

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 Services to make cash or in-person payment arrangements:

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

OFFICE USE ONLY

Date Payment Received: _____

Initials: _____

Notes: