

Oregon Psilocybin Services

e-mail: OHA.Psilocybin@dhsoha.state.or.us

Web: [www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Oregon-Psilocybin-Services.aspx](https://dhsoha-my.sharepoint.com/personal/jesse_i_sweet_dhsoha_state_or_us/Documents/Documents/www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Oregon-Psilocybin-Services.aspx)

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| **Application to Serve on Rules Advisory Committee** |
| **Program Name:** Oregon Psilocybin Services |
| **Subject Matter**: Administrative rules implementing M109 related to training programs, products and testing. |
| **Applicant Availability** |
| Will you be available on February 14-25, 2022?  |  |
| If no, please specify which dates you will not be available. |  |
| Are you interested in serving on multiple Rules Advisory Committees?  |  |
| **Applicant Information**  |
| Applicant Name: |  |
| Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Phone |  |
| E-mail |  |
| Business or Organization Affiliation (if applicable) |  |
| Do you plan you plan to apply for a psilocybin license? |  |
| If yes, what type of license(s) to you plan to apply for? |  |
| **What perspective do you represent?** |
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| **Why are you interested in participating on the Rules Advisory Committee?** |
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| **3) Submit a resumé or Curriculum Vitae (CV) describing your related experience, content expertise and any collaborative efforts you have been involved in and how you contributed; or fill in the box below addressing your experience, efforts and contributions.** |
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