

Psilocybin Worker Permit Application

Thank you for your interest in applying for a Worker Permit through Oregon Psilocybin Services (OPS). More detailed information to support the application process can be found in the [Worker Permit Application Guides](#).

The [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance system \(TLC\)](#) is an online platform where applicants can apply for a psilocybin licenses, a worker permit, and training program curriculum approval. 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 pay the application fee following the instructions provided in the remittance form at the end of this application. 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@oha.oregon.gov

or

(971) 341-1713

For all other questions and concerns regarding worker permits, please contact:

Licensing.Psilocybin@oha.oregon.gov

or

(971) 341-1509

Worker Permit Requirements:

- Must be 21 years of age or older
- Must pass a criminal background check
- Must pay a worker permit fee

Who must have a valid psilocybin worker permit?

An individual who is 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

Worker Permit 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 worker permit application
- 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.

Important Notes:

- Please review each section of the application to ensure it is complete
- Applicants must read, understand, and agree to adhere to the Oregon Psilocybin Services Revised Statutes ([ORS Chapter 475A](#)), Oregon Administrative Rules ([OAR Chapter 333, Division 333](#)), as well as any other applicable statutes or laws

Incomplete and Insufficient Application Statuses: Please review the application guide for more detailed information on all application statuses.

- Incomplete: An application is considered incomplete if the application is

missing required information (e.g., applicant did not submit fingerprints). If the application is incomplete, we will notify you by email to give you an opportunity to make your application complete. You have 90 days from the initial date you are notified to complete your application. If you fail to do so, the application will be closed.

- **Insufficient:** An application is considered insufficient if the complete application does not meet requirements outlined in statute or rule. If the application is insufficient, we will notify you by email to give you an opportunity to meet requirements. You will have 90 days from the initial date you are notified to meet requirements, or your application will be denied.

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 name, is subject to disclosure under Oregon’s public records laws.

voluntary consent to use your SSN for the following administrative purposes only: to positively confirm your identity during the criminal records check. Oregon Psilocybin Services 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 (5 USC§ 552(a)). **Please check the appropriate box next to the social security field indicating whether you consent or do not consent.**

Do you consent to use of SSN for purposes of confirming identity during a criminal records check?

- Yes
- No

Primary Phone Number: _____

Alternate Phone Number (optional): _____

Primary Email Address: _____

Preferred Language (optional): _____

Preferred Pronouns (optional):

Physical Address

Street		Unit/Suite	
City		State	
County		Zip code	

Mailing Address

Same as Physical Address

Street		Unit/Suite	
City		State	
County		Zip code	

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)	From (Month/Year)

Previous License or Permit

Have you applied for or received any other licenses or permit from Oregon Psilocybin Services?

Yes No

If yes, please provide the license/permit name and license/permit id(s) for each:

Fee Information

Non-Refundable Worker Permit Fee: \$25

After the worker permit application has been approved, pending worker permit fee payment and clearance, you will receive a request to pay the worker permit fee. At that time, we will provide a permit fee remittance form to submit with your permit fee payment. A worker permit will not be issued until the worker permit fee is paid and cleared. If issued a worker permit, an individual may not perform the duties described in ORS 475A.445 until the effective date of approval.

Do not send the permit fee payment until contacted by OPS that your application has been approved and you receive payment instructions.

Applicant Statements

Please initial each statement indicating you understand and agree.

____ I certify the information provided in this application 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 of my application or revocation of my permit.

_____ I understand I am responsible for making my own determination regarding the legal risks associated with a Schedule 1 substance under the Federal Controlled Substances Act.

_____ I understand the information provided in application materials, including applicant name, is subject to disclosure under Oregon's public records laws.

_____ I understand the following information in the application will be used by Oregon Psilocybin Services to start the background check process: legal name; date of birth; physical address; phone number; email address; proof of identity; prior addresses if lived out of state during the past five years; social security number (if consented); and prior names and aliases.

_____ I understand I must complete and pass a background check as a condition of being granted a worker permit.

_____ I understand I must notify Oregon Psilocybin Services in writing within 10 business days of any conviction for any misdemeanor or felony committed, and I will be required to undergo another criminal background check.

_____ I understand I must notify Oregon Psilocybin Services in writing within 10 business days of a change in contact information.

_____ I have read, understand, and agree to adhere to the Oregon Psilocybin Services Revised Statutes (ORS) Chapter 475A, Oregon Administrative Rules (OAR) Chapter 333, Division 333, as well as any other applicable statutes or laws.

_____ I understand that failure to adhere to these statutes and rules may result in my application being denied or disciplinary action taken against any future permits issued by Oregon Psilocybin Services.

_____ I understand the worker permit has a term of five years from the effective date of approval. If I wish to renew the permit after that term, a renewal application must be submitted.

_____ I understand a worker permit will not be issued until the worker permit fee payment is paid and cleared. I understand that I may not perform the duties described in 475A.445 until the effective date of approval.

_____ I understand the worker permit fee is non-refundable.

Printed Name of Permit Applicant: _____

Signature of Permit Applicant: _____ Date: _____

**Please be sure to submit all required documents
as outlined in the
Worker Permit Application Packet Checklist**

Please mail the completed application to:

Oregon Health Authority
Public Health Division
RE: OPS Licensing Program
PO Box 14450
Portland, OR 97293-0450