New Mexico Medical Psilocybin Program

Education and Training Requirements — Recommendations at a Glance

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

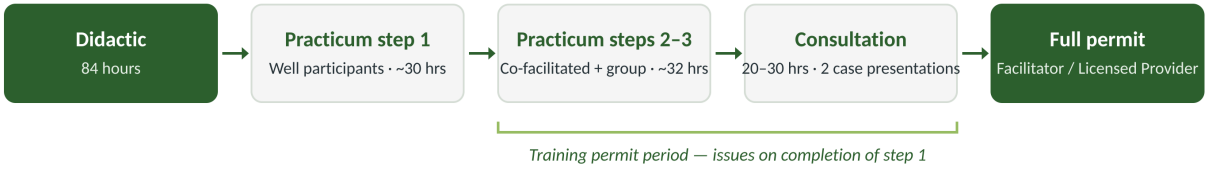
Sources: the committee's 6-12-26 and 6-25-26 drafts; the Healing Advocacy Fund's interviews with 24 Oregon and Colorado stakeholders; Oregon's and Colorado's existing standards; and consultation with experienced colleagues, including the Memoru consultation model (Boulder, CO). The design principle throughout: rigorous enough to be defensible, lean enough to keep training accessible.

1. Retitle "Practitioner" as "Licensed Provider." "Practitioner" communicates nothing about training and collides with existing licensure shorthand (nurse practitioner). "Licensed Provider" names the qualification directly and pairs cleanly with "Facilitator."

2. A single didactic standard: 84 hours, both permit types. Allocated generally as: core psychotherapy skills and ethics (25–30); end-of-life care (10–15); trauma (8; explicitly not PTSD treatment training); medicine, dosing, and research literacy (8–10); New Mexico module (6–8); treatment models (6–8); screening, suicidality, and crisis response (5–8); somatic awareness and touch (4–6); history and traditional use of psychedelics (3–4); and challenging experiences including HPPD (2–4). Component ranges are illustrative; the binding minimum is the 84-hour total. The 6-25 draft's module test-out keeps one quality bar while letting experienced clinicians move efficiently.

State-required training hours (New Mexico figure is the proposed didactic standard)

3. A scaffolded practicum with a training permit. A deliberate reduction from the current 100/120 hours — structure and checkpoints over raw hour counts. Step 2 cases are low-acuity (ideally nicotine use disorder or MDD), with the trainee as second chair to a licensed, permitted provider.



Licensed Providers add 10 supervisory hours as lead facilitator (step 4): practicum totals ~62 hrs (Facilitators) / ~72 hrs (Licensed Providers).

4. Consultation sign-off tied to case presentations. Sign-off requires two presented cases of the permittee's own regulated-medicine clients — biopsychosocial case conceptualizations covering presenting concerns, risk and supportive factors, treatment considerations, and aftercare recommendations — each formally evaluated (the Memoru model). End-of-life work adds one co-facilitated EOL case and one presented in supervision.

Open questions: indication breadth and practicum volume (MDD proposed for 2027; GAD further out); whether a dedicated addiction/SUD teaching plan is needed; who vets site supervisors if placements are decoupled from training programs; and federal timeline risk, where an 84-hour standard is easier to sustain than Colorado's 150.

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