



Oregon Psilocybin Services

E-mail: OHA.PsilocybinAdvisoryBoard@odhsoha.oregon.gov

Web: www.oregon.gov/psilocybin

Application to Serve on OPAB Subcommittee			
Program Name: Oregon Psilocybin Services (OPS)			
Oregon Psilocybin Services is seeking applications for volunteers to serve on subcommittees of the Oregon Psilocybin Advisory Board (OPAB). Subcommittees will consist of both Governor-appointed board members and members who are appointed through an open application process. The Oregon Psilocybin Advisory Board will select subcommittee members during their August 4, 2023, meeting. This is a public meeting. OPS will protect your personal information to the extent permitted by law. Please note that if you choose to apply your name, interest, experience and affiliation will be shared during the public process.			
To apply to serve on an OPAB subcommittee, please complete this application form and e-mail to OHA.PsilocybinAdvisoryBoard@odhsoha.oregon.gov by Friday, June 23rd, 2023.			
Applicant Contact Information			
Applicant Name:			
Address:			
City:	State:	Zip Code:	
Phone:			
E-mail:			
By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge.			
Signature:			
Date:			

Applicant Interest	
Applicant Name:	
Business or Organization Affiliation (if applicable):	
Have you applied or will you apply for a psilocybin license?	
If yes, what type of license(s)?	
Please indicate the subcommittees on which you would like to serve. (You may choose more than one.)	
Equity Subcommittee	
Licensing Subcommittee	
Products and Research Subcommittee	
Strategic Planning Subcommittee	

Conflicts: If appointed, subcommittee members will be public officials who are subject to laws governing conflicts of interest.		
The Oregon Government Ethics Commission defines a <i>potential</i> conflict of interest to mean that a public official is met with a conflict of interest when participating in official action which could result in a financial benefit or detriment to the public official, a relative of the public official or a business with which either is associated.		
Do you have any potential conflicts of interest to declare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
The Oregon Government Ethics Commission defines an <i>actual</i> conflict of interest to mean that a public official is met with a conflict of interest when participating in official action which would result in a financial benefit or detriment to the public official, a relative of the public official or a business with which either is associated.		
Do you have any actual conflicts of interest to declare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

Applicant Name:	
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What perspective, skills or life experience would you bring to a subcommittee? Please feel free to include any information you would like to share about lived experience, such as race, ethnicity, language, disability, sexual orientation, or gender identity.

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Why are you interested in serving on a subcommittee?

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Applicant Name:

Please describe your professional experience, content expertise and any collaborative efforts you have been involved in and how you contributed.