

Oregon Psilocybin Services

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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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