New Mexico Medical Psilocybin Program

Education and Training Requirements

Recommendations for Facilitators and Licensed Providers

Training and Education Committee · Draft for Discussion · July 17, 2026 · Dr. Anne Metz

Four Recommendations

1 Retitle “Practitioner” as “Licensed Provider”

“Practitioner” tells the public nothing and collides with nurse practitioner. “Licensed Provider” names the qualification directly.

2 A single didactic standard: 84 hours

One quality bar for both permits, with a module test-out so licensed clinicians are not paying to repeat graduate training.

3 Scaffolded practicum with a training permit

Four steps from well participants to clinical cases — about 62 hours for Facilitators, 72 for Licensed Providers.

4 Consultation sign-off tied to case presentations

20–30 hours during the training permit period; two presented cases of regulated-medicine clients, each formally evaluated.

Didactic Hours: One Standard, 84 Hours

84

didactic hours,
both permit types

Oregon: 120 · Colorado: 150

The allocation, generally. Core skills & ethics 25–30 · end-of-life 10–15 · trauma 8 · medicine & research literacy 8–10 · NM module 6–8 · treatment models 6–8 · screening & suicidality 5–8 · touch 4–6 · history & traditional use 3–4 · challenging experiences incl. HPPD 2–4. Ranges are illustrative; the 84-hour total binds.

One quality bar, no tiers. Rather than tiered hours by profession, the 6-25 draft's module test-out lets experienced clinicians move quickly without lowering the standard.

Skills practiced, not just presented. Colorado stakeholders were consistent: role play, scenario work, and interactive learning over asynchronous content delivery.

Calibrated for access. Trainees pay out of pocket, without federal loans. 84 hours is defensible on rigor and sustainable on cost.

Practicum: Four Steps and a Training Permit

1. **Well participants — ~30 hours** Retreat or peer-support model; supervised exposure to non-ordinary states before clinical work. Prep and integration for every participant. Training permit issues on completion.

2. **Co-facilitated low-acuity cases — ~20 hours** Two cases minimum as second chair with a licensed, permitted provider; ideally nicotine use disorder or MDD. PTSD and other SUDs excluded at this stage.

3. **Group practicum — ~12 hours** Direct participation in group preparation, administration, and integration — novel among states, but matched to New Mexico's group treatment models.

4. **Supervisory hours — 10 hours, Licensed Providers only** Trainee leads the session with a licensed provider as second chair, demonstrating supervisory skills.

~62

hours — Facilitators

~72

hours — Licensed Providers

Down from 100 / 120 in the current draft

The training permit issues after step 1 and covers steps 2–3 and the consultation period — a lawful, supervised pathway to real client contact.

Consultation Sign-Off: Cases, Not Just Hours

20–30 hours of supervision or consultation

Completed during the training permit period, in addition to practicum hours. The current draft's 10 mentoring hours never require the permittee to have seen a client.

Two case presentations, formally evaluated

Each new permittee presents at least two regulated-medicine cases of their own as biopsychosocial case conceptualizations — presenting concerns, risk and supportive factors, treatment considerations, and aftercare — with a standardized evaluation form completed on each (the Memoru model).

An end-of-life checkpoint

Before serving end-of-life participants independently: at least one co-facilitated end-of-life case and one presented in supervision.

A meaningful competency checkpoint at modest administrative cost.

Open Questions for the Committee

Indications and volume — Current indications limit patients — and therefore practicum placements. MDD (proposed for 2027) and GAD would change feasibility materially.

Addiction and SUD teaching — Nicotine use disorder is an approved indication; does the curriculum need a dedicated addiction/SUD plan?

Instructor vetting — If practicum placements are decoupled from training programs, who vets and approves site supervisors?

Federal timeline risk — If FDA approval arrives with lighter therapy-support requirements, the 84-hour standard is easier to defend and sustain than Colorado's 150.

Full recommendations, curriculum table, and sources in the written draft of 7-17-26.