

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



Facilitator Training Program Curriculum Application

Thank you for your interest in applying for psilocybin facilitator training program curriculum approval. More detailed information to support the application process can be found in the [Facilitator Training Program Curriculum Application Guides](#).

The [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance system \(TLC\)](#) is an online platform where applicants can complete and submit the training program curriculum application, a curriculum worksheet, and upload a copy of the training program curriculum. Please visit <https://psilocybin.oregon.gov> to complete the application online. If you are unable to complete the application packet online, you may print, complete, and mail the application packet and application fee to the address listed at the end of the application form. Paper application forms may be found [here](#).

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

OHA.Psilocybin@dhsoha.state.or.us
(971) 341-1713

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

Licensing.Psilocybin@dhsoha.state.or.us
(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

For Private Career School License – New School Licensure

Peter Gertenrich – Phone (503) 551-8236

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

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

Training Program Curriculum Application Packet Checklist

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

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

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Facilitator Training Program Curriculum Application

Please select the type of action:

- New Application
 - Renewal Application
 - Training Program Address Change(s)
Effective Date of Change _____
 - Change of Person(s) or Contact Information
Effective Date of Change _____
-

Application Date: _____

Training Program Name: _____

Training Program Website: _____

Responsible Party for Training Program

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. 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.

Name: _____
Last First M.I.

Role: _____

Email: _____

Phone: _____

Training Program Address Information

Headquarters/Main Office Physical Address:

Street Address	Apartment/Unit #	
City	State or US territory ¹ or freely associated state ²	ZIP code

Headquarters/Main Office Mailing Address:

Same as Physical Address

Street Address	Apartment/Unit #	
City	State or US territory ¹ or freely associated state ²	ZIP code

In-Person Class Site Address:

Same as Physical Address Same as Mailing Address

Street Address	Apartment/Unit #	
City	State or US territory ¹ or freely associated state ²	ZIP code

Registered Agent for the Business

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.

Name: _____
 Last First M.I.

Email: _____ Phone: _____

State, US territory¹, or freely associated state² the business is registered in: _____

¹US territories: American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), Guam, Puerto Rico, US Virgin Islands

²Freely associated states: the Federated States of Micronesia, the Republic of the Marshall Islands, Republic of Palau

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.

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

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 names, email addresses, and phone numbers for these individuals is required.

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

*If there are more lead educators, please complete and attach the supplemental document found at the end of the application identifying the additional lead educators.

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.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

**If there are more instructors, please complete and attach the supplemental document found at the end of the application identifying the additional instructors.

Applicant's Statement

Please initial each statement indicating you understand and agree.

_____ *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 much of 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 territories¹, or freely associated states².

_____ 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 the training program's lead educators and instructors have sufficient experience, knowledge, skills and ability to competently train students in their assigned subject matter. I understand and have communicated to the lead educators and instructors that they must understand the objectives of the training program and communicate effectively with students. I understand that lead educators and instructors must demonstrate skill in instruction and student supervision.

_____ 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.

¹US territories: American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), Guam, Puerto Rico, US Virgin Islands

²Freely associated states: the Federated States of Micronesia, the Republic of the Marshall Islands, Republic of Palau

_____ I understand the requirements for training program completion and exams as outlined in OAR 333-333-3090.

_____ I understand training programs must notify Oregon Psilocybin Services of any material changes to the curriculum and staff identified in their application.

_____ I understand training program curriculum 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, 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.

Printed Name of Responsible Party: _____

Signature of Responsible Party: _____ Date: _____

Money orders, cashier's checks, personal, and business checks are payable to:

Oregon Psilocybin Services

If you prefer to pay with cash or make an in-person payment, please contact us to make arrangements at:

Licensing.Psilocybin@dhsosha.state.or.us
(971) 341-1509

Mail the application packet, fee, and remittance form to:

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

OFFICE USE ONLY

Date Received: _____ Date Entered into TLC: _____ Initials: _____

Notes: _____

Training Program Curriculum Application
Fee Payment Remittance Form

Training Program Name			
Responsible Party (RP) Name			
RP Phone Number			
RP Email			
TLC ID Number (if known)			
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 Psilocybin Serviced to make cash or in-person payment arrangements:

Licensing.Psilocybin@dhsaha.state.or.us
(971) 341-1509

OFFICE USE ONLY

Date Payment Received: _____ Intials: _____
Notes:

AOBJ 2670

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Training Program Curriculum Application
Supplemental for Additional Lead Educators and Instructors

This form is OPTIONAL and is only used if you need more space to provide information for additional lead educators and instructors.

Additional Lead Educators

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

Name: _____ Role: _____
Last First M.I.

Email: _____ Phone: _____

Instructors

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.

Name: _____
Last First M.I.