also be able to view the application fee payment information as well as download and print the fee payment remittance form in the TLC system. Please visit <https://psilocybin.oregon.gov/welcome> to complete the application online. If you are unable to complete the application packet online, you may print, complete, and mail the application packet, fee payment remittance form, and application fee to the address listed at the end of the application form. Paper application forms may be found at [OPS – Apply for Training Program Curriculum Approval](#).

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@odhsoha.oregon.gov](mailto:OHA.Psilocybin@odhsoha.oregon.gov)

(971) 341-1713

For all other questions and concerns regarding facilitator training programs, please contact:

[Licensing.Psilocybin@odhsoha.oregon.gov](mailto:Licensing.Psilocybin@odhsoha.oregon.gov)

(971) 341-1509

**Psilocybin facilitator training programs may be required to be licensed by the Higher Education Coordinating Commission (HECC).**

Under state law, career schools must be licensed by the HECC (see ORS 345.010 to 345.450). A career school is defined in state law as “any private proprietary professional, technical, home study, correspondence, business or other school instruction, organization or person that offers any instruction or training for the purpose or purported purpose of instructing, training or preparing persons for any profession.” ORS 345.010(3). OHA recommends that psilocybin training programs review the licensure laws related to career schools and contact the HECC if they have questions. OPS cannot make any determinations about whether HECC licensure is required, as that is a decision that the HECC must make. That said, **HECC licensure is not a prerequisite to getting curriculum approval from OPS.**

**For more information about HECC licensure, please see contact information below:**

For Private Career School License – Exemption Request & Student Complaints

Matthew Altman – Phone (503) 881-2738

[Matthew.ALTMAN@hecc.oregon.gov](mailto:Matthew.ALTMAN@hecc.oregon.gov)

For Private Career School License – New School Licensure

Peter Gertenrich – Phone (503) 551-8236

[Peter.GERTENRICH@hecc.oregon.gov](mailto:Peter.GERTENRICH@hecc.oregon.gov)

For Schools operating without a private career school license – Cease and Desist Letters

Monika Peterson – Phone (503) 507- 8726

[Monika.PETERSON@state.or.us](mailto:Monika.PETERSON@state.or.us)

**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 application materials, including applicant and instructor names, is subject to disclosure under Oregon’s public records laws.

## Facilitator Training Program Curriculum Application Packet

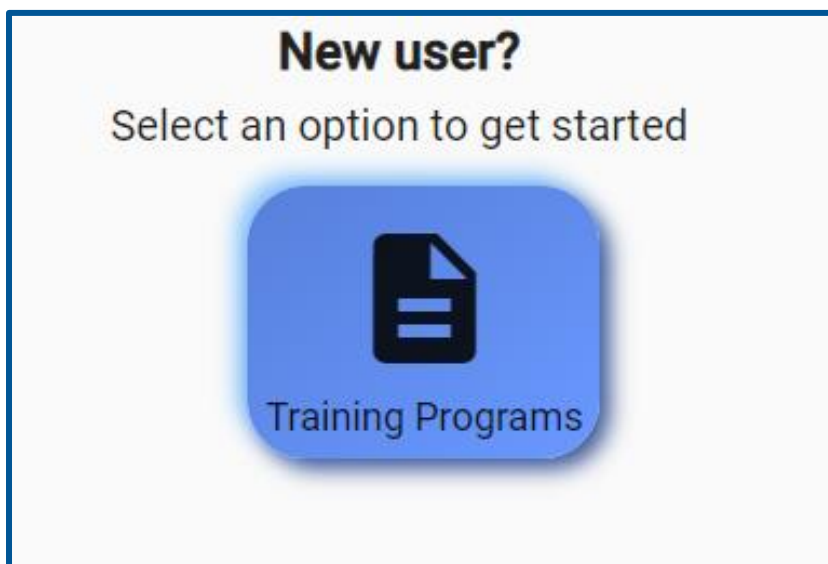
An application packet must contain the following to be considered complete and to be considered for approval.

- ✓ Completed and signed training program curriculum application form
- ✓ Copy of training program curriculum
- ✓ Completed training program curriculum worksheet
- ✓ \$500 Non-refundable training program curriculum application fee (payment must clear before application will be reviewed)
- ✓ Payment remittance form

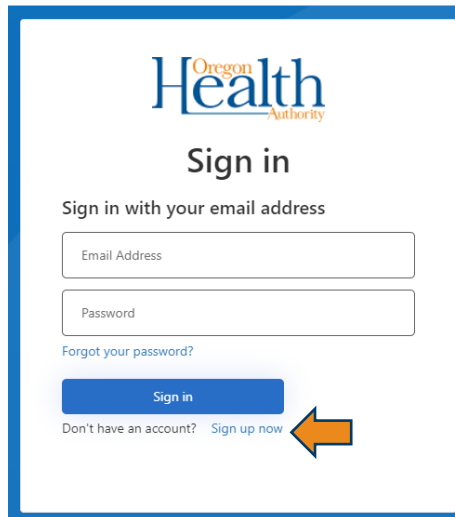
## Getting Started with an Online Application (TLC)

Please visit <https://psilocybin.oregon.gov/welcome> to access TLC and begin the application.

- To begin an application, account registration is required. The Responsible Party for the training program should register the account. (Please see page 4 of this guide for description of the Responsible Party). To register a new account, select the new user button and click “Get Started!”

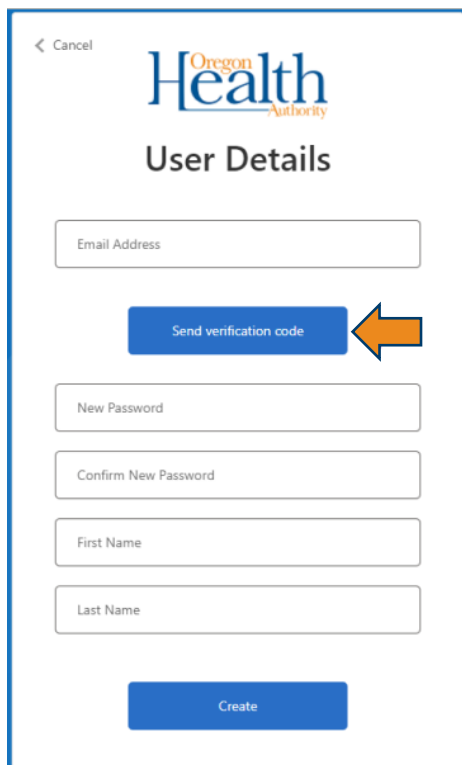


- If you don't have an account registered, click "Sign up now"

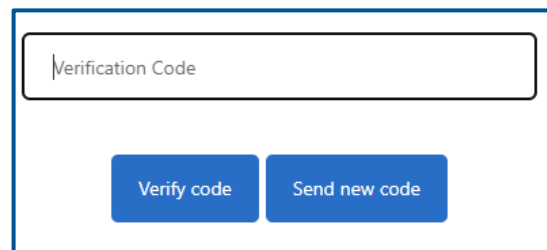


The image shows the "Sign in" screen of the Oregon Health Authority. At the top is the logo. Below it is the heading "Sign in" and the instruction "Sign in with your email address". There are two input fields: "Email Address" and "Password". A link "Forgot your password?" is below the password field. A blue "Sign in" button is below the input fields. At the bottom, there is a link "Don't have an account? Sign up now" with an orange arrow pointing to it.

- The Responsible Party provides their email address, first name, last name, and creates a password to create an account. To proceed, an email verification code must be entered. After clicking "Send verification code," enter the code sent to the Responsible Party's email address which was entered.



The image shows the "User Details" screen of the Oregon Health Authority. At the top is the logo and a "Cancel" link. Below is the heading "User Details". There are five input fields: "Email Address", "New Password", "Confirm New Password", "First Name", and "Last Name". A blue "Send verification code" button is below the "Email Address" field, with an orange arrow pointing to it. A blue "Create" button is at the bottom.



The image shows the "Verification Code" screen. It has a single input field labeled "Verification Code". Below the input field are two blue buttons: "Verify code" and "Send new code".

- Please note only one training program may apply per registered account
- Once the account is created and the applicant is logged in review all information on the “Getting Started” page before proceeding through the application.


## Training Program Information and Affiliated Individuals


### Training Program Information


Please provide the following information about the training program:


- Training Program Name **(required)**
- Training Program Website **(required)**
- Training Program Headquarters/Main Physical Address **(required)**
- Training Program Headquarters/Main Mailing Address **(required)**
- Training Program Headquarters/Main In-Person Class Site Address **(required)**
- State, US territory, or freely associated state where the training program is registered to do business **(required)**


*Training Programs must have an identified mailing address within the United States of America, US territories, or the freely associated states Republic of Martial Islands, Palau, and the Federated States of Micronesia. where correspondence from OHA can be received, including receipt of legal documents.*


 Submit a Facilitator Training Program Curriculum Application

 Getting Started

 Training Program Information

 People

 Curriculum

 Curriculum Worksheet

Training Program Name

Website

Your training program id:

What state, US territory, or freely associated state are you registered to do business in?

Registered In

Program Headquarters/Main Office Physical Address

Street

City

State/US territory/freely associated state

Zip

Program Headquarters/Main Office Mailing Address ☐ Same as Headquarters

Street

City

State/US territory/freely associated state

Zip

In-Person Class Site Address ☐ Same as Headquarters ☐ Same as Mailing

Street

City

State/US territory/freely associated state

Zip

Back

Save and Continue

## Individuals Affiliated with the Training Program

Please provide the following information for the training program:

- Responsible Party for the Training Program **(required)**  
*Providing the name, email address, and phone number for this individual is required.* This individual must be legally authorized to make decisions and be legally responsible for the training program. This person will serve as the primary contact during the training program application process and while the program is approved. This person may also hold other roles in the training program such as Registered Agent or Training Program Director.
- Registered Agent for the Business **(required)**  
*Providing the name, email address, and phone number for this individual is required.* This individual must be authorized to accept legal service on behalf of the program and must be listed in any business registrations as the Registered Agent.
- Training Program Director **(required)**  
*Providing the name, email address, and phone number for this individual is required.* This individual must be responsible for tracking student progress and have the authority to track student enrollment and confer program completion.
- Lead Educators **(two required)**  
*Providing the names, email addresses, and phone numbers for these individuals is required.* These individuals are responsible for tracking the progress of students throughout the program. They must have sufficient experience, knowledge, skills and ability to competently train students in their assigned subject matter. They must understand the objectives of the training program and communicate effectively with students. They must demonstrate skill in instruction and student supervision. At least two lead educators must be identified for each training program.
- Instructors **(required to identify all instructors)**  
*Only instructor names are required in the application.* These individuals must have sufficient experience, knowledge, skills, and

ability to competently train students in their assigned subject matter. They must understand the objectives of the training program and communicate effectively with students. They must demonstrate skill in instruction and student supervision.

Submit a Facilitator Training Program Curriculum Application

Getting Started
Training Program Information
3 People (Incomplete)
4 Curriculum
5 Curriculum Worksheet
6 Fees
7 Review & Submit

Please provide the following information for the training program:  
**Responsible Party:** Individual must be legally authorized to make decisions and be legally responsible for the training program. This person will serve as the primary contact during the training program application process and while the program is approved. Providing the name, email address, and phone number for this individual is required. This person may also hold other roles in the training program such as Registered Agent or Training Program Director which can be indicated in the application.  
**Registered Agent:** This individual must be authorized to accept legal service on behalf of the program and must be listed in any business registrations as the Registered Agent. Providing the name, email address, and phone number for this individual is required.  
**Training Program Director:** This individual must be responsible for tracking student progress and have the authority to track student enrollment and confer program completion. Providing the name, email address, and phone number for this individual is required.  
**Lead Educators:** These individuals are responsible for tracking the progress of students throughout the program. They must have sufficient experience, knowledge, skills and ability to competently train students in their assigned subject matter. They must understand the objectives of the training program and communicate effectively with students. They must demonstrate skill in instruction and student supervision. At least two lead educators must be identified for each training program. Providing the name, email address, and phone number for this individual is required.  
**Instructors:** These individuals must have sufficient experience, knowledge, skills, and ability to competently train students in their assigned subject matter. They must understand the objectives of the training program and communicate effectively with students. They must demonstrate skill in instruction and student supervision. Only instructor names are required in the application.  
**Important Note**  
\* You will be required to attest to the requirements met for each role as outlined in OAR 333-333-3020 and 333-333-3030.  
You must provide details for each of the required contact types.

Test

Add Person

First	Last	Title	Roles	Email	Phone	Edit Person
<div> Items per page: 5 no record </div>						

### Applicant Statements – Training Program Roles

Upon entering individuals in the roles of Training Program Director, Lead Educator, and Instructor, the **Responsible Party** must confirm and attest to the following statements in the online application for each person entered.

- ✓ I certify and understand the training program director is responsible for student enrollment, tracking student progress and determining whether a student has successfully completed the training program.
- ✓ I certify that this training program lead educator has sufficient experience, knowledge, skills, and ability to competently train students in their assigned subject matter. I understand and have

Page 8 of 25

communicated to this lead educator that they must understand the objectives of the training program and communicate effectively with students. I understand that this lead educator must demonstrate skill in instruction and student supervision.

- ✓ I certify that this training program instructor has sufficient experience, knowledge, skills and ability to competently train students in their assigned subject matter. I understand and have communicated to the instructor that they must understand the objectives of the training program and communicate effectively with students. I understand that the instructor must demonstrate skill in instruction and student supervision.

☒ Training Program Director   ☐ Responsible Party   ☐ Registered Agent  
☒ Lead Educator   ☒ Instructor

Email

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Phone

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- ☐ I certify and understand the training program director is responsible for student enrollment, tracking student progress and determining whether a student has successfully completed the training program.
- ☐ I certify that this training program lead educator has sufficient experience, knowledge, skills, and ability to competently train students in their assigned subject matter. I understand and have communicated to this lead educator that they must understand the objectives of the training program and communicate effectively with students. I understand that this lead educator must demonstrate skill in instruction and student supervision.
- ☐ I certify that this training program instructor has sufficient experience, knowledge, skills and ability to competently train students in their assigned subject matter. I understand and have communicated to the instructor that they must understand the objectives of the training program and communicate effectively with students. I understand that the instructor must demonstrate skill in instruction and student supervision.

## Curriculum

A copy of the training program curriculum must be submitted with the application. The application will not be reviewed without the copy of the curriculum. OPS does not require a standardized format for curriculum; however, the curriculum should contain all the module requirements listed in [OAR 333-333-3060](#).

A copy of the curriculum can be uploaded by clicking the “Add” button on the “Curriculum” page in the TLC application. The Responsible Party must review and agree to each statement. If a curriculum is not uploaded or if the statements are not acknowledged, the application cannot be submitted.

### *Applicant Statements – Curriculum*

Upon uploading a copy of the curriculum, the **Responsible Party** must confirm and attest to the following statements in the online application.

- ✓ I understand the requirements for training program record keeping outlined in OAR 333-333-3040.
- ✓ I certify the proposed hours of instruction meet the requirements of OAR 333-333-3050.
- ✓ I certify the proposed course modules contain the content required by OAR 333-333-3060.
- ✓ I certify the proposed practicum meets the requirements of OAR 333-333-3070.
- ✓ I understand the requirements for accelerated training hours outlined in OAR 333-333-3080.
- ✓ I understand training programs must notify Oregon Psilocybin Services of any material changes to the curriculum and staff identified in their application.


1 Getting Started

2 Program Information

3 People

4 Curriculum

**Please provide a copy of your program's complete curriculum**

Add 

☐ I certify the proposed hours of instruction meet the requirements of OAR 333-333-3050.
 ☐ I certify the proposed course modules contain the content required by OAR 333-333-3060.
 ☐ I certify the proposed practicum meets the requirements of OAR 333-333-3070.
 ☐ I understand the requirements for accelerated training hours outlined in OAR 333-333-3080.
 ☐ I understand training programs must notify Oregon Psilocybin Services of any material changes to the curriculum and staff identified in their application.

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Next

## Curriculum Worksheet

To assist applicants and OPS in timely review of training program curriculums, a curriculum worksheet must be completed and submitted indicating the page numbers where each required module can be found in the curriculum. Page number references are entered in the “Curriculum Worksheet” page of the online application in TLC. All pages must be completed or the application cannot be submitted.

1 Getting Started

2 Program Information

3 People

4 Curriculum (incomplete)

5 Curriculum Worksheet

Please provide the page references from your curriculum where each required module can be found.

**(1) Cultural Equity in relation to Psilocybin Services 12 hours**

**(1.1)** Cultural equity, its relationship to health equity and social determinants of health Pages ex: 1 - 5 \*

**(1.2)** Racial justice, including the impact of race and privilege on health outcomes and the impact of systemic racism on individuals and communities Pa

**(1.3)** The impact of drug policy on individuals and communities Pages ex: 1 - 5 \*

## Facilitator Training Program Curriculum

### Remaining Applicant Statements

The **Responsible Party** must confirm and attest to the following statements at the end of the application ***required***

- ✓ By completing and signing this application, I certify I am the Responsible Party, with legal authority to act on behalf of the training program, am legally responsible for the training program and will serve as the primary contact.
- ✓ I certify the information provided in this curriculum worksheet 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 or revocation of approval.
- ✓ I understand applicants are responsible for making their own determinations regarding the legal risks associated with participating in this program. I understand the information provided in application materials, including applicant and instructor names, is subject to disclosure under Oregon's public records laws.
- ✓ I understand training programs must be located within the United States, US territories, or freely associated states.
- ✓ I understand the requirements for training program record keeping outlined in OAR 333-333-3040.
- ✓ I understand the requirements for training program completion and exams as outlined in OAR 333-333-3090.
- ✓ I understand training program approval has a term of five years from the date of initial approval. If a training program wishes to be reapproved after that term, a training program must submit a new application, copy of program curriculum, payment, and curriculum worksheet for reapproval at least 30 days prior to their approval expiration.
- ✓ I understand the training program application evaluation fee is non-refundable.

### Electronic Signature of Responsible Party

- ☐ By completing and signing this application, I certify I am the Responsible Party, with legal authority to act on behalf of the training program, am legally responsible for the training program and will serve as the primary contact.
- ☐ I certify the information provided in this curriculum worksheet 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 or revocation of approval.
- ☐ I understand applicants are responsible for making their own determinations regarding the legal risks associated with participating in this program. I understand the information provided in application materials, including applicant and instructor names and contact information, is subject to disclosure under Oregon's public records laws.
- ☐ I understand training programs must be located within the United States, US territories, or freely associated states.
- ☐ I understand the requirements for training program record keeping outlined in OAR 333-333-3040.
- ☐ I understand the requirements for training program completion and exams as outlined in OAR 333-333-3090.
- ☐ I understand training program approval has a term of five years from the date of initial approval. If a training program wishes to be reapproved after that term, a training program must submit a new application, copy of program curriculum, payment, and curriculum worksheet for reapproval at least 30 days prior to their approval expiration.
- ☐ I understand the training program application evaluation fee is non-refundable.

Electronic Signature of Responsible Party

Signature is required

Back

Submit

## Application Fee Payment and Remittance Form

The facilitator training program application fee is **\$500**. The fee is required for both new and renewal applications. OPS will not review an application packet until the application fee is paid and cleared. Training programs have 90 days from the date of application submission to pay the application fee or the application will be closed. OPS is unable to accept electronic payments at this time. Please print and send the fee payment remittance form with the application fee payment.

OPS accepts the following payment methods:

- Money Order (May take less time to clear than personal/business checks.)
- Cashier's Check (May take less time to clear than personal/business checks.)
- Personal/Business Check
- Cash\* **Please Do Not Mail Cash**

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

Money orders and checks are payable to: **Oregon Psilocybin Services**

Money orders and cashier's checks may take less time to clear than personal and business checks. 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@odhsoha.oregon.gov](mailto:Licensing.Psilocybin@odhsoha.oregon.gov) or (971) 341-1509

During the application process, a fee screen will appear as follows. Click “View Remittance Slip” to download and print the remittance form. Applicants may also view and print this information after submitting the application.

The screenshot shows a web application titled "Submit a Training Program". At the top, a progress bar indicates six steps: 1. Getting Started, 2. Program Information, 3. People (incomplete), 4. Curriculum, 5. Curriculum Worksheet, and 6. Fees. The "Fees" step is currently active. The main content area displays the "Application Fee: \$500.00" and explains that payment is required before the application is reviewed. It lists payment methods: Money Order, Personal/Business Check, Cashier's Check, and Cash\* (with a note not to mail cash). It provides contact information for OPS: OHA.Psilocybin@dhsosha.state.or.us and (971) 341-1713. A note states that electronic payments are not accepted at this time. It specifies that payments should be made payable to "Oregon Psilocybin Services". A section titled "Mail the application fee and remittance form to:" provides the address: Oregon Health Authority – Public Health Division – Fiscal Services, RE: OPS, PO Box 14260, Portland, OR 97293-0260. A blue button labeled "View Remittance Slip" is prominently displayed. At the bottom, there are "Back" and "Next" navigation buttons.

This information and the downloadable remittance form will also be available after the application is submitted and can be accessed at any time by clicking the “Pay Fee” button. A copy of this information will also be sent by email.

The screenshot shows a page titled "Your Training Program". It displays a list of application details: Program, Program Id, Status, Date Approved, Expiration Date, and Payment Status. Each detail is followed by a redacted black box. To the right of the details, there are three buttons: "View/Edit", "Pay Fee", and "Withdraw". An orange arrow points from the "Pay Fee" button towards the left. The "Withdraw" button is highlighted in red.

## Application Fee: \$

The training program curriculum application will not be reviewed until payment has been received and cleared. After the training program application has been submitted, a "Pay Fee" button will be displayed. By clicking this button, payment information below will be displayed along with a downloadable payment remittance slip to submit with your payment. A copy of this information will also be emailed to you after the application is submitted.

Payment method options:

- Money Order (May take less time to clear than personal/business checks.)
- Personal/Business Check
- Cashier's Check (May take less time to clear than personal/business checks.)
- Cash\* Please Do Not Mail Cash

\*If you prefer to pay with cash or make an in-person payment, please contact OPS to make arrangements:  
[OHA.Psilocybin@dhsosha.state.or.us](mailto:OHA.Psilocybin@dhsosha.state.or.us)  
(971) 341-1713

We cannot accept electronic payments at this time but are working on it.

Money orders, cashier's checks, personal, and business checks are payable to: **Oregon Psilocybin Services**

### Mail the application fee and remittance form to:

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

[View Remittance Slip](#)



**Training Program Curriculum Application Fee Payment Remittance Form**

Training Program Name

Responsible Party(RP) Name

RP Phone Number

RP Email

TLC ID Number

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 \$500  
☐ Renewal Application Fee \$500

**Money orders and checks are payable to: Oregon Psilocybin Services**

Money orders and cashier's checks may take less time to clear than personal and business checks.

Applications will be reviewed once payment has been cleared.

**Mail money orders and checks to:**

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

**Contact Oregon Psilocybin Services**

**to make cash or in-person payment arrangements**  
OHA.Psilocybin@dhsosha.state.or.us

**Office Use Only Area**

Date Payment Received

Initials

Notes

**AOBJ 2670**

## Application Review

OPS will review applications once the fee payment is paid and cleared. Due to limitations in predicting application volume, it may take OPS several weeks to review applications. Thank you for your patience.

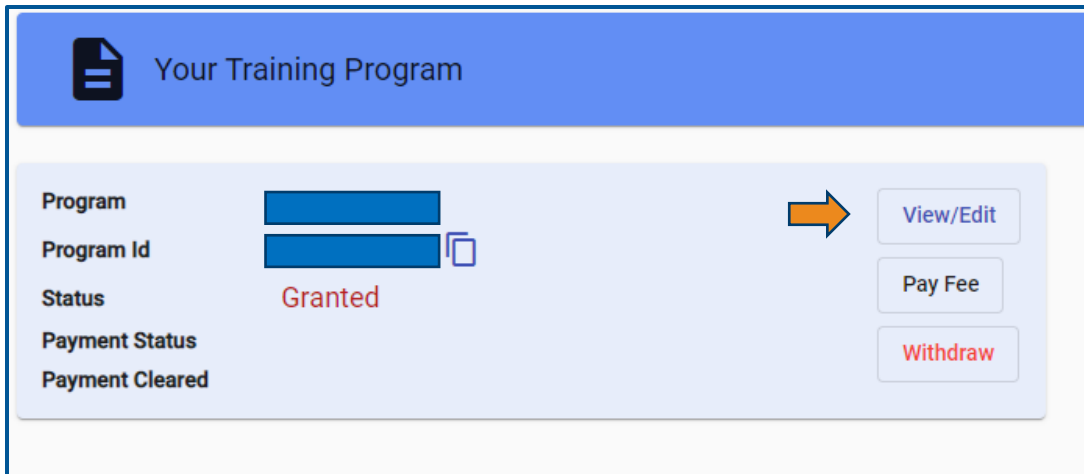
Paid Application Packets: Completed application packets will be reviewed by OPS to ensure all training program information is provided and the curriculum meets the requirements in OAR 333-333-3005 to 333-333-3090. Upon review, if OPS determines the curriculum is insufficient (example: missing required curriculum modules), OPS will notify the training program to give an opportunity to provide the missing information. Training programs will have 90 days from the initial date they are notified to provide the information necessary for the curriculum to be sufficient or the application will be denied. When OPS receives incomplete application packets (example: no curriculum is attached), OPS will notify the training program to give an opportunity to make the application complete. Training programs have 90 days from the initial date they are notified to complete the application, or it will be closed.

Unpaid Application Packets: OPS will not review an application packet until the application fee is paid. Training programs have 90 days from the date of application submission to pay the application fee or it will be closed.

## Updates to Addresses, Affiliated Individuals, and Curriculum


OPS must be notified of any material changes to the curriculum, training program addresses, and individuals affiliated with the training program. Material curriculum changes must be reviewed and approved by OPS which may take several weeks.

Training programs may submit updates for review through TLC. Once logged into the TLC account, click the view/edit button to submit updates.



**Your Training Program**


Program

Program Id  

Status **Granted**

Payment Status

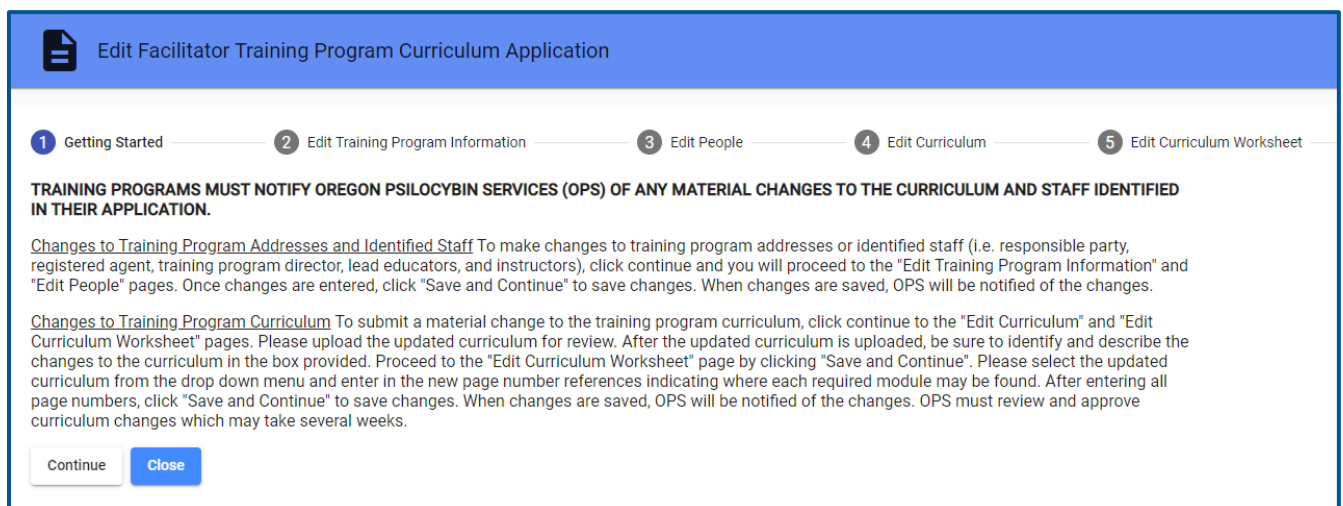
Payment Cleared

 [View/Edit](#)

[Pay Fee](#)

[Withdraw](#)

Review the information on the “Getting Started” page and click continue to make changes.



**Edit Facilitator Training Program Curriculum Application**

1 Getting Started — 2 Edit Training Program Information — 3 Edit People — 4 Edit Curriculum — 5 Edit Curriculum Worksheet

**TRAINING PROGRAMS MUST NOTIFY OREGON PSILOCYBIN SERVICES (OPS) OF ANY MATERIAL CHANGES TO THE CURRICULUM AND STAFF IDENTIFIED IN THEIR APPLICATION.**

Changes to Training Program Addresses and Identified Staff To make changes to training program addresses or identified staff (i.e. responsible party, registered agent, training program director, lead educators, and instructors), click continue and you will proceed to the “Edit Training Program Information” and “Edit People” pages. Once changes are entered, click “Save and Continue” to save changes. When changes are saved, OPS will be notified of the changes.

Changes to Training Program Curriculum To submit a material change to the training program curriculum, click continue to the “Edit Curriculum” and “Edit Curriculum Worksheet” pages. Please upload the updated curriculum for review. After the updated curriculum is uploaded, be sure to identify and describe the changes to the curriculum in the box provided. Proceed to the “Edit Curriculum Worksheet” page by clicking “Save and Continue”. Please select the updated curriculum from the drop down menu and enter in the new page number references indicating where each required module may be found. After entering all page numbers, click “Save and Continue” to save changes. When changes are saved, OPS will be notified of the changes. OPS must review and approve curriculum changes which may take several weeks.

[Continue](#) [Close](#)

Users do not have to visit every page to submit changes. For example, if a training program only needs to add an instructor, the user may visit the “Edit People” page, add the instructor, click “Save and Continue,” and exit TLC. Please be sure to click “Save and Continue” at the bottom of a page to save updates. OPS is notified of the updates to be reviewed.

## Training Program Curriculum Approval Duration

Training program curriculum approval has a term of five years from the date of initial approval.

## Training Program Curriculum Reapproval

A training program that wishes for its curriculum to be reapproved upon expiration of its initial approval term must submit a completed reapproval application and a non-refundable \$500 reapproval fee. OPS must receive the reapproval application and fee at least 30 days prior to the date that the training program's approval is set to expire. The process for training program curriculum reapproval is in development.

## Frequently Asked Questions (FAQs)

### How do I know when my application and payment have been received?

By clicking “submit” at the end of the online application, the application is instantly received by OPS. Training programs may review their payment status after submitting the application by logging into their TLC account. When an application is submitted, the status is automatically marked as pending. Once OPS receives the payment and the payment clears, OPS will mark the payment as “cleared.”

The screenshot shows a web interface titled "Your Training Program" with a blue header. Below the header is a light blue box containing a table of program details. The table has five rows: "Program", "Program Id", "Status", "Payment Status", and "Payment Cleared". The "Program" and "Program Id" fields are redacted with black bars. The "Status" field is also redacted. The "Payment Status" field displays the word "Cleared" in green text, with a blue arrow pointing to it from the right. The "Payment Cleared" field is redacted with a black bar. To the right of the table are two buttons: "View/Edit" and "Withdraw".

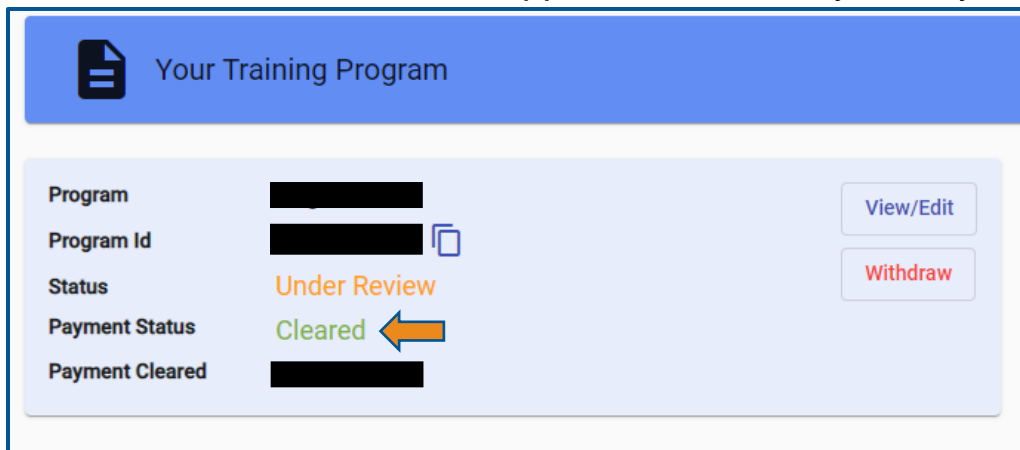
Program	[REDACTED]	<a href="#">View/Edit</a> <a href="#">Withdraw</a>
Program Id	[REDACTED]	
Status	[REDACTED]	
Payment Status	Cleared	
Payment Cleared	[REDACTED]	

### Is the \$500 application fee refundable?

No. The application fee is nonrefundable.

### How long will it take OPS to review facilitator training program curriculum applications?

OPS will review applications once the application fee payment is paid and cleared. Due to limitations in predicting application volume, it may take OPS several weeks to review applications. Thank you for your patience.



The screenshot shows a web interface titled "Your Training Program" with a blue header. Below the header is a light blue box containing a table of application details. The table has five rows: "Program", "Program Id", "Status", "Payment Status", and "Payment Cleared". The "Status" row shows "Under Review" in orange text. The "Payment Status" row shows "Cleared" in green text, with an orange arrow pointing left towards the "Status" column. To the right of the table are two buttons: "View/Edit" and "Withdraw".

Your Training Program	
Program	[Redacted]
Program Id	[Redacted]
Status	Under Review
Payment Status	Cleared
Payment Cleared	[Redacted]

### How do I know the status of my application?

Training programs may view the status of their application by logging into their TLC account. Once the fee payment has cleared, OPS will mark the status as "Under Review." When OPS approves an application, OPS will mark the status as "Approved" and will email the Responsible Party a notice of approval along with a copy of the curriculum approval certificate. If the application is found to be incomplete or insufficient, OPS will mark the status as "Incomplete" or "Insufficient" and will send an email to the Responsible Party detailing what information is missing. Training programs have 90 days from the initial date they are notified to provide the missing information for further review. Applications may also be marked "Closed" by OPS for remaining incomplete or no fee payment received. OPS will not mark applications as "Denied" until all due process steps have been addressed.

## OPS sent me a notice that the application is incomplete or insufficient. What do I do now?

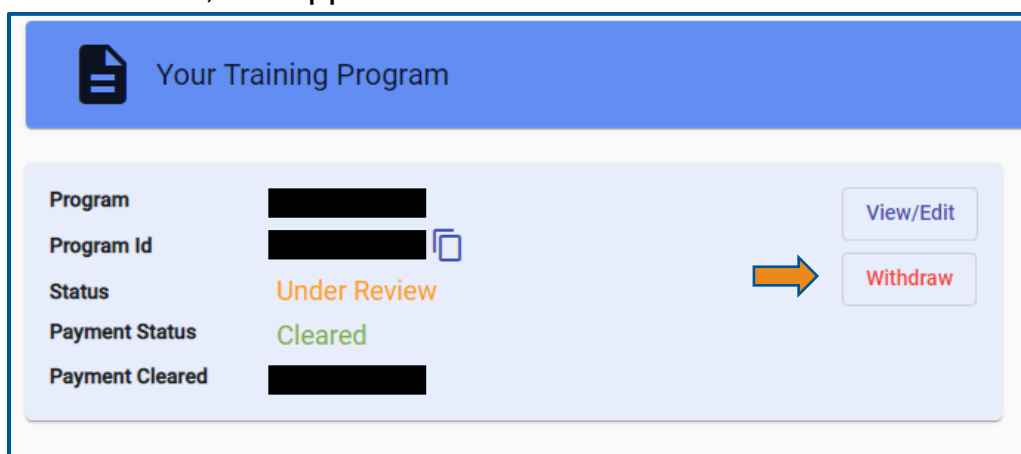
If the facilitator training program curriculum application is found to be incomplete or insufficient, OPS will send an email to the Responsible Party detailing what information is missing. Training programs have 90 days from the initial date they are notified to provide the missing information for further review. Training programs may also withdraw their application at any time within TLC or by notifying OPS. Please note, the application fee is nonrefundable.

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


Training programs with closed applications may reapply for facilitator training program curriculum approval and pay the \$500 nonrefundable application fee. If OPS denies an application, OPS will provide notice of the denial in writing and the training program has a right to a hearing under [ORS chapter 183](#). Training programs with denied applications may reapply for facilitator training program curriculum approval and pay the \$500 nonrefundable application fee.

## Can I withdraw my application?

You may withdraw your application by logging into TLC and clicking the “Withdraw” button. You may also notify OPS of your request to withdraw. Please note, the application fee is nonrefundable.



The screenshot shows a web interface titled "Your Training Program" with a document icon. Below the title is a table of application details:

Program	[Redacted]
Program Id	[Redacted] 
Status	Under Review
Payment Status	Cleared
Payment Cleared	[Redacted]

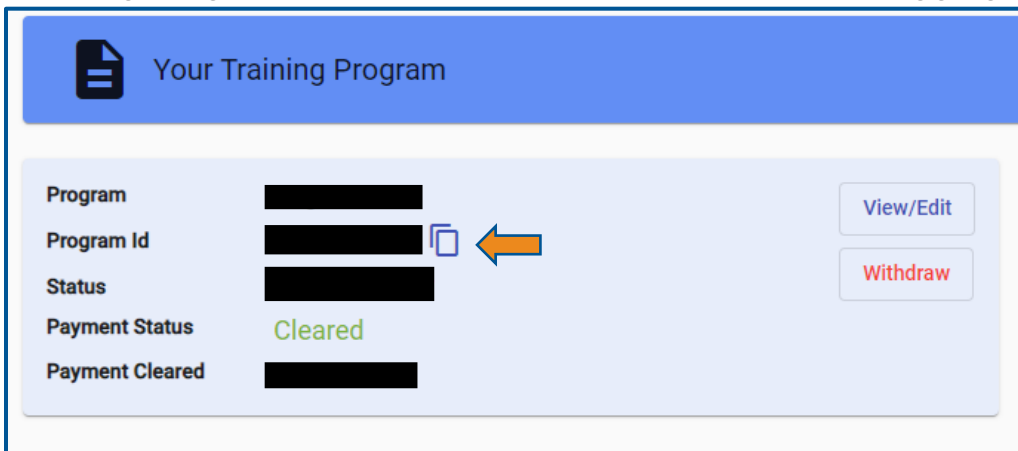
To the right of the table are two buttons: "View/Edit" and "Withdraw". An orange arrow points from the "Under Review" status to the "Withdraw" button.

### How long is the curriculum approval valid for?

Training program curriculum approval has a term of five years from the date of initial approval. A training program that wishes for its curriculum to be reapproved upon expiration of its initial approval term must submit a completed reapproval application and a non-refundable \$500 reapproval fee.

### How do I know what the TLC ID number assigned to my training program is?

Training programs may view their TLC ID number by logging into TLC.



The screenshot shows a web interface titled "Your Training Program" with a blue header. Below the header is a light blue box containing a table of program details. The table has five rows: "Program", "Program Id", "Status", "Payment Status", and "Payment Cleared". The "Program Id" field is highlighted with a blue border and a small blue icon to its right. An orange arrow points to this field. To the right of the table are two buttons: "View/Edit" and "Withdraw".

Your Training Program	
Program	[Redacted]
Program Id	[Redacted]
Status	[Redacted]
Payment Status	Cleared
Payment Cleared	[Redacted]

### How do I know if my training program requires licensure by the Higher Education Coordinating Commission (HECC)?

Psilocybin facilitator training programs may be required to be licensed by the Higher Education Coordinating Commission (HECC). Under state law, career schools must be licensed by the HECC (see ORS 345.010 to 345.450). A career school is defined in state law as “any private proprietary professional, technical, home study, correspondence, business or other school instruction, organization or person that offers any instruction or training for the purpose or purported purpose of instructing, training or preparing persons for any profession,” ORS 345.010(3).

OPS recommends that psilocybin training programs review the licensure laws below related to career schools and contact the HECC if they have questions. OPS cannot make any determinations about whether HECC

licensure is required, as that is a decision that the HECC must make. **That said, HECC licensure *is not* a prerequisite to getting curriculum approval from OPS.**

For more information about HECC licensure, please see contact information below:

For Private Career School License – Exemption Request & Student Complaints

Matthew Altman – Phone: (503) 881-2738

[Matthew.ALTMAN@hecc.oregon.gov](mailto:Matthew.ALTMAN@hecc.oregon.gov)

For Private Career School License – New School Licensure

Peter Gertenrich- Phone – 503-551-8236

[Peter.GERTENRICH@hecc.oregon.gov](mailto:Peter.GERTENRICH@hecc.oregon.gov)

For Schools operating without a private career school license – Cease and Desist Letters

Monika Peterson – Phone (503) 507- 8726

[Monika.PETERSON@state.or.us](mailto:Monika.PETERSON@state.or.us)

**Does the Higher Education Coordinating Commission (HECC) need anything to prove a training program has an OPS approved curriculum?**

Since HECC does not have the expertise to understand and approve training program curriculum content, HECC may ask for proof of curriculum approval. Once a training program is approved, OPS emails the Responsible Party a copy of the approved curriculum certificate which may be provided to HECC. Please contact the HECC for additional guidance.

**How do I apply for more than one training program curriculum approval?**

At this time, only one facilitator training program curriculum application can be submitted per registered account. The Responsible Party may register

another account using a different email address to submit another application. It is recommended Responsible Parties monitor email addresses associated with registered TLC accounts to stay up to date on communications from OPS.

**What do I do if I didn't use the Responsible Party's email address to register the TLC account and need to change it?**

Please contact OPS for assistance:

[Licensing.Psilocybin@odhsoha.oregon.gov](mailto:Licensing.Psilocybin@odhsoha.oregon.gov)

(971) 341-1509

**Who do I contact about general questions regarding Facilitator Training Programs and the curriculum application process?**

Please contact OPS for assistance:

[Licensing.Psilocybin@odhsoha.oregon.gov](mailto:Licensing.Psilocybin@odhsoha.oregon.gov)

(971) 341-1509