

Application Requirements for the New Mexico Department of Health Medical Psilocybin Advisory Board

Thank you for your interest in serving as a member of the Medical Psilocybin Advisory Board for the New Mexico Department of Health Medical Psilocybin Program.

Prospective Board members must be residents in the State of New Mexico and cannot have ownership or a financial interest in a business which operates, or intends to operate in the future, as a producer, clinic, or other permit holder involved with the Program. The Board positions are volunteer appointments by the Secretary of Health.

A description of the Board, membership, duties, and responsibilities as outlined in statute can be found here: [Medical Psilocybin Act Section 8 Advisory Board](#)

To apply, please provide the following information and documents together in one email to: medical.psilocybin@doh.nm.gov:

- 1) Letter of interest: (no more than one page) briefly explain why you want to be on the Board and your relevant experience;
- 2) Your Resume or Curriculum Vitae (CV);
- 3) A clear copy of your State of New Mexico ID or Driver's License; and,
- 4) Signed Attestation of No Conflict of Interest (found on the 2nd page of this document).

The Department will review applications and may invite eligible and qualified candidates for an interview process. If selected to move forward, the candidate will be provided with the Boards and Commission Application Questionnaire and will undergo a background check. Depending on the number of applicants, additional interviews may be required. Submission of the required documents does not guarantee an interview or selection to be a Board member.

Applications will continue to be accepted and reviewed until all Board positions are filled. For the best opportunity to be selected early, please submit your documents by June 30th.

If you have any questions regarding the documents required, please reach out to the program through email: medical.psilocybin@doh.nm.gov.

Thank you,



Dominick V. Zurlo, Director
Center for Medical Cannabis and Psilocybin
New Mexico Department of Health

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Attestation of No Conflict of Interest

- I attest that neither I, nor any of my immediate family members*, are now, or intend to become in the future, a producer, a clinician, or an employee or contractor of a producer or clinician, in the New Mexico Medical Psilocybin Program (“Program”).
- I further attest that neither I, nor any of my immediate family members*, currently hold, or intend to hold in the future, an ownership or financial interest of any kind in a business that operates, or that intends to operate in the future, as a producer or clinic involved with the Program.
- I acknowledge and agree that if I or any of my immediate family members* become a producer, a clinician, or an employee or contractor of a producer or clinician in the Program at any time prior to becoming, or during my tenure as, a member of the Medical Psilocybin Advisory Board (“Advisory Board”), I shall report that fact to the Program, and my membership on the Advisory Board shall automatically terminate.
- I further acknowledge and agree that if, at any time before or during my tenure as a member of the Advisory Board, I or any of my immediate family members* come to hold an ownership or financial interest of any kind in a business that operates, or that intends to operate in the future, as a producer or clinic involved with the Program, I shall report that fact to the Program, and my membership on the Advisory Board shall automatically terminate.

*For the purposes of this attestation, “immediate family members” includes a spouse, domestic partner, parent, grandparent, sibling, child, or grandchild.

Print Name: _____

Signature: _____

Date: _____