DEPARTMENT OF REGULATORY AGENCIES

Office of Natural Medicine Licensure

NATURAL MEDICINE LICENSURE RULES AND REGULATIONS

4 CCR 755-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

1: GENERAL

1.1 Authority

These rules and regulations are adopted pursuant to the authority in sections 12-20-204 and 12-170-105(1)(a), C.R.S., and are intended to be consistent with the requirements of the State Administrative Procedure Act, sections 24-4-101, *et seq.*, C.R.S. (the "APA"), and the Natural Medicine Health Act of 2022 at sections 12-170-101, *et seq. and 44-50-101, et seq.*, C.R.S. (the "Practice Act").

1.2 Scope and Purpose

These rules and regulations shall govern the process to become licensed as a facilitator, to identify the requirements for approval of training programs for facilitators, and to identify the course content for training programs for facilitators in Colorado.

1.3 Applicability

These regulations are applicable to the requirements for obtaining and maintaining a license as a facilitator, for the practice of natural medicine facilitation, and for approval of educational programs in Colorado.

1.4 Definitions

"Administration session" means a session conducted at a healing center, or another location as permitted by this article 170 and article 50 of title 44, during which a participant consumes and experiences the effects of regulated natural medicine or regulated natural medicine product under the supervision of a facilitator.

"Adverse Health Event" means any untoward or unexpected health condition or medical occurrence associated with the use of natural medicine or natural medicine product–this could include any unfavorable and unintended sign (including a hospitalization, emergency department visit, medical visit, abnormal laboratory finding, outbreak, death [non-motor vehicle]), symptom, or disease temporally associated with the use of a natural medicine product, and may include concerns or reports on the quality, labeling, or possible adverse reactions to natural medicine or natural medicine product transferred by or manufactured at a Natural Medicine Business. An adverse health event may also include any of the previous signs, symptoms, or disease temporally associated with the use of a natural medicine product that is administered to a participant by a licensed facilitator. An adverse event or suspected adverse reaction is considered "life-threatening" if its occurrence places the participant at immediate risk of death. It does not include an adverse event or suspected adverse reaction that, had it occurred in a more severe form, might have caused death. An adverse event or suspected adverse reaction is considered "serious" if it results in any of the following outcomes: Death, a life-threatening adverse event, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, or a congenital anomaly/birth defect. Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered serious when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition. Examples of such medical events include allergic bronchospasm requiring intensive treatment in an emergency room or at home, blood dyscrasias or convulsions that do not result in inpatient hospitalization, or the development of drug dependency or drug abuse.

"Approved Facilitator Training Program" means a program of study which the Director has determined meets the minimum requirements of the curriculum mandated by DORA in section 4 of these Rules.

"Integration session" means a meeting between a participant and facilitator that occurs after the completion of an administration session.

"Natural medicine harm reduction" is defined as a set of practical strategies and ideas aimed at reducing negative consequences to physical, mental or social well-being associated with the use of natural medicines.

"Natural Medicine Services" means a preparation session, administration session, and integration session provided pursuant to Article 170 of Title 12, C.R.S.

"Preparation session" means a meeting between a participant and facilitator that occurs before an administration session. "Preparation session" does not mean an initial consultation, an inquiry, or a response about natural medicine services.

Supportive touch" means physical touch between a facilitator and a participant during the provision of Natural Medicine Services, and includes placing of hands on a participant's hands, feet, or shoulders during an administration session. Participants may consent to the use of supportive touch with other participants, including additional participants, additional facilitators, healing center staff, and non-participant individuals specifically named in the physical touch contract and discussed with the participant prior to an administrative session. Supportive touch must always be consented to by a participant prior to the administration session, regardless of the individual providing the supportive touch, and must be documented in the physical touch contract. Under no circumstance may supportive touch be used on any body part other than hands, feet, or shoulders, or be sexual in nature.

2: LICENSURE

A. Basis and Purpose

Section 2 of these Rules are intended to establish requirements for licensure as Facilitator, Clinical Facilitator, Distinguished Educator, and Training licensees.

B. Authority

Section 2 of these Rules are adopted pursuant to the authority in sections 12-20-204, 12-170-105(1)(a), and 24-4-103, C.R.S.

2.1 General Requirements for All Applicants

A. General Provisions. To be eligible to apply for any Facilitator license, an applicant must:

1. Be over the age of 21;

2. Provide proof of Basic Life Support or equivalent certification;

3. Submit a complete application, in a manner approved by the Director; and

4. Pay the application fee.

B. In evaluating applications, the Director will assess applicants who have been convicted of felony offenses against persons or property, or those felony offenses involving fraud, dishonesty, moral turpitude, domestic violence, child/elder abuse, drug diversion of any controlled substance other than those drugs defined as “natural medicine”, or drug diversion involving “natural medicine” after November 30, 2022 consistently with the rehabilitation principles identified in sections 12-20-205 and 24-5-101, C.R.S. The Director will disregard any convictions that are barred from consideration by sections 12-20-404 and 12-30-121, C.R.S. . Examples of felony crimes that must be reported on an application include, but are not limited to, those felonies identified in Articles 3, 3.5, 4, 5, 6, 6.5, and 7 of Title 18 of the Colorado Revised Statutes and section 18-18-405, C.R.S. Convictions of corresponding felony offenses in another state or jurisdiction must be disclosed in applications.

C. The applicant bears the burden of proof to establish that they are qualified for licensure.

D. Any application not completed within one year of the date of receipt of the original application expires and will be purged.

E. Application fees will not be refunded.

F. Review of Applications.

1. The Director will review all applications and may request additional information, including verifications, if necessary. Upon review of a complete application, the Director may:

   a. Approve the application and issue the appropriate license type;

   b. Request the applicant take certain coursework on subjects that the applicant has not demonstrated competency for; or

   c. Deny the application for licensure.

2. If the Director authorizes licensure subject to conditions, and an applicant rejects the conditional terms, the offer for conditional licensure shall be deemed a denial of application.

3. The Director may deny an application if the applicant:

a. Lacks the requisite substantially equivalent education, experience, or credentials for certification;

b. Has committed an act that would be grounds for disciplinary action under Article 170 of Title 12, C.R.S.; or

c. Has a pending disciplinary investigation or action in another jurisdiction.

4. If the Director denies an application, the applicant has 60 days to request a hearing on the denial. If requested, the Director will file a notice of denial with the office of administrative courts to adjudicate the merits of the denial, in accordance with section 24-4-105, C.R.S.

5. The Director may authorize an applicant to withdraw their application and waive the applicant's right to a hearing, if requested by the applicant.

G. Education, Training, or Service Gained During Military Service

1. Basis: The authority for promulgation of these rules and regulations by the Director is set forth in sections 12-20-202, 12-20-204, 12-170-105(1)(a)(IV), and 24-4-201 *et seq.*, C.R.S.

2. Purpose: The following rules and regulations have been adopted by the Director to implement the requirements set forth in section 12-20-202(4), C.R.S., and to otherwise streamline licensure for applicants with relevant military education, training, or experience, pursuant to section 24-4-201, *et seq.*, C.R.S.

3. Credit for Military Education, Training, or Experience

a. An applicant for licensure may submit information about the applicant's education, training, or experience acquired during military service. It is the applicant's responsibility to provide timely and complete information for the Board's review.

b. In order to meet the requirements for licensure, such education, training, or experience must be substantially equivalent to the required qualifications that are otherwise applicable at the time the application is received by the Director.

c. The Director will determine, on a case-by-case basis, whether the applicant's military education, training, or experience meet the requirements for licensure.

d. Documentation of military experience, education, or training may include, but is not limited to, the applicant's Certificate of Release or Discharge from Active Duty (DD-214), Verification of Military Experience and Training (DD-2586), military transcript, training records, evaluation reports, or letters from commanding officers describing the applicant's practice.

4. Military Experience as Demonstration of Continued Competency for Licensees

a. The practice of facilitation while an applicant is on active military duty shall be credited towards the requirements for demonstrating continued competency for facilitator licensure, reinstatement, or reactivation of a license.

b. Applicants with relevant military experience must otherwise comply with statutory requirements and the processes and requirements of Rule 2.1.

5. Healing Center Affiliation

   a. Healing centers are licensed by the Department of Revenue and are governed by the provisions of section 44-50-101 *et seq.*, C.R.S. and the implementing rules adopted by the Department of Revenue.

   b. The license types of Facilitator and Clinical Facilitator are both considered to be full-scope license types and may practice facilitation in Colorado independently.

   c. Distinguished Educator licensees and Student Facilitator licensees do not possess full-scope licensure, and cannot practice independently.

2.2 Facilitator: Original Licensure

A. Scope of Practice

1. An individual holding a Facilitator license is authorized independently to provide natural medicine services to those participants for whom a safety screen demonstrating generally accepted standards of practice does not identify risk factors suggesting a need for involvement of a medical or behavioral health provider.

2. Individuals holding licensure or authorization to practice a profession that does not diagnose and treat medical or behavioral health conditions may become licensed as a Facilitator licensee. If an individual holds licensure or authorization to practice a profession which is otherwise inconsistent with the practice limitations of facilitation, may not practice both professions simultaneously, and therefore may become licensed as a Facilitator licensee. Inconsistencies could arise regarding, for example, limitations on supportive touch which would prohibit certain simultaneous secondary practice. Indigenous and religious practitioners who choose to engage in the regulated practice of facilitation and who do not otherwise qualify for licensure as a Clinical Facilitator, may apply for a Facilitator license.

3. Applicants need not hold any secondary licensure. Individuals who have successfully completed an Approved Training Program and hold such certification, and who meet the general requirements for applicants in Rule 2.1, are eligible to apply for a Facilitator license.

4. A Facilitator licensee may not independently engage in the “practice of medicine,” as defined by section 12-240-107, C.R.S., in conjunction with the administration of natural medicine.

5. A Facilitator licensee may not independently practice “psychotherapy,” as defined by section 12-245-202(14), C.R.S., in conjunction with the administration of natural medicine.

6. A Facilitator shall utilize a safety screen meeting generally accepted standards of practice. Without further action as outlined in this Section 2.2, a facilitator may not independently provide natural medicine services to participants if the safety screen identifies risk factors that suggest the need for involvement of a medical or behavioral health provider. This limitation does not apply to participants whose conditions are in remission.

7. Facilitator licensees may not provide natural medicine services to participants who are taking lithium or antipsychotic medications.

8. A Facilitator licensee may provide natural medicine services to participants with risk factors as referred to in paragraphs 2.2(A)(6) or the medications identified in paragraph 2.2(A)(7) , if the participant has received a referral for natural medicine services, has been provided medical clearance by the participant's medical or behavioral health provider, or has engaged in consultation and risk review with a medical or behavioral health provider. The provider may be licensed in Colorado or in the participant's state of residence, but must be licensed to diagnose and treat the participant's physical or behavioral health condition(s) identified as a risk factor(s) by the safety screening. If applicable, the Facilitator must document and maintain reasonable evidence of such consultation and risk review, and if the consultation and risk review identifies heightened risk associated with a specific condition, the participant must work with the Facilitator to develop a safety plan, informed by the consultation and risk review, and provide written informed consent to work with the Facilitator. A Facilitator may decline to provide Natural Medicine Services to a participant for any health or safety reason.

9. A Facilitator licensee must recommend in writing that any prospective participant who is taking a psychotropic medication identified as a risk factor on the safety screen should obtain applicable medical and behavioral health clearance from a physician (MD) or (DO), an Advanced Nurse Practitioner (APN), a Physician Assistant (PA), or a Clinical Facilitator with prescribing authority prior to administering natural medicine services. If the consultation and risk review identify heightened risk associated with a specific medication, the participant must work with the Facilitator to develop a safety plan, informed by the medical consultation and review, and provide written informed consent to work with the Facilitator. A Facilitator may decline to provide Natural Medicine Services to a participant for any health and safety reasons.

B. License Requirements and Qualifications

1. In addition to the general requirements for licensure identified in paragraph 2.1, to obtain a Facilitator license, an applicant must successfully complete:

   a. An Approved Facilitator Training Program that includes, at a minimum, the curriculum mandated by the Director (see education requirements in Rule 4);

   b. 40 hours of supervised practicum training in the facilitation of natural medicine; and

   c. 50 hours of consultation.

2. In the alternative, an applicant may demonstrate to the Director that they are eligible for licensure through completion of accelerated training pursuant to Rule 2.4.

3. Applicants must apply to renew their license prior to expiration.

2.3 Facilitator: Endorsement via Occupational Credential Portability Program

A. Pursuant to the Occupational Credential Portability Program under section 12-20-202(3), C.R.S., an applicant may apply for licensure as a Facilitator by endorsement in Colorado if the applicant is currently certified or otherwise licensed in good standing in another state or US territory or through the federal government, or holds a military occupational specialty, as defined in section 24-4-201, C.R.S., meets the general requirements for licensure set forth in Rule 2.1, and has submitted satisfactory proof under penalty of perjury that the applicant has either:

1. Education, experience, or credentials that are substantially equivalent to those required by Article 170 of Title 12, C.R.S.; or

2. Has held for at least one year a current and valid license as a Facilitator in a jurisdiction with a scope of practice that is substantially similar to the scope of practice for Facilitator licensees as specified in Article 170 of Title 12, C.R.S., and these rules.

2.4 Facilitator: Licensure via Accelerated Training (for Legacy Healers)

A. Applicants who are former legacy healers, and who do not hold a license or other credential to practice facilitation, may apply for licensure through an accelerated training pathway. In addition to the general requirements for licensure set forth in Rule 2.1, all applicants must demonstrate that:

1. The applicant has substantially equivalent education, experience, or credentials that are required by Article 170 of Title 12, C.R.S., which experience includes facilitation for at least 40 participants; with at least 200 hours of experience conducting administration sessions; and occurring over a period of at least two years;

2. The applicant has not committed an act that would be grounds for disciplinary action under Article 170 of Title 12, C.R.S.;

3. The applicant has submitted an application on the current Director approved form and has paid the application fee.

4. The applicant has demonstrated completion of Basic Life Support certification or equivalent.

5. The applicant has demonstrated successful completion of the 25-hour module/educational coursework on Ethics and Colorado Natural Medicine Rules and Regulations, set forth in Rule 2.6 (D)(5).

6. In their discretion, the Director will consider all supporting information in their determination of applications.

2.5 Clinical Facilitator: Original Licensure

A. Scope of Practice

1. Clinical Facilitator licensees may provide natural medicine services to participants for the purpose of treating physical or behavioral/mental health conditions. A Clinical Facilitator licensee must hold current and active Colorado licensure in a profession that authorizes them to diagnose and treat physical or behavioral/mental health conditions.

2. A Clinical Facilitator licensee shall utilize a safety screen meeting generally accepted standards of practice. A Clinical Facilitator may only treat medical or behavioral health conditions that are appropriately treated within the scope of their secondary (non-facilitation) license. No licensee is authorized to practice outside of or beyond their area of training, experience, competence, or secondary (non-facilitation) licensure. A Clinical Facilitator who does not manage or treat a participant's physical or mental condition (including conditions such as cardiovascular disease, uncontrolled hypertension, diseases of the liver, seizure disorders, severe chronic medical illness, or terminal illness) must contact the participant's treating provider prior to providing natural medicine services unless good cause exists. For example, good cause exists if there is no treating provider or if the participant's treating provider is employed by or contracted with a government or private entity that prohibits the treating provider from providing clearance. Clinical Facilitator Licensees who do not prescribe lithium or antipsychotic medications within the scope of their secondary license may not independently provide natural medicine services to participants who are taking such medications, without clearance from, or a consultation and risk review with a medical or behavioral health provider practicing within their scope of practice.

3. Nothing in this rule prevents a Clinical Facilitator from providing natural medicine services to a participant with risk factors identified in the safety screen required by Rule 2.2(A)(6) that fall outside of the Clinical Facilitator's scope of practice for their secondary license, provided the participant has received a referral for natural medicine services by the participant's treating medical or behavioral health provider, or has engaged in consultation and risk review with a medical or behavioral health provider. The participant's provider may be licensed in Colorado or in the participant's state of residence, but must be licensed to diagnose and treat the participant's physical or behavioral health condition(s)identified as risk factor(s) by a safety screen. If applicable, the Clinical Facilitator must document and maintain reasonable evidence of such consultation and risk review, and if the consultation and risk review identifies heightened risk associated with a specific condition, the participant must work with the Clinical Facilitator to develop a safety plan, informed by the consultation and risk review, and provide written informed consent to work with the Clinical Facilitator. A Clinical Facilitator may decline to provide Natural Medicine Services to a participant for any health or safety reason.

4. When clinically appropriate, Clinical Facilitator licensees may advise and collaborate with Facilitator Licensees to provide natural medicine services for participants with physical or behavioral health risk factors.

5. To the extent that a Clinical Facilitator licensee provides facilitation services to participants that also include services within the scope of practice of their secondary license, the Director recommends that any evaluation of the licensee's performance of services be assessed first within the context of generally accepted standards of practice for facilitation of natural medicine services.

B. Status of Secondary License for Clinical Facilitator Licensees

1. If an individual holds a Clinical Facilitator license and a license issued by the Colorado Medical Board, the State Board of Nursing, or Mental Health Boards (secondary license), and the individual allows their secondary license to expire, or if the secondary license is inactivated, the Clinical Facilitator licensee may no longer practice as a Clinical Facilitator and may not endorse themselves as such.

2. Any Clinical Facilitator licensee whose secondary license is restricted, revoked, suspended, or otherwise limited must report the disciplinary action to the Director within 30 days.

C. Applications

1. To obtain a Clinical Facilitator license, an applicant must demonstrate:

a. The applicant holds an active and valid license in Colorado to practice any of the following:

(1) (PSY) Psychologist, (LSW) Licensed Social Worker, (LCSW) Licensed Clinical Social Worker, (MFT) Marriage and Family Therapist, (LPC) Licensed Professional Counselor, or (LAC) Licensed Addiction Counselor; or

(2) Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), advanced practice nurse (APN), including Nurse Practitioner (NP), or Physician Assistant (PA).

b. Successful completion of a DORA Approved Facilitator Training Program, as set out in Rule 4, including 150 hours of didactic instruction, 40 hours of supervised practicum training in the facilitation of natural medicine, and 50 hours of consultation; and

c. The applicant meets the general requirements set forth in Rule 2.1.

D. These requirements may be modified if an applicant meets the criteria for accelerated training set forth in Rule 2.4.

E. Applicants must apply for renewal of license prior to expiration.

F. Alternative Educational Programs.

1. The Director may consider submission of successful completion of alternative educational programs or coursework in lieu of completion of the requirements set forth in the rules setting forth the required components for an Approved Facilitator Training Program. An applicant may petition the Director to consider such alternate educational coursework at the time of application, with submission of transcripts and any other descriptive course details as requested by the Director.

2.6 Clinical Facilitator: Accelerated Licensure

A. Applicants who hold secondary licensure as a medical or mental health licensee, as defined in Rule 2.5(C)(1), may meet certain requirements of the Facilitator educational curriculum through their secondary licensure education.

B. An applicant for a Clinical Facilitator license may petition the Director to consider any of their educational coursework and practice undertaken in the secondary field as substantially equivalent education or training, in lieu of completion of certain portions of an Approved Facilitator Training Program.

C. The burden is on the applicant to demonstrate that their educational coursework and practice in their secondary field is substantially equivalent to the educational requirements of an Approved Facilitator Training Program.

D. An applicant’s complete application must include:

1. All of the general requirements set out in Rule 2.1;

2. Either successful completion of the didactic coursework from an Approved Facilitator Training Program or submission of successful completion of alternative coursework that is substantially equivalent;

3. 40 hours of supervised practicum training in the facilitation of natural medicine;

4. 50 hours of consultation; and

5. A 25 hour module on Ethics and Colorado Natural Medicine, including education on:

    a. Colorado's Facilitator Code of Ethics;

    b. Ethical considerations relating to equity, privilege, bias and power;

    c. Awareness of increased vulnerability associated with altered states of consciousness;

    d. Appropriate use of touch and participant consent to physical contact including the development, in a preparation session, of a Touch Contract;

    e. Appropriate emotional and sexual boundaries between facilitators and participants both during the provision of natural medicine services and at other times, potential harm to participants, and consequences for facilitators of breaching those boundaries;

    f. Historical and contemporary abuse of power associated with natural medicine, including sexual, emotional, and physical abuse and implications for facilitators;

    g. Financial conflicts of interest and duties to participants;

    h. Ethical advertising practices;

    i. Providing accurate information about current research on efficacy of natural medicines and facilitator scope of practice;

    j. Reasonable expectations regarding client outcomes; and

    k. Training in Colorado Natural Medicine rules and regulation.

2.7 Distinguished Educator License

A. Basis and Purpose: These rules have been adopted by the Director to specify standards related to the qualification and supervision of distinguished educator facilitators and to clarify application requirements for this license type.

B. Authority: The authority for promulgation of these rules by the Director is set forth in sections 24-4-103, 12-20-204(1), and 12-170-105(1)(a) and (c), C.R.S.

C. The Director recognizes that certain individuals have gained extensive experience or have otherwise gained noteworthy and recognized professional attainment in the field of natural medicine services. Individuals who are licensed in other jurisdictions, if such jurisdiction has a licensing procedure, or who are recognized as demonstrating significant professional achievement in another jurisdiction, may be granted a Distinguished Educator License to practice natural medicine services in Colorado, upon application to the Director in a manner determined by the Director, if the following conditions are met:

1. The applicant has been invited by a natural medicine education program in this state to serve as a member of its academic faculty for the period of their appointment;

2. The applicant's natural medicine practice is limited to that required by their academic position, the limitation is so designated on the license in accordance with the Director's procedure, and the natural medicine practice is also limited to healing centers or any other physical locations affiliated with the education program on which the applicant will serve as a faculty member;

D. Qualification Standards: The Director may consider the following qualification standards in their evaluation of an applicant for a Distinguished Educator License:

1. The applicant holds a current facilitator license in good standing in their home jurisdiction or in any other country.

2. The applicant's facilitator education and training meets or exceeds the minimum educational requirements for Facilitator licensure in Colorado.

3. The applicant holds a national or professional certification conferred by a national professional organization in the field of psychedelic medicine OR holds certification outside of the United States.

4. The applicant has undergone extensive clinical post-graduate training in facilitation.

5. The applicant has demonstrated recent clinical experience by being actively and continuously involved in the practice of facilitation for at least a two year period immediately preceding the filing of the application and has demonstrated expertise that meets or exceeds the clinical skills required by the faculty position.

6. The applicant has demonstrated teaching ability to include prior experience in an academic position, including other visiting professorships or professorships.

7. The applicant has published peer-reviewed articles or noteworthy research in respected medical or scientific publications.

8. The applicant's training, skills, talents or demonstrated experience as a teacher or mentor in natural medicines or in traditional or spiritual practices related to natural medicine facilitation will contribute uniquely to facilitator education in Colorado.

9. The applicant demonstrates that they will continue to contribute uniquely to facilitator education in Colorado during the ensuing period of licensure.

10. The applicant's other facilitator licenses and privileges are unrestricted and have not been subject to discipline by any licensing body or health care entity and the applicant is not under investigation by any licensing body or health care entity.

11. The applicant is free from prior malpractice judgments, settlements, or their equivalent.

12. The applicant should not have been convicted of any felony offenses against persons or property, or those involving fraud, dishonesty, moral turpitude, domestic violence, child/elder abuse, or drug diversion. Examples of such felony crimes include, but are not limited to, those felonies identified in Articles 3, 3.5, 4, 5, 6, 6.5, and 7 of Title 18 of the Colorado Revised Statutes and section 18-18-405, C.R.S. An applicant should not have been convicted of any corresponding felony offense in another state or jurisdiction. In considering applications from individuals with any of the identified felony convictions, the Director will apply rehabilitation principles identified in sections 12-20-205 and 24-5-101, C.R.S.

E. Application Requirements: An applicant for licensure as a Distinguished Educator should submit, in addition to the requirements in Rule 2.1:

1. A description of the applicant's experience in their practice of facilitation, which may take the form of a CV but need not.

2. A letter from the Director of a DORA Approved Facilitation Training Program on which the applicant will serve, identifying:

a. The applicant's proposed position, title, and term of appointment; and

b. What role the applicant will serve in.

c. The reasons recruitment outside Colorado for this position was or continues to be necessary, to include if salary was a motivating factor;

d. How the applicant will uniquely enhance or has uniquely enhanced Facilitator education in this state;

e. How the applicant meets or continues to meet the Qualification Standards defined in this Rule to be eligible for this license type; and

f. Additional information which would assist the Director in understanding the reason for this appointment.

3. A biographical statement from the applicant, summarizing their qualifications to teach within their assigned subject matter. This statement should note the experience or qualifications of the instructor to provide educational instruction and/or student supervision. (Up to 500 words)

4. Attestation of additional materials collected by the training program to verify the experience and skill of the instructor (including, but not limited to, personal narratives, client references, community references, or professional references).

F. A Distinguished Educator License shall be in effect for a one-year term. Distinguished Educators must apply for renewal of their license annually.

G. For a renewal applicant for a Distinguished Educator License, the applicant may provide continued satisfaction of the Qualification Standards defined in this Rule through submission of the following:

1. An updated description of their experience;

2. An updated list of publications and teaching experience;

3. Continued education; and

4. Copies of the applicant's teaching evaluations or other program evaluations since the last renewal application.

5. Renewal applicants are encouraged to seek full licensure as a Facilitator or Clinical Facilitator. Renewal applicants will be encouraged to provide detailed information for the applicant's plans to obtain Facilitator or Clinical Facilitator licensure, pursuant to Rules 2.4 or 2.5, respectively.

H. A Distinguished Educator Licensee may only diagnose or treat medical or behavioral conditions if that individual also holds secondary licensure in Colorado, as identified in Rule 2.5(C)(1)(a).

I. Performance of Natural Medicine Services by Distinguished Educator Licensees

1. A Distinguished Educator licensee may only perform facilitation in the context of training programs.

2. A Distinguished Educator licensee may not accept payment or remuneration, other than their compensation from the educational institution, for facilitation services.

3. A Distinguished Educator licensee is not authorized to provide facilitation services at a healing center that is not affiliated with an Approved Facilitator Training Program unless the Distinguished Educator works directly with another Facilitator or Clinical Facilitator.

J. If a Distinguished Educator licensee becomes affiliated with another educational institution in Colorado, that licensee must notify DORA within 30 days on a DORA approved form. Such institution must also be an Approved Facilitator Training Program. This provision does not require a Distinguished Educator to notify DORA if they are affiliated with an educational institution that does not provide facilitator training, nor does it require a Distinguished Educator to notify DORA of any facilitator training program affiliations outside of Colorado.

K. If a Distinguished Educator licensee no longer works at the Approved Facilitator Training Program their license is associated with, their license shall expire.

2.8 Training License

A. Any person training for licensure as either a Facilitator or Clinical Facilitator may do so for an aggregate period of up to two years under the authority of a Training license issued pursuant to these rules and without a license to practice facilitation issued pursuant to Rules 2.4 (Facilitator) or 2.5 (Clinical Facilitator).

B. No applicant shall be granted a Training license unless the person meets the following criteria:

1. The applicant has completed all didactic education requirements of an Approved Facilitation Training Program;

2. The applicant has successfully completed Basic Life Support or equivalent training; and

3. The person is not otherwise eligible for or licensed to practice as a Facilitator or Clinical Facilitator licensee.

C Practicum Requirement

1. Following completion of didactic educational requirements, Training licensees must complete 40 hours of supervised practicum.

2. Training licensees must operate under the supervision of a facilitator licensed within the state in which the training is provided and associated with a DORA Approved Training Program of who is willing to supervise their work as a training licensee.

3. Training licensees must participate in and document regular meetings (virtual or in person) with their supervising facilitator.

D. Consultation Requirement

1. Following successful completion of all didactic and practicum requirements, Training licensees must engage in consultation with an individual experienced in the provision of natural medicine services for a minimum of 50 hours, over a six (6) month period.

2. Consultation may be provided virtually.

3. Consultation may be provided in groups of up to 10 Training licensees.

4. Consultants must maintain documentation contemporaneously within the consultation period to reflect expectations of the period. Training licensees must maintain documentation of supervision hours. Consultants must verify documentation of hours associated with consultation activities.

5. Consultation must include 10 hours of ethical discussion focused on ethical issues that arise in the licensee's work as facilitators.

6. Training licensees may charge for services they provide to participants during this 6-month consultation period.

7. Consultants should undertake case review of the training licensee's provision of natural medicine services.

8. Consultants must provide a structured evaluation addressing the following competencies assessed during the consultation period:

    a. Non-directive approach: Training licensees use a largely non-directive approach, being guided by the participant's experience, offering support in service of an unfolding inner-directed process. If the participant has a largely inward process, the training licensee does not interrupt this process to discuss traumatic material. A participant is allowed to have a largely inward process.

    b. Relational Boundaries and Use of Touch: Demonstrate knowledge of and initiate the use of healthy relational boundaries in psychedelic care contexts, including appropriate use of touch. Demonstrate healthy relational boundaries in psychedelic care contexts. Evaluate one's ability to maintain healthy relational boundaries in psychedelic care contexts. Demonstrate a knowledge of one's social identity as related to psychedelic care.

c. Cultural Competence: Articulate how one's social identity informs one's approach to psychedelic care. Demonstrate how one's social identity interacts with the care receiver's social identity. Evaluate one's integration of how knowledge of social identity informs one's practice of psychedelic care. Articulate awareness upon reflection when a care encounter intersects or does not intersect with elements of one's social-cultural identity. Demonstrate awareness in the moment when a care encounter intersects or does not intersect with elements of one's social-cultural identity.

d. Non-ordinary States of Consciousness: Describe one's beliefs about spirituality and/or religion or non-ordinary states of consciousness. Demonstrate how one's belief system may interact with the care participant's belief orientation when providing psychedelic care.

e. Self-Care: Demonstrate active self-care practices, encourage the consulting facilitator to suggest the use of alternative practices, and frequently inquire about self-care activities and their effects. The consultant should help a newly-licensed facilitator how to recognize and address compassion fatigue and vicarious trauma in themselves. Discussion of physical, mental, and spiritual impacts of facilitation on the newly-licensed facilitators.

f. Ethics: The training licensee engages in case review focused on ethical issues and engages on ethical decision-making as part of this review.

E. A Training license will expire after two years of receipt, if the Training licensee fails to complete their training program.

2.9 Renewal, Reinstatement, Inactivation, Reactivation

A. Renewal

The purpose of this Rule is to establish the qualifications and procedures for renewal of a license pursuant to sections 12-20-404(3), 12-20-202(1), 12-170-105(1)(a)(IV) and 12-170-105(1)(a)(II), C.R.S.

1. Facilitator and Clinical Facilitator Licensees:

a. Facilitator and Clinical Facilitator licensees must apply to renew their licenses, by completing a renewal application and paying the renewal fee.

b. A licensee shall have a sixty-day (60) grace period after the expiration of the license to renew such license without having to submit a reinstatement application. During this grace period, a delinquency fee will be charged for late renewals.

c. A licensee will be required on renewal to attest to completion of continuing education requirements set forth in Rule 5.4.

d. A licensee will be required on renewal to attest that they are free from prior malpractice judgments, civil settlements, or their equivalent.

e. A licensee who does not renew his or her license shall be ineligible to practice facilitation until such license is reinstated.

2. Distinguished Educator Licensees:

   a. Distinguished Educator licensees must apply to renew their licenses every year, by completing a renewal application and paying the renewal fee.

   b. As part of their renewal application, Distinguished Educator licensees must include:

      (1) An updated curriculum vitae;

      (2) An updated list of publications and teaching experience;

      (3) Continued post-graduate education; and

      (4) Copies of the applicant's teaching evaluations since the last renewal application.

   c. Applicants for renewal of a Distinguished Educator license may be asked to attest to their continued eligibility for such a license, including but not limited to requirements regarding malpractice or civil actions, current teaching positions,

   d. Distinguished Educator licensees may be asked to provide detailed information for their plan to obtain Colorado licensure as a Facilitator or Clinical Facilitator, as appropriate.

3. Training License

   a. A Training license is not eligible for renewal.

B. Reinstatement of an Expired License

1. Basis and Purpose and Authority.

   The purpose of this Rule is to establish the qualifications and procedures for reinstatement of an expired license pursuant to sections 12-20-202, 12-20-404(3), 12-170-105(1)(a)(II), and 12-170-(105)(1)(a)(IV), C.R.S.

   a. An applicant seeking reinstatement of an expired license shall complete a reinstatement application and pay a reinstatement fee.

   b. If the license has been expired for more than two (2) years an applicant must demonstrate "competency to practice" under section 12-20-202(2)(c)(II), C.R.S., as follows:

      (1) A license from another state that is in good standing for the applicant where the applicant demonstrates active practice; or

      (2) Proof of other education, experience or activities, as determined by the Director, on a case-by-case basis.

C. Inactivation of an Active License

1. Any licensee whose Facilitator or Clinical Facilitator license is in good standing, and who does not have a pending investigation or disciplinary action, may inactivate their license by submitting a request to the Director.

D. Reactivation of an Inactive License

1. Upon application, a licensee with an inactive Facilitator or Clinical Facilitator license may seek to reactivate their license.

2. An applicant seeking to reactivate an inactive license must complete a reactivation application and pay a fee.

3. If the license was inactivated for more than two (2) years, an applicant must demonstrate "competency to practice" under section 12-20-202(2)(c)(II), C.R.S., as follows:

a. A license from another state that is in good standing for the applicant where the applicant demonstrates active practice; or

b. Proof of other education, experience or activities, as determined by the Director, on a case-by-case basis.

3: EXPERIENCE AND EDUCATION REQUIREMENTS FOR FACILITATOR AND CLINICAL FACILITATOR LICENSEES

3.1 Education and Experience Requirements for Facilitator and Clinical Facilitator Licensees

A. General requirements for Training Hours, Supervised Practicum Experience, and Consultation.

1. Except as specifically authorized in alternative pathways to licensure in Rules 2.3 (Facilitator: Endorsement via Occupational Credential Portability Program), 2.4 (Facilitator: Licensure via Accelerated Training (for Legacy Healers)), and 2.6 (Clinical Facilitator: Accelerated Licensure), applicants for licensure as a Facilitator or Clinical Facilitator must complete at least 150 hours of didactic instruction, at least 40 hours of supervised practicum experience, and at least 50 hours of consultation.

a. For training hours that are not conducted in person, at least 50 percent of the training hours shall be conducted using synchronous learning tools, that is, instructor and learner must engage with the course content and each other at the same time, although from different locations.

3.2 Required Education and Training for Facilitator and Clinical Facilitator

A. Didactic Education - Curriculum Requirements

1. Applicants for Facilitator and Clinical Facilitator licenses must demonstrate that they have completed a DORA Approved Facilitator Training Program. If the Applicant has completed a DORA Approved Facilitator Training Program, the applicant may submit proof of successful completion of the program to meet this requirement.

2. Applicants for Facilitator and Clinical Facilitator licenses must demonstrate completion of didactic education consisting of a minimum of 150 hours of instruction, on the following topics:

a. Facilitator Best Practices (5 hours)

(1) Awareness of the facilitator's personal bias, including examination of the facilitator's motives and the potential issues surrounding transference and countertransference;

(2) Awareness of the "state of the field" in terms of research on natural medicines and how to present this information to participants in a way that is accurate and unbiased;

(3) Awareness of new research related to safety and ethics of providing psilocybin services and resources for professional development following program completion; and

(4) Appropriate measures to mitigate risks associated with psilocybin services, including harm reduction, de-escalation, and conflict resolution.

b. Ethics and Colorado Natural Medicine Rules and Regulations (25 hours)

(1) Colorado's Facilitator Code of Ethics;

(2) Ethical considerations relating to equity, privilege, bias, and power;

(3) Awareness of increased vulnerability associated with altered states of consciousness;

(4) Appropriate use of touch and participant consent to physical contact, including the development of a Touch Contract in preparation session;

(5) Financial conflicts of interest and duties to participants;

(6) Ethical advertising practices;

(7) Providing accurate information about current research on the efficacy of natural medicines and facilitator scope of practice;

(8) Reasonable expectations regarding client outcomes; and

(9) Training in Colorado Natural Medicine rules and regulations.

c. Relation Boundaries and Introduction to Physical Touch (10 hours)

(1) Defining and holding boundaries in the facilitation of natural medicines;

(2) Historical and contemporary abuse of power and boundary violations associated with natural medicine, including sexual, emotional, and physical abuse, and implications for facilitators;

(3) Appropriate emotional and sexual boundaries between facilitators and participants both during the provision of natural medicine services and at other times;

(4) Potential harm to participants for boundary and touch violations;

(5) Consequences for facilitators for breaching relation boundaries;

(6) Consequence for facilitators for breaching the touch contract;

(7) Active monitoring of client-facilitator boundaries, specifically boundaries related to consent and touch;

(8) Participant directed discussion of touch contract to address personalized boundaries around touch, limitations of capacity to request additional touch once natural medicine has been ingested, and the possibility of requesting a co-facilitator and/or videotaping of administration session; and

(9) Practical training and experience in an introduction to the appropriate use of touch during the facilitation of natural medicine.

d. Physical and Mental Health and State (25 hours)

(1) Training in therapeutic presence, including compassionate presence, client communication, openness, receptivity, groundedness, self-awareness, empathy, and rapport, including a non-directive facilitation approach, cultural attunement, and a nonjudgmental disposition;

(2) Response to psychological distress and creating a safe space for difficult emotional experiences;

(3) Training on how facilitators manage self-care;

(4) Identification and facilitation of a variety of subjective natural medicine experiences, including experiences related to physiological sensations, cognitive, emotional, and mystical states, and traumatic memories;

(5) Appropriate modes of intervention for mental health concerns, understanding when intervention is necessary, and when a client may need a higher level of care;

(6) Appropriate modes of intervention for physical health concerns, understanding when intervention is necessary, and when a client may need a higher level of care;

(7) Training in the use of Natural Medicines for chronic pain;

(8) Recognizing and addressing adverse medical and/or behavioral reactions and implementation of a safety plan when necessary;

(9) Scenario training for navigating challenging and unusual situations; and

(10) Models of substance abuse, addiction, and recovery.

e. Drug Effects, Contraindications, and Interactions (5 hours)

(1) Pharmacodynamics and pharmacokinetics of natural medicine;

(2) Physical reactions and side effects of natural medicine;

(3) Drug and supplement interaction;

(4) The metabolism of natural medicine;

(5) The primary effects and mechanisms of action of natural medicines on the brain; including connectivity in the brain and activation of serotonin receptors; and

(6) Awareness of medical, mental health, and pharmaceutical contraindications for natural medicine services.

f. Introduction to Trauma Informed Care (10 hours)

(1) Trauma-informed care, including the physiology of trauma, vicarious trauma, empathic stress, and compassion fatigue;

(2) Trauma-informed communication skills;

(3) Training in how to recognize when someone may be dissociation or going into a trauma response;

(4) Training in understanding sympathetic and parasympathetic nervous system response; and

(5) Role play scenarios focused on helping regulate when participants are in a traumatic stress response.

g. Introduction to Suicide Risk (5 hours)

(1) Understanding suicidality, suicidal ideation, self-injury, and models of assessing risk;

(2) Basics of suicide risk assessment;

(3) How to refer and/or seek emergency mental health services when suicide risk is severe; and

(4) Basics of creating a Mental Health Safety Plan.

h. Indigenous, Social, and Cultural Considerations (10 hours)

(1) Historical and indigenous modalities of preparation and use of natural medicines;

(2) Current and historical use of plant and fungal medicines in indigenous and Western cultures;

(3) Information about the practice of Curanderismo and traditional training for the use of natural medicines;

(4) The Controlled Substance Act and its effect on natural medicine services in indigenous and Western cultures and implications for facilitators;

(5) Cultural equity, its relationship to health equity, and social determinants of health;

(6) Racial justice, including the impact of race and privilege on health outcomes and the impact of systemic racism on individuals and communities;

(7) The impact of drug policy on individuals and communities, especially underrepresented, marginalized, and under-resourced communities;

(8) History of systemic inequity, including systemic inequity in the delivery of healthcare, mental health, and behavioral health services;

Intergenerational trauma;

(9) Understanding of how racial and cultural dynamics affect interactions between facilitator and participant; and

(10) Identification of the unique psychological, physical, and socio-cultural needs presented by persons with terminal illness and awareness of the appropriate knowledge, skills, and approach needed to provide safe facilitation to such persons in a manner consistent with client goals, values, heritage, and spiritual practices.

i. Screening (5 hours)

(1) Discussion of participant's reasons for seeking natural medicine services;

(2) Completion of the mandated screening form;

(3) How to conduct screening for pertinent physical and mental health concerns;

(4) Helping participants connect with different facilitators if needed; and

(5) Role play scenarios of screening sessions.

j. Preparation (10 hours)

(1) How to obtain informed consent;

(2) How to complete and collect participant information forms and intake interviews;

(3) Providing accurate information about current research on the efficacy of natural medicines and facilitator scope of practice;

(4) Discussion of the concept of trusting inner guidance, which may include discussion of topics such as Inner Healing Intelligence, Inner Genius, The Self, Wise Mind, Soul, or Spirit;

(5) Using intake and screening information to assist participants in identifying the benefits of referral to specialized treatment services;

(6) Discussion of the facilitator's role and the limits of the facilitator's scope of practice;

(7) Discussion of the state of scientific research for natural medicines and limitations of this research;

(8) Discussion of "set and setting," including environmental considerations for administration sessions such as lighting, sound, and temperature;

(9) Discussion of the reasonable expectations regarding client outcomes;

(10) Identification of participant safety concerns, including medical history, contraindicated medication, and psychological instability;

(11) Appropriate strategies to discuss facilitator safety concerns, including but not limited to identification of participant's support system;

(12) Determination of whether the participant should participate in the administration session;

(13) Participant directed discussion of a safety plan to address identified safety concerns and transportation plan for the administration session; and

(14) Historical and indigenous modalities of preparation for facilitation and administration of natural medicines.

k. Administration (10 hours)

(1) Dosing strategies and considerations, including the following:

(a) Experiential differences relating to differing dosages;

(b) Physiological considerations in relation to dosage;

(c) Delivery mechanisms of natural medicine; and

(d) Use of secondary doses.

(2) Skills to help facilitators handle natural medicine material effectively, Including the following:

(a) Hygiene while handling material; and

(b) Assessing material for potential spoilage, contamination, and other concerns.

(3) Effectively working with challenging behaviors during administration sessions, including the following:

(a) Unexpected client disclosures;

(b) Substance-induced psychosis; and

(c) Suicidality.

(4) Traumatic stress and its manifestation during natural medicine experiences and appropriate facilitator response, including the following:

(a) Trauma's relationship to the body;

(b) Repressed trauma emerging during natural medicine experience;

(c) Trauma and traumatic stress resulting from systemic oppression;

(d) Safety for trauma resolution and risks associated with re-traumatization; and

(e) Protocols ensuring facilitator safety and responding to emergencies.

(5) "Set and setting" environmental considerations for administration sessions, such as lighting, sound, and temperature.

(6) Completion of administration session, including implementation of transportation plan

l. Integration (10 hours)

(1) Training on how to conduct an integration session;

(2) Identification of appropriate resources that may assist participants with integration, including resources for:

(a) Interpreting feelings and emotions experienced during administration sessions;

(b) Facilitation of positive internal and external changes; and

(c) Enhancement of existing supportive relationships;

(3) Identification of participant client safety concerns;

(4) Facilitator scope of practice; and

(5) Discussion of appropriate intervals between administration sessions and related safety concerns.

m. Group Facilitation (10 hours)

(1) Training in how to conduct groups, including proper ratios for participants and group facilitators;

(2) Special considerations regarding group administration of natural medicine, including understanding boundaries and touch between group members and between group members and facilitators;

(3) Skills required to facilitate natural medicine group sessions, including, but not limited to:

(a) Group preparation sessions;

(b) Group integration sessions; and

(c) Regulatory requirements for group facilitation;

I. Role play scenarios regarding navigation of challenging and unusual situations when facilitating groups.

n. Facilitator Development and Self-Care (10 hours)

(1) Facilitator self-care as a participant safety concern and facilitator ethical requirements;

(2) How to identify when a facilitator is not in a space to facilitate and what to do about it (including discussion of countertransference);

(3) How facilitators keep themselves safe while working with participants;

(4) How a facilitator can prepare themselves for facilitation; and

(5) How a facilitator can decompress after facilitation.

3.3 Facilitator Supervised Practice Requirements

A. Who may serve as a Supervisor

Until March 31, 2025, a supervisor must be affiliated with an Approved Training Program and may be licensed as a Facilitator, Clinical Facilitator, or Distinguished Educator. Individuals who are serving as supervisors prior to the Office of Natural Medicine's issuance of licenses must be eligible and qualified to seek licensure. The affiliation between an Approved Training Program and a supervisor may occur through an established relationship with a Healing Center or other affiliation, as determined by the Approved Training Program. As of March 31, 2025, all supervisors must hold licensure as a Facilitator, Clinical Facilitator, or Distinguished Educator.

B. Experience with non-ordinary states of consciousness

Programs must require students to complete supervised practice training that provides an opportunity to experience, facilitate, and observe the facilitation of non-ordinary states of consciousness.

C. Supervised in-person training – observers and assistants

Supervised practice may include in-person training where students can experience, observe, and assist in facilitating natural medicine services under the supervision of qualified training faculty. Supervised practice may also include placement at a practicum site where students can observe and assist in facilitation of natural medicine services under the supervision of a practicum site supervisor.

D. Practicum sites allowed

1. Any licensed Healing Center can serve as a practicum site. If a training program uses a Healing Center as a practicum site to satisfy the requirements of this rule, the training program shall notify the Program Director in a form and manner prescribed by the Program Director

2. A practicum site must obtain written participant consent prior to allowing a participant to be observed by practicum students and prior to sharing any participant information with practicum students or a training program. A practicum site must notify participants of the identity of the supervising facilitator.

3. The practicum site supervisor is primarily responsible for developing students' practicum skills and evaluating students' practicum performance, focusing on services with participants.

E. Substitutes for in-person training

Where supervised in-person training during natural medicine services is not available or accessible, supervised practice training may additionally include but is not limited to observation of taped facilitation sessions that were recorded with participants' consent, apprenticeship in a psychedelic peer support organization, role playing, and experience with altered states of consciousness that are not drug-induced, for example breath work, meditation or spiritual journeys.

F. Minimum Practicum Hours Required. Supervised practice training, otherwise referred to as a practicum, must include a minimum of 40 hours of supervised practice training, at least 30 hours of which is comprised of time spent in administration sessions.

Supervised practicum hours spent during administration sessions should be comprised of at least 30 hours of direct practice experience, in which students directly experience, co-facilitate, or observe participants or other trainees receiving natural medicine services or directly participate in alternative supervised practice activity as described in Rule 3.3(C). The remaining ten hours (minimum) may consist of consultation regarding the student's provision of natural medicine services in administration sessions.

G. Except as authorized by subparagraph (E) of this Rule, all supervised practice training must be conducted in person.

4: APPROVED FACILITATOR TRAINING PROGRAMS

4.1 Requirements for Approval of Facilitator Training Programs

A. Authority.

The authority for adoption of these Rules is set forth in sections 12-20-204, 12-170-105(1)(a)(II)(B), 12-170-105(1)(a)(IV), and 12-170-105(1)(a)(V), C.R.S.

B. Purpose: To specify procedures and criteria relating to the approval of Facilitator Training Programs, with the goals:

1 To promote and regulate educational processes that prepare graduates for safe and effective facilitation of natural medicine;

2. To provide criteria for the development and approval of new and established Approved Facilitator Training Programs; and

3. To provide procedures for the withdrawal of approval from Approved Facilitator Training Programs.

C. Purpose of Approval

1. To establish eligibility of graduates of approved programs to apply for facilitator licensure.

2. Following an approval of a training program by the Director, such training program shall be certified and authorized to provide facilitator training programs

D. Approval must be granted before coursework can commence.

1. An education program that wishes to receive approval under this rule must apply to the Office of Natural Medicine and receive approval before it begins offering classes.

2. The application materials must include course outlines for every training hour along with an explanation of how that course meets one of the course requirements described in this Rule and proposed program requirements for students to complete their practicum requirements. If the education program intends to offer consultation for newly-licensed facilitators, the application must also address the training program's plan to satisfy consultation requirements.

3. The application materials must include the time period within which students must complete the proposed training program.

4. When a program receives approval, the program may advertise:

    a. That the education program has been approved by the Office of Natural Medicine to meet the training requirements of this rule, using the words "DORA Approved Facilitator Natural Medicine Training Program;" and

    b. That those students who successfully complete the program will have met all of the training program/educational and experiential requirements for a Facilitator license under this Rule, other than basic life support.

5. When a program receives approval, the program must advertise:

    a. Transparent communication regarding all fees to be charged for the entirety of the training program, including costs for didactic study, supervised practice, any consultation fees, and whether the Approved Facilitator Training Program will pay the cost of a Training license for its students and/or the cost of a Facilitator or Clinical Facilitator licensure application fee at the completion of the student's training program.

6. Pre-Approval.

    a. Prior to official applications and approval, an education program that wishes to receive approval may submit a request for pre-approval by the Office of Natural Medicine.

    b. Education programs that receive pre-approval may operate and offer courses based on Office of Natural Medicine pre-approval.

    c. The pre-approval process will only be available while the Office of Natural Medicine establishes its approval process. Upon completion, the pre-approval process will end. No applicant shall have a right to utilize a pre-approval process following the Office of Natural Medicine's establishment of an approval process.

    d. Applicants for pre-approval will be required to submit the same application fee and information.

E. Standards for Approving an Approved Facilitator Training Program

1. All education programs must conform to generally accepted standards of education for facilitators.

2. Any education program in this state desiring to receive approval from the Office of Natural Medicine for its program that prepares individuals for licensure as a natural medicine facilitator shall apply to the Office of Natural Medicine and submit evidence that it is prepared to carry out training curriculum that complies with the provision of Title 12, Article 170, C.R.S. and with rules adopted by the Office of Natural Medicine.

3. Facilitator Training Program organization and administration:

    a. The organization, administration and implementation of an Approved Facilitator Training Program must be consistent and compliant with the Natural Medicine Health Act, the Office of Natural Medicine's rules, regulations and policies, and state law. An Approved Facilitator Training Program's organization and administration must secure, maintain, and be able to document the existence of:

        (1) For programs enrolling 50 or more students annually, a governing body that has legal authority to conduct an education and training program, determine general policy, and assure adequate financial support. For programs enrolling fewer than 50 students annually, a named Director that has legal authority to conduct an education and training program, determine general policy.

        (2) Sufficient financial resources to fulfill its commitments to students and meet the training program's financial obligations.

        (3) An organizational chart for the Approved Facilitator Training Program demonstrating the relationship of the program to the governing body administration and clearly delineating the lines of authority, responsibility, channels of communication and internal organization.

        (4) Statements of mission, purpose, and outcome competencies for Office of Natural Medicine approval, established and biennial reviewed by the Approved Facilitator Training Program.

        (5) Standards for recruitment, advertising, and refunding tuition and fees, which must be consistent with generally accepted standards and applied by the governing body.

        (6) Student policies that are accurate, accessible to the public, non-discriminatory, and consistently applied.

        (7) A plan demonstrating how the program will support student behavioral and physical health, learning, equitable access, career advisement, and provide disability accommodations.

        (8) Records for all written complaints about the Approved Facilitator Training Program and how the program addressed each complaint, which must be available for public and Office of Natural Medicine review.

        (9) Teaching and learning environment conducive to student learning.

4. Faculty Composition: The composition of faculty at an Approved Facilitator Training Program must include, at a minimum:

    a. The number of faculty sufficient to prepare the students to achieve the objectives of the Approved Facilitator Training Program and to ensure participant safety.

b. There must be a minimum of two faculty for an Approved Facilitator Training Program, one of whom may be a licensed Facilitator and one of whom may be the director of the Approved Facilitator Training Program. On and after January 1, 2026, each Approved Facilitator Training Program must have at least one licensed Facilitator or Clinical Facilitator.

c. There must be a sufficient number of faculty for each specialty area to provide adequate supervision to students.

5. Director of each Approved Facilitator Training Program

a. Each Approved Facilitator Training Program must have a director with the following responsibilities:

(1) Insuring and documenting the Approved Facilitator Training Program compliance with the Natural Medicine Health Act, the Office of Natural Medicine's rules and regulations, and all other state laws and regulations.

(2) Providing a current written job description to the Office of Natural Medicine for all faculty positions.

(3) Developing and coordinating the use of educational facilities and practicum resources.

(4) Identifying and advocating for services needed by students in the Approved Facilitator Training Program.

(5) Acting as liaison with the Office of Natural Medicine.

(6) Developing and maintaining ongoing relationships within the community, including fostering the Approved Facilitator Training Program's responsiveness to community/employer needs.

(7) The director of each Approved Facilitator Training Program remains responsible for the above duties, even if they delegate those duties to another person.

b. The director of the Approved Facilitator Training Program must possess the following qualifications:

(1) An active, unencumbered license to practice as a Facilitator or an active, unencumbered secondary professional license that would qualify for eligibility, pursuant to Rule 2.5(c)(1)(a), for licensure as a Clinical Facilitator in Colorado; and

(2) Documented knowledge and skills related to teaching adults, teaching methodology, curriculum development, and curriculum evaluation.

6. Facilitator Training and Educational Program Curriculum

a. Programs should include content fundamental to the knowledge and skills required for the preparation, administration, and integration of natural medicine with participants.

b. The curriculum offered in an Approved Facilitator Training Program should be developed to:

(1) Reflect consistency between the mission, outcomes, curriculum design, course progression, and learning outcomes of the Approved Facilitator Training Program.

(2) Be organized and sequenced logically to facilitate learning; and

(3) Include 150 course hours of instruction.

F. Curriculum Requirements

1. Approved Facilitator Training Programs must offer coursework of at least 150 hours, on the following topics:

a. Facilitator Best Practices (5 hours)

(1) Awareness of the facilitator's personal bias, including examination of the facilitator's motives and the potential issues surrounding transference and countertransference;

(2) Awareness of the "state of the field" in terms of research on natural medicines and how to present this information to participants in a way that is accurate and unbiased;

(3) Awareness of new research related to safety and ethics of providing psilocybin services and resources for professional development following program completion; and

(4) Appropriate measures to mitigate risks associated with psilocybin services, including harm reduction, de-escalation, and conflict resolution.

b. Ethics and Colorado Natural Medicine Rules and Regulations (25 hours)

(1) Colorado's Facilitator Code of Ethics;

(2) Ethical considerations relating to equity, privilege, bias, and power;

(3) Awareness of increased vulnerability associated with altered states of consciousness;

(4) Appropriate use of touch and participant consent to physical contact, including the development of a Touch Contract in preparation session;

(5) Financial conflicts of interest and duties to participants;

(6) Ethical advertising practices;

(7) Providing accurate information about current research on the efficacy of natural medicines and facilitator scope of practice;

(8) Reasonable expectations regarding client outcomes; and

(9) Training in Colorado Natural Medicine rules and regulations.

c. Relation Boundaries and Introduction to Physical Touch (10 hours)

(1) Defining and holding boundaries in the facilitation of natural medicines;

(2) Historical and contemporary abuse of power and boundary violations associated with natural medicine, including sexual, emotional, and physical abuse, and implications for facilitators;

(3) Appropriate emotional and sexual boundaries between facilitators and participants both during the provision of natural medicine services and at other times;

(4) Potential harm to participants for boundary and touch violations;

(5) Consequences for facilitators for breaching relation boundaries;

(6) Consequence for facilitators for breaching the touch contract;

(7) Active monitoring of client-facilitator boundaries, specifically boundaries related to consent and touch;

(8) Participant directed discussion of touch contract to address personalized boundaries around touch, limitations of capacity to request additional touch once natural medicine has been ingested, and the possibility of requesting a co-facilitator and/or videotaping of administration session; and

(9) Practical training and experience in an introduction to the appropriate use of touch during the facilitation of natural medicine.

d. Physical and Mental Health and State (25 hours)

(1) Training in therapeutic presence, including compassionate presence, client communication, openness, receptivity, groundedness, self-awareness, empathy, and rapport, including a non-directive facilitation approach, cultural attunement, and a nonjudgmental disposition;

(2) Response to psychological distress and creating a safe space for difficult emotional experiences;

(3) Training on how facilitators manage self-care;

(4) Identification and facilitation of a variety of subjective natural medicine experiences, including experiences related to physiological sensations, cognitive, emotional, and mystical states, and traumatic memories;

(5) Appropriate modes of intervention for mental health concerns, understanding when intervention is necessary, and when a client may need a higher level of care;

(6) Appropriate modes of intervention for physical health concerns, understanding when intervention is necessary, and when a client may need a higher level of care;

(7) Training in the use of Natural Medicines for chronic pain;

(8) Recognizing and addressing adverse medical and/or behavioral reactions and implementation of a safety plan when necessary;

(9) Scenario training for navigating challenging and unusual situations; and

(10) Models of substance abuse, addiction, and recovery.

e. Drug Effects, Contraindications, and Interactions (5 hours)

(1) Pharmacodynamics and pharmacokinetics of natural medicine;

(2) Physical reactions and side effects of natural medicine;

(3) Drug and supplement interaction;

(4) The metabolism of natural medicine;

(5) The primary effects and mechanisms of action of natural medicines on the brain; including connectivity in the brain and activation of serotonin receptors; and

(6) Awareness of medical, mental health, and pharmaceutical contraindications for natural medicine services.

f. Introduction to Trauma Informed Care (10 hours)

(1) Trauma-informed care, including the physiology of trauma, vicarious trauma, empathic stress, and compassion fatigue;

(2) Trauma-informed communication skills;

(3) Training in how to recognize when someone may be dissociation or going into a trauma response;

(4) Training in understanding sympathetic and parasympathetic nervous system response; and

(5) Role play scenarios focused on helping regulate when participants are in a traumatic stress response.

g. Introduction to Suicide Risk (5 hours)

(1) Understanding suicidality, suicidal ideation, self-injury, and models of assessing risk;

(2) Basics of suicide risk assessment;

(3) How to refer and/or seek emergency mental health services when suicide risk is severe; and

(4) Basics of creating a Mental Health Safety Plan.

h. Indigenous, Social, and Cultural Considerations (10 hours)

(1) Historical and indigenous modalities of preparation of natural medicines;

(2) Current and historical use of plant and fungal medicines in indigenous and Western cultures;

(3) Information about the practice of Curanderismo and traditional training for the use of natural medicines;

(4) The Controlled Substance Act and its effect on natural medicine services in indigenous and Western cultures and implications for facilitators;

(5) Cultural equity, its relationship to health equity, and social determinants of health;

(6) Racial justice, including the impact of race and privilege on health outcomes and the impact of systemic racism on individuals and communities;

(7) The impact of drug policy on individuals and communities, especially underrepresented, marginalized, and under-resourced communities;

(8) History of systemic inequity, including systemic inequity in the delivery of healthcare, mental health, and behavioral health services;

(9) Intergenerational trauma;

(10) Understanding of how racial and cultural dynamics affect interactions between facilitator and participant; and

(11) Identification of the unique psychological, physical, and socio-cultural needs presented by persons with terminal illness and awareness of the appropriate knowledge, skills, and approach needed to provide safe facilitation to such persons in a manner consistent with client goals, values, heritage, and spiritual practices.

i. Screening (5 hours)

(1) Discussion of participant's reasons for seeking natural medicine services;

(2) Completion of the mandated screening form;

(3) How to conduct screening for pertinent physical and mental health concerns;

(4) Helping participants connect with different facilitators if needed; and

(5) Role play scenarios of screening sessions.

j. Preparation (10 hours)

(1) How to obtain informed consent;

(2) How to complete and collect participant information forms and intake interviews;

(3) Providing accurate information about current research on the efficacy of natural medicines and facilitator scope of practice;

(4) Discussion of the concept of trusting inner guidance, which may include discussion of topics such as Inner Healing Intelligence, Inner Genius, The Self, Wise Mind, Soul, or Spirit;

(5) Using intake and screening information to assist participants in identifying the benefits of referral to specialized treatment services;

(6) Discussion of the facilitator's role and the limits of the facilitator's scope of practice;

(7) Discussion of the state of scientific research for natural medicines and limitations of this research;

(8) Discussion of "set and setting," including environmental considerations for administration sessions such as lighting, sound, and temperature;

(9) Discussion of the reasonable expectations regarding client outcomes;

(10) Identification of participant safety concerns, including medical history, contraindicated medication, and psychological instability;

(11) Appropriate strategies to discuss facilitator safety concerns, including but not limited to identification of participant's support system;

(12) Determination of whether the participant should participate in the administration session;

(13) Participant directed discussion of a safety plan to address identified safety concerns and transportation plan for the administration session; and

(14) Historical and indigenous modalities of preparation for facilitation and administration of natural medicines.

k. Administration (10 hours)

(1) Dosing strategies and considerations, including the following:

(a) Experiential differences relating to differing dosages;

(b) Physiological considerations in relation to dosage;

(c) Delivery mechanisms of natural medicine; and

(d) Use of secondary doses.

(2) Skills to help facilitators handle natural medicine material effectively, including the following:

(a) Hygiene while handling material; and

(b) Assessing material for potential spoilage, contamination, and other concerns.

(3) Effectively working with challenging behaviors during administration sessions, including the following:

(a) Unexpected client disclosures;

(b) Substance-induced psychosis; and

(c) Suicidality.

(4) Traumatic stress and its manifestation during natural medicine experiences and appropriate facilitator response, including the following:

(a) Trauma's relationship to the body;

(b) Repressed trauma emerging during natural medicine experience;

(c) Trauma and traumatic stress resulting from systemic oppression;

(d) Safety for trauma resolution and risks associated with re-traumatization; and

(e) Protocols ensuring facilitator safety and responding to emergencies.

(5) "Set and setting" environmental considerations for administration sessions, such as lighting, sound, and temperature.

(6) Completion of administration session, including implementation of transportation plan.

l. Integration (10 hours)

(1) Training on how to conduct an integration session;

(2) Identification of appropriate resources that may assist participants with integration, including resources for:

(a) Interpreting feelings and emotions experienced during administration sessions;

(b) Facilitation of positive internal and external changes; and

(c) Enhancement of existing supportive relationships;

(3) Identification of participant client safety concerns;

(4) Facilitator scope of practice; and

(5) Discussion of appropriate intervals between administration sessions and related safety concerns.

m. Group Facilitation (10 hours)

(1) Training in how to conduct groups, including proper ratios for participants and group facilitators;

(2) Special considerations regarding group administration of natural medicine, including understanding boundaries and touch between group members and between group members and facilitators;

(3) Skills required to facilitate natural medicine group sessions, including, but not limited to:

(a) Group preparation sessions;

(b) Group integration sessions; and

(c) Regulatory requirements for group facilitation;

(4) Role play scenarios regarding navigation of challenging and unusual situations when facilitating groups.

n. Facilitator Development and Self-Care (10 hours)

(1) Facilitator self-care as a participant safety concern and facilitator ethical requirements;

(2) How to identify when a facilitator is not in a space to facilitate and what to do about it (including discussion of countertransference);

(3) How facilitators keep themselves safe while working with participants;

(4) How a facilitator can prepare themselves for facilitation; and

(5) How a facilitator can decompress after facilitation.

2. The requirements listed in these rules are minimum requirements. Nothing in these rules precludes an educational program from offering additional modules or hours of instruction.

G. Approved Facilitator Training Program Documentation

1. All Approved Facilitator Training Programs must maintain records and, if requested, submit them to the Office of Natural Medicine, on the following:

a. The Approved Facilitator Training Program must provide for a system of permanent records and reports essential to the operation of the Approved Facilitator Training Program, including:

(1) Current and final official records for students;

(2) Current records of Approved Facilitator Training Program activities such as minutes and reports; and

(3) Faculty records that demonstrate compliance with faculty qualification requirements identified in Rule 4.1(E)(4).

b. The Approved Facilitator Training Program must submit a biennial report to the Office of Natural Medicine on its authorized form.

c. To the extent practicable, data from Approved Training Programs shall be anonymized to avoid disclosure of individual student data.

2. All Approved Facilitator Training Programs must provide clear documentation to all applicants regarding their fees for training, including whether the Approved Facilitator Training Program will pay the cost of a Training license for its students and/or the cost of a Facilitator or Clinical Facilitator licensure application fee at the completion of the student's training program.

3. Self-Evaluation of Education Programs

An Approved Facilitator Training Program must develop, undertake, and document its own internal evaluations. Evaluations must occur on a periodic basis, include input from students and the community, and evidence relevant decision-making. The Approved Facilitator Training Program must have a written systematic plan for evaluation of:

a. Organization and administration of the Approved Facilitator Training Program;

b. Approved Facilitator Training Program mission;

c. Performance of the Director of the Approved Facilitator Training Program;

d. Faculty performance;

e. Curriculum objectives and outcomes;

f. Adherence to program requirements; and

g. Measurement of program outcomes, including performance of graduates.

4. If a student seeks to transfer from one program to another, the Approved Facilitator Training Program is required to assess coursework completed by the student at their prior approved training program or an accredited institution of higher education. So long as the student has successfully completed education that is substantially equivalent to the training module offered by the new education program, the new program may allow the student to transfer those completed hours, credits or equivalent education

H. Enrollment Limits

The Office of Natural Medicine may limit the number of students admitted to an Approved Facilitator Training Program. In making this determination, the Office of Natural Medicine may consider factors, including, but not limited to: the number of qualified faculty, adequate educational facilities and resources, and the availability of relevant practicum learning experiences.

I. Continued Approval of Approved Facilitator Training Programs

1. Regular periodic surveys for continued approval may be conducted by the Office of Natural Medicine. Such surveys shall occur no less than once every two years.

2. Approval of any training program may be continued by the Office of Natural Medicine, provided the standards of the Office are met, as set forth in these rules.

3. The Office of Natural Medicine's action regarding program review must be sent to the governing body, if applicable, and the Director of the education program with recommendations, to the extent that recommendations are made.

4. The education program may be visited at times other than regularly-scheduled survey visits, if the Office of Natural Medicine determines it necessary to do so.

5. Major program revisions must be reported to the Office of Natural Medicine for approval. Major program revisions include, but are not limited to:

   a. major changes in program goals;

   b. The number of hours required for successful completion of the program;

   c. Change in required clinical practice hours; or

   d. Either an increase or decrease of twenty-five percent or greater in student numbers admitted, types of students, admission times, and progression options.

J. Withdrawal of Full Approval of an Approved Facilitator Training Program

1. The governing body, if applicable, and the Director of an education program must be notified in writing if the requirements of the statute and the standards set forth in this Rule are not fulfilled. Following a decision to place an Approved Facilitator Training Program on conditional approval or to otherwise withdraw full approval, the Office of Natural Medicine must notify the governing body, if applicable, and the Director, in writing, of specific deficiencies.

2. The education program will be given thirty (30) days from the date of the letter to respond to any deficiencies. The Office of Natural Medicine will review the response and will make a determination to continue approval of the education program or to withdraw approval. If the Office of Natural Medicine needs additional information, it may request it from the education program or conduct further investigation.

3. The education program has ninety days from the date of the Office of Natural Medicine's notice of deficiency to provide written documentation that the deficiencies have been corrected or to provide a written plan of correction. For good cause shown, the Office of Natural Medicine may allow an education program additional time.

4. After consideration of available information, the Office of Natural Medicine may determine that an Approved Facilitator Training Program's full approval should be withdrawn and the education program be closed, or that the education program should be placed on conditional approval, for any of the following reasons:

   a. The Approved Facilitator Training Program does not meet or comply with all the provisions contained in the Natural Medicine Health Act, the Office of Natural Medicine's rules and regulations, or other state laws or regulations.

   b. The Approved Facilitator Training Program has provided to the Office of Natural Medicine misleading, inaccurate, or falsified information to obtain or maintain full approval.

   c. The Approved Facilitator Training Program has a program non-completion average which falls below seventy-five percent for eight consecutive quarters.

5. Conditional Approval

   a. If the Office of Natural Medicine determines that an education program should be placed on conditional approval, the education program must submit status reports, on a schedule determined by the Office of Natural Medicine, related to the status of correction of the identified deficiencies.

   b. If an education program with conditional approval does not correct its deficiencies or meet the required conditions within the time period established by the Office of Natural Medicine, the Office of Natural Medicine may withdraw the education program's conditional approval.

   c. Students who are certified as having completed an education program from an Approved Training Program on conditional status may submit an application for licensure, which will be reviewed on a case-by-case basis by the Director.

6. Appeal Rights

   a. Decisions of the Office of Natural Medicine to withdraw full approval or to offer conditional approval are subject to the Administrative Procedure Act, at section 24-4-105, C.R.S.

7. Any Approved Facilitator Training Program that loses full approval must inform all enrolled students and applicants of a change in the program's approval status within two weeks of the date of the change in status.

   a. Students who are certified as having completed an education program from a training program that has lost full approval may submit an application for licensure, which will be reviewed on a case-by-case basis by the Director.

K. Restoration of Full Approval to an Approved Facilitator Training Program

1. Upon satisfactory completion of all requirements to correct its deficiencies, an Approved Facilitator Training Program may petition the Office of Natural Medicine to restore its status to full approval. The education program must demonstrate compliance with the Natural Medicine Health Act, the Office of Natural Medicine's rules and regulations, and all other state statutes and regulations.

2. If the Office of Natural Medicine does not restore full approval, the Approved Facilitator Training Program may petition the Office for an extension of conditional approval status not to exceed one year. As part of its petition, the Approved Facilitator Training Program must submit a corrective action plan that includes a time table to correct the identified deficiencies.

3. If a program loses full approval, it must apply to the Office of Natural Medicine to restore full approval. If a program loses conditional approval, it must apply to the Office of Natural Medicine to obtain authority to begin accepting students.

L. Denial or Withdrawal of Approval of an Approved Facilitator Training Program

1. An Approved Facilitator Training Program has the ability to seek review of decisions regarding full and conditional approval pursuant to the Administrative Procedure Act, section 24-4-105, C.R.S.

2. If the Office of Natural Medicine denies an application for program licensure, the applicant has 60 days to request a hearing on the denial or withdrawal. If requested, the Office of Natural Medicine will file a notice of denial with the office of administrative courts to adjudicate the merits of the denial or withdrawal, in accordance with section 24-4-105, C.R.S.

M. Voluntary Closures of an Approved Facilitator Training Program

1. Approved Facilitator Training Programs desiring to close shall notify the Office of Natural Medicine, in writing, at least six months prior to the date of closing.

2. As part of the notification of closure required in Rule 4.1(M)(1), the Approved Facilitator Training Program shall submit a plan assuring for a smooth transition and the equitable treatment of students affected by the program closure.

3. When the governing body of an Approved Facilitator Training Program changes, the new governing body shall notify the Office of Natural Medicine within thirty days and comply or maintain compliance with the Natural Medicine Health Act, the Office of Natural Medicine's rules and regulations, and all other state laws and regulations.

4. Students who are certified as having completed an education program from an Approved Training Program that has voluntarily closed may submit an application for licensure, which will be reviewed on a case-by-case basis by the Director.

4.2 Maintaining Approved Status

Educational programs must comply with the requirements specified in these rules to maintain approved status.

4.3 Alternate Language for institutions seeking approval of training programs

A. Any education program in this state desiring to receive from the Office of Natural Medicine approval of its educational program that prepares individuals for licensure as a facilitator shall apply to the Office of Natural Medicine and submit evidence that it is prepared to carry out an educational program that complies with the provisions of Rule 4.1.

5: REQUIREMENTS FOR ALL LICENSEES

5.1 Change of Name and Address

A. Basis and Purpose and Authority.

The purpose of this Rule is to provide licensees and staff with clear guidance regarding a licensee's address of record for the Department's purposes.

The authority for adoption of these Rules is set forth in sections 12-20-204(1), 12-170-105, and 24-4-103, C.R.S.

B. The licensee shall inform the Department in a clear, explicit, and unambiguous written statement of any name, address, telephone, or email change within thirty days of the change. The Department will not change a licensee's information without explicit written notification from the licensee.

1. The Department maintains one contact address for each licensee, regardless of the number of licenses the licensee may hold.

2. Address change requests for some, but not all communications, or for confidential communications only, are not accepted.

C. The Department requires a copy of one of the following forms of documentation to correct or change a licensee's name or social security number or individual taxpayer identification number:

1. Marriage license;

2. Divorce decree;

3. Court order;

4. Documentation from the Internal Revenue Service verifying the licensee's valid individual taxpayer identification number; or

5. Driver's license or social security card with a second form of identification may be acceptable at the discretion of the Department.

5.2 Reporting Criminal Convictions or Judgments

A. Basis and Purpose and Authority.

This Rule establishes the requirements for licensees to report criminal convictions or judgments.

This Rule is promulgated pursuant to sections 12-20-204, 12-170-105(1), and 12-170-109, C.R.S.

B. A licensee shall inform the Director in writing within thirty days of any of the following events:

1. The conviction of, the entry of a guilty plea or nolo contendere of the licensee to a felony as articulated in section 12-170-109(1)(b), C.R.S.;

2. Any adverse action that has been taken against the licensee by another licensing agency in another state or country, a peer review body, a healing center, a health-care institution, a professional society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct that would constitute grounds for disciplinary or adverse action as described in this article 170;

3. The surrender of a license or other authorization to practice facilitation or the provision of natural medicine services in another state or jurisdiction or the surrender of membership on any healing center or other authorized health care institution's staff or in any professional association or society while under investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as described in this article 170;

5.3 Records Retention

A. Basis and Purpose and Authority.

This Rule establishes requirements for licensees to maintain participant records.

This Rule is promulgated pursuant to sections 12-20-204, 12-170-105(1)(a), and 12-170-109, C.R.S.

B. All licensed facilitators must complete and retain records for every participant to whom they provide natural medicine services. Records must be retained for three years after natural medicine services are rendered. If a facilitator is affiliated with a healing center, and the healing center retains a copy of the participants records, then the facilitator need not keep a copy.

5.4 Continuing Education Requirements

A. Basis and Purpose and Authority.

This Rule establishes requirements for licensees to undertake continuing education.

This Rule is promulgated pursuant to sections 12-20-204, 12-170-105(1)(a), and 12-170-109, C.R.S.

B. Facilitators must maintain active certification in Basic Life Support training.

C. Every year a Facilitator and Clinical Facilitator licensees must complete a minimum of twenty (20) hours of continuing professional education related to the delivery of natural medicine services, including at least five (5) hours of ethics education.

D. Licensees may satisfy continuing education requirements through attendance at workshops, seminars, symposia, colloquia, invited speaker sessions, institutes, or scientific or professional programs offered at meetings of local, state, regional, national, or international professional or scientific organizations. The activities completed pursuant to this Rule 5.4(C) may include online continuing education. Up to three hours of the required 20 hours of continuing education may be accrued from attendance at nonaccredited programming or through bona-fide facilitator peer support groups that otherwise meets the requirements of this Rule 5.4. Bona fide peer facilitator support group means a group of three or more licensed Facilitators or Clinical Facilitators that meet to discuss generally accepted standards of practice and anonymized experiences.

E. Licensees must maintain copies of transcripts or certificates of attendance/completion for each continuing education seminar or course the licensee completed. Licensees must provide the Director with proof of completion of continuing education coursework upon request.

6: STANDARDS OF PRACTICE

6.1 Authority

Section 6 of these rules and regulations are adopted pursuant to the authority in sections 12-20-204, 12-170-105(1)(a), and 12-170-108(3), C.R.S., and are intended to be consistent with the requirements of the State Administrative Procedure Act, sections 24-4-101, et seq., C.R.S. (the “APA”), and the Natural Medicine Health Act of 2022 at sections 12-170-101, et seq. and 44-50-101, et seq., C.R.S.

6.2 Statement of Basis and Purpose

Section 6 of these rules and regulations shall govern the process for the safe provision of regulated natural medicine services.

6.3 Documentation and Disclosure Requirements

A. A facilitator must complete and retain records for every participant to whom they provide Natural Medicine Services. To the extent available, a facilitator must use forms approved by the Director for all documentation requirements. Records may be maintained electronically.

B. A facilitator must maintain the following records:

1. Completed demographic information form;

2. Completed informed consent document;

3. Completed preferred means of communication document;

4. Completed transportation plan and any deviation from the participant's transportation plan;

5. Completed agreement between participant and facilitator or healing center regarding fees and any other financial arrangements;

6. Completed physical touch contract;

7. Completed participant safety and support plans;

8. Completed safety screen tool;

9. The date, start time, and end time for every preparation, administration, and integration session;

10. The regulated natural medicine product(s), including a unique identification number, consumed by each participant, including the amount of product consumed and whether it was consumed in a single dose or multiple doses;

11. Any adverse reactions that required medical attention or emergency services;

12. Any other documentation required by regulatory agencies in Colorado related to or in service of the cultivation, production, distribution, and/or use of natural medicines as regulated by Colorado law;

13. Outcome information, to the extent provided by the participant; and

14. For any facilitation that occurs outside of a healing center, disclosures regarding the differences between a licensed healing center and a private residence and the participant's consent to an additional representative or a video recording.

C. Records required by this rule must identify the participant receiving services and be searchable by participant's name so that a facilitator may produce them pursuant to a request for records.

D. Participant records must be stored and maintained for a minimum of 3 years.

E. Records may only be destroyed in a manner that maintains participant confidentiality, such as a commercial shredding service.

F. A facilitator is responsible for maintaining participant confidentiality, understanding the requirements of maintaining participant confidentiality, including all legal requirements, and should consult with their legal counsel, as needed.

G. A facilitator may not withhold records under their control that are requested for a participant's Natural Medicine Services because the facilitator has not received payment for Natural Medicine Services.

H. A facilitator may delegate the collection of information or completion of certain forms to properly trained staff members. The facilitator must review all forms and information compiled by staff. The facilitator may not delegate completion of the informed consent document; the physical touch contract; or the safety screen tool.

6.4 Confidentiality of Participant Records

A. Purpose. These rules have been adopted by the Director to clarify confidentiality and privacy requirements for facilitators with respect to participant records and information.

B. Unless a participant or prospective participant gives their consent prior to the disclosure, a facilitator must not disclose a participant's or prospective participant's personally identifiable information or confidential communications made between the participant or prospective participant and the facilitator to the public, third parties, or any government agency, except as allowed for purposes expressly authorized pursuant to article 170 of title 12, C.R.S., article 50 of title 44, C.R.S., these Rules, or for state or local law enforcement agencies to access record and information for other state or local law enforcement pursuant to a bona fide law enforcement investigation. Facilitators are responsible for their staff that assist participants and prospective participants and shall ensure staff are aware that they must maintain confidentiality.

C. All information and records related to a participant or prospective participant constitute medical data pursuant to section 24-72-204(3)(a)(I), C.R.S., and any such information or records may only be disclosed to those persons directly involved in an active investigation or proceeding.

D. Records required by this rule must be stored in a secure fashion so that only the facilitator or any authorized persons at healing centers, including those with participant approval, may access them.

E. When facilitators are required to release information about participants, they must follow all pertinent laws and regulations and provide the minimum amount of information necessary to respond. Facilitators should also inform participants about the release of protected information when possible and permissible.

F. To the extent that records may be disclosed, for example, in response to a request for disclosure to a participant's treating health care or behavioral health provider, facilitators, and any other individual authorized to be in possession of participant records should treat all records associated with the provision of Natural Medicine Services to a participant as protected by the federal law, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104-191 (1996).

G. Upon request, facilitators and other individuals authorized to possess participant records must provide a copy of all records to the participant. Facilitators and other authorized individuals may require a participant to make the request for records in writing. If requested records contain protected health information (PHI) of other participants, the facilitator or other individual who possesses the records must redact the PHI of all additional participants.

H. A facilitator must not disclose personally-identifiable confidential participant information when consulting with colleagues or with other participants.

I. Limits of confidentiality must be discussed with participants, including under what conditions confidential information is legally required to be released.

J. To the extent that a clinical facilitator has more stringent requirements for recordkeeping as a part of their secondary license, the clinical facilitator should maintain facilitation records consistent with the more stringent requirements of their secondary license.

6.5 Informed Consent

A. A facilitator must document the informed consent obtained from each participant, including decisions related to safety plan, physical touch, the presence of other individuals, the use of video recording, and other decisions that the facilitator deems necessary regarding the provision of Natural Medicine Services.

B. A facilitator must obtain informed consent from the participant before the initiation of every administration session using natural medicines.

C. A participant may withdraw their consent at any time. A facilitator must document the participant's withdrawal of consent within the record.

D. If a clinical facilitator holds a secondary license that requires the licensee to be a mandatory reporter, or if a facilitator is otherwise a mandatory reporter according to Colorado law, the facilitator or clinical facilitator must disclose to a prospective participant that they are a mandatory reporter, together with a description of their scope of required reporting.

E. A facilitator must inform a participant of the scope of natural medicine services that will occur as part of facilitation, including an accurate description of natural medicines used, potential risks and benefits, and alternatives to the use of natural medicine, prior to the administration session.

F. A facilitator must accurately represent their background and training using appropriate terms according to applicable laws and professional codes. A facilitator must disclose all licenses they hold and all professional domains they operate in.

G. A facilitator must inform a prospective participant of all fees and costs associated with their provision of natural medicine services, as well as their process for collecting payment, before delivering a billable service. This includes any third-party services that a facilitator uses to collect payment from a participant should they fail to pay a facilitator. If a facilitator works in association or connection with a healing center, the facilitator must also disclose all practices that the healing center uses to collect payment, including any third-party services. A facilitator must notify a prospective participant that, by using a third party to collect delinquent fees, a facilitator will disclose the identity of the prospective participant and indicate that they are a participant of the facilitator.

H. A facilitator must inform a participant and all persons present of any audio or video recording occurring during the use of natural medicines, including the preparation, administration, and integration sessions. A facilitator must describe the purpose of recording and how recordings will be stored and used. A facilitator must obtain informed consent from all persons present prior to recording sessions. A facilitator must obtain explicit permission, outlining the specific use, authorized recipient(s), and terms of release, from the participant and all identifiable persons before releasing audio or video recordings.

I. A facilitator must obtain informed consent for any physical touch that might be used during the administration session, in accordance with the requirements in Rule 6.6.

J. A facilitator must inform a participant in advance and, when possible, receive permission from the participant about the possible or scheduled presence of assistants, providers, observers, staff or anyone else who may be present during the provision of natural medicine services or have access to participant-identifying information.

K. A facilitator must inform a prospective participant regarding their process for termination of Natural Medicine Services as part of the informed consent process during an informal consultation or at a preparation session.

L. A facilitator must explain to a prospective participant in another state any risks associated with traveling to Colorado to receive natural medicine services.

6.6 Use of Physical Touch

A. A facilitator may provide supportive touch during administration sessions when requested by the participant and with the participant's written consent, which must be obtained during a preparation session using a physical touch contract.

B. A facilitator may use supportive touch, including the placing of the facilitator's hands on a participant's hands, feet, or shoulders, during an administration session. A facilitator may only use forms of touch for which they have received education and training and are within the bounds of their competence to use.

D. Participants participating in a group administration session may provide prior written consent to authorize supportive touch from other participants participating in the group administration session. A facilitator shall not permit another person to use any other form of touch during an administration session. A facilitator may decide not to allow participants to provide any form of supportive touch to other participants during group sessions, which must be documented on the physical touch contract.

E. Aside from protecting a participant's body from imminent harm, including but not limited to catching them from falling, or to perform life-saving procedures, the use of touch is always optional, must be according to the consent of the participant, and must be limited to the administration session. If requested by the participant, a facilitator may demonstrate the scope of what may constitute supportive touch during a preparation session. A facilitator must inform a participant that there may be times a facilitator may need to make physical contact to ensure participant safety or the safety of other persons present, including but not limited to taking the participant's vital signs, walking a participant to the restroom, or preventing a fall while the participant is under the influence of natural medicine.

F. A facilitator must discuss with the participant in advance of the administration session simple and specific words and gestures the participant is willing to use to communicate about touch during administration sessions. For example, a participant may use the word "stop" or a hand gesture indicating stop, and the facilitator must stop touch.

G. A facilitator must practice discernment with physical touch, using their professional or clinical judgment and assessing their own motivation for physical touch when evaluating whether touching a participant is appropriate and consistent with the touch contract established between the facilitator and the participant through the informed consent process.

H. The use of physical touch that is outside the bounds of a facilitator's competence or that is used solely for the purpose of a facilitator's or participant's pleasure is never permitted.

I. The facilitator must document the scope of physical touch in a contract with the participant. The contract must include, but is not limited to:

1. A full and accurate description of any physical touch that the facilitator anticipates to be necessary during the administration session, including but not limited to physical contact to ensure participant safety;

2. The bodily areas, forms, frequency, and circumstances under which the participant consents to physical contact from the facilitator and any additional non-participant individuals who will be present during the administration session;

3. The words or physical gestures the participant will use to communicate their consent or revocation of consent to physical contact during the administration session;

4. Unless physical contact is initiated by a facilitator for the specific purpose of preventing harm to a participant during an administration session, all physical contact between a facilitator, a participant, and any other individuals present during the provision of Natural Medicine Services may only be initiated in accordance with the terms and conditions specified in the physical touch contract;

5. In addition to physical touch authorized by the physical touch contract, a facilitator or other authorized individual may initiate physical contact with a participant only if the facilitator or other authorized individual reasonably believes that such contact is necessary to prevent physical injury or harm to a participant; and

6. A participant may not give consent to physical contact during an administration session that is beyond the scope of the terms and conditions enumerated in the physical touch contract, or that goes beyond touch to hands, feet, and shoulders, only.

J. Notwithstanding the terms and conditions enumerated in the physical touch contact, a participant may refuse or revoke consent to physical contact at any time during the course of Natural Medicine Services.

6.7 When to Seek Emergency Services

A. A facilitator must utilize their training to distinguish between typical side effects of consuming natural medicines and medical emergencies. In the event of a medical emergency, a facilitator must contact emergency responders or other appropriate medical professionals immediately.

B. Facilitators who hold secondary licenses in a healing art must adhere to the strictest ethical standards of their dual professions while providing natural medicine services.

6.8 Discrimination and Exploitation Prohibited

A. During their performance of Natural Medicine Services, a facilitator must not discriminate or otherwise engage in behavior that is harassing or demeaning based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any other basis proscribed by law.

B. A facilitator may not exploit persons over whom they have supervisory, evaluative, or other authority, including but not limited to participants, students, supervisees, research participants, and employees.

6.9 Provision of Natural Medicine Services to Subordinates Prohibited

A. A facilitator may not provide services to people over whom they have supervisory, evaluative, or other authority, including but not limited to students, supervisees, research participants, and employees.

1. Notwithstanding this prohibition, a training licensee who is engaged in practicum hours through an educational institution may receive natural medicine services from their practicum’s supervising facilitator.

6.10. Sexual or Romantic Relationships and Conduct Prohibited

A. A facilitator may not engage in romantic or sexual relationships with students or supervisees who are in their department, agency, or training center or over whom the facilitator has or is likely to have evaluative authority.

B. A facilitator may not engage in any romantic relationships, sexual contact, or sexual intimacy with participants, or participants' partners, or their immediate family members, during natural medicine services and for a period of two years following the termination of Natural Medicine Services to the participant.

C. A facilitator may not offer or provide Natural Medicine Services as a means of establishing a personal relationship with a participant.

D A facilitator with a dual license to practice another profession must be aware of the Practice Act governing that license and comply with all requirements related to dual relationships and provisions related to relationships with clients or patients in that profession.

6.11 Facilitator Health/State of Mind

A. A facilitator may not consume or otherwise be under the influence of natural medicine or any other intoxicant while providing Natural Medicine Services.

B. A facilitator must refrain from initiating Natural Medicine Services with a participant when they know or reasonably should know that there is a substantial likelihood that their own state of mind or physical condition will prevent them from performing their work-related activities in a competent manner.

1. When a facilitator becomes aware that their own state of mind or physical condition could interfere with their ability to perform their work adequately, the facilitator must take appropriate measures, including but not limited to obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work.

C. A facilitator must identify when they are unable to provide appropriate care and must inform a participant that they must discontinue Natural Medicine Services and refer them to other providers as a result.

D. A facilitator must develop and document a plan in the event that they are unable to safely provide facilitation services to a participant, so that the participant may safely receive Natural Medicine Services from another facilitator or provider.

6.12 Financial Guidelines

A. A facilitator may not engage in any financial transactions with a participant, the participant's partners, or the participant's immediate family members that would violate the facilitator's duty of loyalty to the participant.

6.13 Facilitators holding Secondary Licensure

A. In conjunction with the provision of Natural Medicine Services, a facilitator or a clinical facilitator who holds a secondary license may also provide services pursuant to their secondary license, including but not limited to medical or behavioral health care, as long as the facilitator's or clinical facilitator's secondary license is active and in good standing, the services fall within the scope of their secondary license, and the secondary license has not been restricted to prevent the licensee from performing the service. The facilitator or clinical facilitator may only perform such medical or behavioral health services within the bounds of their competencies.

6.14 Establishing and Maintaining Continued Competency in Facilitation

A. A facilitator must practice within the bounds of competence, training, and experience specific to the populations they are working with and the modalities they offer.

B. In those emerging areas in which generally recognized standards for training do not yet exist, a facilitator takes reasonable steps to ensure the competence of their work and to protect participants, students, supervisees, research participants, organizational participants, and others from harm.

C. When indicated and professionally appropriate, a facilitator may collaborate with other professionals in order to serve their participants effectively and appropriately. At no time is a facilitator permitted to consult or collaborate with others on services that require licensure unless that individual possesses an active license for the services being consulted for or provided to participants.

D. A facilitator must receive ongoing professional development, through supervision, collaboration, or peer support groups and through continuing education to maintain or expand their competencies.

E. A facilitator must maintain licensure(s) in good standing for all services they offer, including renewal of facilitator and secondary licenses as required by Colorado law.

F. A facilitator must perform all administration sessions in person and within Colorado. If a facilitator provides preparation or integration sessions while a participant is physically located in another jurisdiction, the facilitator should avoid engaging in the unlicensed practice in another state of a licensed profession.

6.15 Initial Consultation or Informal Inquiry

A. Prior to the provision of Natural Medicine Services, a facilitator should undertake an initial consultation or informal inquiry with all prospective participants. The initial consultation should serve to identify whether a prospective participant is a potential candidate to receive Natural Medicine Services from the facilitator, as well as whether the prospective participant wishes to retain the selected facilitator to provide Natural Medicine Services. Nothing in this Rule 6.15 is intended to prevent individuals who are not licensed as facilitators, but who are affiliated with a facilitator or a healing center, from answering general questions from prospective participants.

1. A facilitator should begin their assessment during initial consultation whether a prospective participant's needs can be addressed within their bounds of competence, and if not, the facilitator may make informed referrals to other providers and services.

B. Screening Assessment: A facilitator must provide every prospective participant their written screening tool, and discuss with them the circumstances under which that prospective participant may or may not be an appropriate candidate for the provision of any Natural Medicine Services.

C. Disclosures: A facilitator must ensure adequate disclosure to prospective participants of all relevant considerations or factors that a prospective participant would need to know in order to make an informed decision regarding the selection of a facilitator for the provision of Natural Medicine Services.

1. Required Disclosures: A facilitator must provide the following disclosures:

a. Full and accurate written information regarding all licenses, registrations, or certificates the facilitator holds, including all active and inactive licenses, registrations, and certificates issued by this state; all licenses, registrations, or certificates, whether active or inactive, issued by another state, United States jurisdiction, or foreign country; any disciplinary actions taken against any license, registration, or certificate held by the facilitator; and all professional domains in which the facilitator operates.

b. Disclosures regarding costs, signed by the participant, which must include, at a minimum:

(1) A full and accurate written description of all costs charged to the participant and the process the facilitator or healing center will utilize for collecting payment before delivering Natural Medicine Services, including any third-party services that may be used to collect payment from a participant in the event of non-payment by the participant. If a third-party is to be utilized to collect payment, a facilitator shall disclose that in the case of non-payment, the identity of the participant and the fact that the individual is a participant in Natural Medicine Services provided by the facilitator will be disclosed to the third-party.

(2) The description of Natural Medicine Services costs required pursuant to Rule 6.3(B)(5) must include the full cost of Natural Medicine Services , including:

(a) The fee charged for each preparation session;

(b) The fee charged for each administration and integration session, including the cost of the natural medicine to be used during the administration session.

(i) A facilitator may not charge a separate fee for the first integration session.

(3) A full and accurate written description of any additional fees that may be imposed by the facilitator or healing center, including but not limited to, rescheduling fees and cancellation fees, as well as a description of the facilitator's or healing center's refund policy, including the circumstances under which a refund will be issued and a description of which costs are non-refundable.

(4) A full and accurate written description of the procedures to terminate services or otherwise transfer the participant's care that a facilitator or healing center will utilize if, after the initial screening process or following the preparation session, but prior to the commencement of the administration session, the facilitator determines that they are unable to provide Natural Medicine Services to the participant.

(a) If a facilitator is providing natural medicine services to a participant at a private residence, in addition to all other required disclosures, the facilitator shall disclose the following: the availability of licensed healing centers, the regulations applicable to healing centers, that healing center regulations do not apply to private residences; and the risks associated with receiving natural medicine services at a private residence and outside of a licensed healing center.

2. Pre-Administration Disclosures: A facilitator may provide additional disclosures during an initial consultation or informal inquiry. To the extent that such disclosures are not provided during an initial consultation or informal inquiry, a facilitator must provide the following disclosures during the preparation session, and must document within the participant's record that the facilitator provided the disclosures:

a. A facilitator must ensure that each participant receives all information necessary to give appropriate informed consent for Natural Medicine Services.

(1) As part of the informed consent process, a facilitator must discuss the process for termination of the Natural Medicine Services and the circumstances under which the Natural Medicine Services may be terminated at the discretion of the participant, by the facilitator, or due to unforeseen circumstances. At a minimum, the facilitator must explain the termination process in sufficient detail for the patient to give informed consent, and must identify an alternative facilitator who may provide Natural Medicine Services to the participant in the case the facilitator experiences an emergency and is unable to facilitate an administration session.

b. A facilitator must provide participants with clear, written information about the facilitator's availability for communication, the means of communication to be utilized, the availability of support services, and emergency contacts as part of the informed consent process.

c. Written disclosures regarding Natural Medicine Services, signed by the participant, and which must include, at a minimum:

(1) Information detailing the current state of medical and scientific knowledge with respect to the efficacy, safety, and the range of Natural Medicine Services outcomes that the prospective participant may reasonably expect from the receipt of Natural Medicine Services.

(2) A statement advising the prospective participant of the possibility of potential adverse interactions with the prospective participant's current medical conditions or medications, as applicable, and to seek appropriate medical advice prior to commencing any Natural Medicine Services.

(3) A clinical facilitator must provide to a prospective participant documentation describing the scope of practice allowed by the clinical facilitator's secondary license, and the conditions under which the clinical facilitator may engage in the practice of medicine, the practice of psychotherapy, or other practice authorized by their secondary license, as applicable, during the preparation session, administration session, integration session, or at any other point during the provision of Natural Medicine Services.

(4) Documentation containing an accurate description of the natural medicines that the facilitator will use during the administration session, including any labels, warnings, or other information provided to the facilitator by the manufacturer of the regulated natural medicine product, as applicable; and,

(5) Information regarding the potential utilization of alternate facilitators during any point in the provision of Natural Medicine Services, including the alternate facilitator's name and any other information requested by the participant. Any such alternate facilitators must be included in the physical touch contract entered into pursuant to Rules 6.6 and 6.16(D)(4).

d. A document, signed by the facilitator and participant, detailing the participant's discharge plan, including a safe transportation plan from the healing center or other facility as allowed pursuant to article 170 of title 12 and article 50 of title 44, C.R.S., following the completion of an administration session.

D. As part of the initial screening process, the facilitator must determine if the prospective participant wishes to receive services during a group administration session, and if so, the facilitator must disclose to the prospective participant the number of other participants that may be present at any such group administration session.

E. Prior to an administration session, a facilitator and a prospective participant, must sign a form attesting to the following:

1. The prospective participant has provided their complete and accurate health record to the facilitator;

2. The facilitator has provided to the prospective participant all identified risk factors based upon the prospective participant's self-disclosed health information, including an acknowledgment that the prospective participant has been fully informed of the risks of participating in Natural Medicine Services, that the participant acknowledges that the participant understands the stated risks, and that the participant has given their informed consent to the Natural Medicine Services in accordance with Rule 6.3(B)(2).

3. The facilitator understands and has documented in writing the prospective participant's reasons for seeking access to Natural Medicine Services and provided a full and accurate description of the Natural Medicine Services to be provided to the prospective participant; and

4. The facilitator and prospective participant have agreed to the circumstances and parameters of physical touch between the participant, the facilitator, and any other person, in accordance with Rule 6.3(B)(6), including but not limited to the requirement for ongoing informed consent to physical touch between the facilitator and participant, and the right of the participant to withdraw consent to physical touch.

F. In addition to any other disclosures required pursuant to article 170 of title 12, C.R.S., or these Rules, facilitators must provide the following information in writing to each participant prior to each preparation session, administration session, and integration session:

1. The name, address, and telephone number of the facilitator;

2. An explanation of the regulations applicable to the facilitator and to the facilitation of Natural Medicine Services;

3. A full and accurate description of the training, educational and experiential requirements the facilitator satisfied in order to obtain a license pursuant to these Rules and article 170 of title 12, C.R.S.;

4. A statement indicating that the facilitator is regulated by the Division, and an address and telephone number for the Division; and

5. A statement indicating that the participant is entitled to receive information about Natural Medicine Services, may terminate Natural Medicine Services at any time, and may terminate previously provided informed consent for physical touch at any time.

6.16 Requirements for Preparation Sessions

A. If an administration session is to be provided in a group setting, the facilitator must ensure that at least one associated preparation session is conducted individually with each participant who will be present during the group administration session.

B. Safety and Screening Assessment: If a facilitator has not conducted a thorough and comprehensive screening and assessment with every participant prior to the preparation session, the facilitatory must do so during the preparation session.

C. If a facilitator has not obtained any of the required or optional disclosures identified in Rule 6.15 prior to the preparation session, the facilitator must make those disclosures to the participant during a preparation session.

D. Prior to an administration session a facilitator must, as part of the informed consent process, fully inform the participant of the risks associated with taking natural medicines. Fully informed consent must include, at a minimum, information about the risks, benefits, and description of the range of possible outcomes from working with natural medicines in order for the participant to make an informed decision about whether to undertake the administration session. This must include the following:

1. A full and accurate description of the range of possible effects of natural medicines, how natural medicines alter the human state of consciousness, and how natural medicines may disrupt a participant's ability to make decisions or give or revoke consent;

2. A written statement that the participant has the right to request another non-participant individual, who may be a licensed facilitator, be present during an administration session. The statement must also notify the participant that they have a right to request to have a video recording taken of an administration session. A facilitator must allow both for a non-participant facilitator and for a video recording to be taken of their administration session, upon request from a participant. If a non-participant is to be present during the administration session and does not attend the preparation session, the participant must be allowed to meet the additional individual prior to the administration of natural medicine. If a facilitator is unable for any reason to meet the requirements of this subsection, they shall provide the participant with written referrals to other healing centers or facilitators, as appropriate.

    a. A facilitator may, but is not required to, allow more than one additional, non-participant per participant (who is not a facilitator) to be present during an administration session. If the facilitator authorizes the participant to bring an additional individual, that person must attend some portion of the preparation session with the participant and must agree to the parameters of the physical touch contract.

3. A statement indicating the presence or potential presence of any other individuals during the provision of Natural Medicine Services and a disclosure of individuals who may have access to a participant's personally identifying information, including but not limited to assistants, licensed or unlicensed healthcare providers, observers, or any other healing center staff. In each instance in which a person covered by this subsection will be present during the course of Natural Medicine Services, the facilitator must obtain informed consent from the participant specific to each such additional person who will be present.

4. A physical touch contract signed by the facilitator, the participant, and any additional individuals who may or will be present during the administration session or at any other time during the provision of Natural Medicine Services, consistent with the requirements of Rule 6.3(B)(6).

F. Prior to or as part of the preparation session, the facilitator must perform a comprehensive screening of the participant, which must include but is not limited to the following:

1. Medical history. The facilitator must perform a safety assessment using a safety screening tool that reflects generally accepted standards of practice. If the facilitator's screening identifies risk factors that suggest the need for involvement of a medical or behavioral health provider, the facilitator may provide Natural Medicine Services if at least one of the following additional actions occurs:

   a. A participant has received a direct referral for Natural Medicine Services;

   b. A participant has been provided medical clearance by the participant's medical or behavioral health provider, or

   c. The participant has engaged in a consultation and risk review with a medical or behavioral health provider.

      (1) The provider may be licensed in Colorado or in the participant's state of residence, but must be licensed to diagnose and treat the participant's physical or behavioral health condition(s) identified as a risk factor(s) by the safety screening tool.

2. A thorough evaluation by the facilitator identifying any risk factors based on the medical information provided by the participant.

   a. If the facilitator does not hold a clinical facilitator license, and a participant has a medical or behavioral health condition that requires management during the provision of Natural Medicine Services, the facilitator must refer the participant to a clinical facilitator who can treat such condition through the scope of their secondary license. In lieu of referral, the facilitator may obtain written clearance to provide Natural Medicine Services to a participant, from a medical or behavioral health care provider.

3. The facilitator and participant must discuss the participant's objectives for seeking Natural Medicine Services, and the facilitator must document within the participants record their goals. To the extent possible, the facilitator should discuss whether the participant's objectives can be reasonably met through the use of Natural Medicine Services.

4. If the participant has obtained a referral from a licensed healthcare professional for Natural Medicine Services which includes dosage instructions, the facilitator must not exceed the dosing amounts and should generally try to follow the dosing instructions included as part of any such order or referral, provided such dosing amounts and instructions do not violate any other parts of these rules.

G. A participant must attest that they have provided a complete and accurate medical history to the facilitator.

H. The facilitator must request demographic data from each participant. At the participant's discretion, the participant may disclose demographic data to the facilitator as part of the medical information provided to the facilitator.

I. The facilitator must maintain the following as part of each individual participant's records:

1. All disclosures obtained pursuant to Rule 6.15;

2. The fee agreement signed pursuant to Rule 6.3(B)(5).

3. The transportation plan signed pursuant to Rule 6.3(B)(4).

4. The informed consent agreement pursuant to Rule 6.3(B)(2), including the physical contact agreement signed pursuant to Rules 6.3(B)(6).

5. The date and the start and end time of each preparation session, administration session, and integration session.

6. The regulated natural medicine product consumed or ingested by the participant during each of the participant's administration sessions, including the unique identification number, if any, the amount of regulated natural medicine product consumed or ingested by the participant at each administration session, and whether the regulated natural medicine product was consumed or ingested in a single or over multiple doses during the same administration session.

7. A record of any participant reported outcomes (to the extent available) and adverse events that occur during an administration session and the nature and result of the facilitator's response to the adverse event.

J. If, following the initial screening and informed consent process, a facilitator determines that a participant or the facilitator would benefit from having an additional individual present during an administration session or would benefit from a video recording of an administration session, the facilitator must inform a participant of their recommendation.

1. If the participant rejects the facilitator's recommendation pursuant to this paragraph (I), the facilitator may refuse to continue the provision of Natural Medicine Services to the participant and may refer the participant to another healing center or facilitator.

K. If the administration session will be conducted in an authorized location that is not a healing center, the facilitator must adhere to the following:

1. Prior to an administration session occurring in an authorized location other than a healing center, as part of the informed consent process, a facilitator must fully inform the participant of the risks associated with natural medicines and how those risks may be increased or changed if the participant chooses to participate in an administration session in an authorized location other than a healing center.

2. A facilitator may not conduct an administration session in an authorized location other than a healing center or healthcare facility if a participant refuses to authorize either another individual to be present during the administration session or a video recording of the administration session.

3. If the preparation session does not occur in person at the planned location for the administration session, the facilitator must inspect the proposed location for the administration session prior to such session, in order to assess for possible risks.

L. A facilitator may charge additional fees if a participant requests more than one preparation session.

6.17 Requirements for Administration Sessions

A. If a facilitator experiences an emergency situation that prohibits the facilitator from facilitating a scheduled administration session, the facilitator must:

1. Make all reasonable efforts to timely reschedule the administration session for the closest possible date and time during which the facilitator will be available for facilitation;

2. Engage the backup facilitator as identified as part of the informed consent process; or

3. Cancel the administration session and refer the participant to another facilitator or healing center.

B. A facilitator may only provide physical touch during an administration session at the request of the participant and only within the parameters set forth in the signed physical touch contract.

C. During an administration session, a facilitator must take all reasonable efforts to prevent physical and psychological harm to a participant, including but not limited to monitoring a participant's vital signs and hydration as well as psychological well-being, and take reasonable steps to prevent physical injury to a participant.

D. A facilitator must instruct a participant to not leave the administration space during an administration session and shall take all reasonable efforts to ensure that a participant follows instructions given to them by facilitators or other authorized healing center personnel.

E. A facilitator must restrict the movements of a participant during an administration session if such movements would endanger the physical or mental safety of the participant or any other individual present during the administration session, including the facilitator or other participant.

F. Dosage

1. A facilitator must determine the dosage that they will administer based on the screening of, and in consultation with, the participant. Any dosage of psilocybin administered must meet the generally accepted professional standards of practice.

a. For doses of under 10 milligrams of total psilocin, an administration session must last no fewer than three hours in duration and until the participant is showing no obvious adverse effects from natural medicine. A facilitator may extend the duration of an administration session beyond three hours, based on facilitator discretion or at the request of the participant.

b. For doses between 10 and 50 milligrams of total psilocin, an administration session must last no fewer than five hours in duration and until the participant is showing no obvious adverse effects from natural medicine. A facilitator may extend the duration of an administration session beyond five hours, based on facilitator discretion or at the request of the participant.

G. Additional requirements for group administration sessions

1. Administration sessions may be conducted in groups at the discretion of the facilitator.

2. Each participant who will be present during a group administration session must individually give informed consent to participate in a group administration session.

3. If a facilitator elects to conduct a group administration session, the facilitator must ensure that no more than 4 participants per facilitator are present during the group administration session.

a. A facilitator may not allow more than 64 participants to be present during a single administration session, regardless of the number of facilitators present.

4. A facilitator must not allow physical touch among anyone during a group administration session unless participants have consented to physical touch by the specific individuals in the session.

5. Everyone attending the administration session must be known to the participants prior to the beginning of the session.

6.18 Additional Requirements for Administration Sessions Outside of a Healing Center

A. A facilitator may facilitate an administration session in a location other than a healing center in accordance with these rules.

B. A facilitator may provide natural medicine services at a private residence only if at least one participant receiving natural medicine services from the facilitator at the private residence has a legal right to possess and occupy the premises as a residential dwelling.

C. A facilitator shall perform a reasonable review of the private residence to ensure it is appropriate for a proposed natural medicine administration session sometime prior to the commencement of the administration session, including ensuring that it is free from hazards, weapons, and uncontrolled animals.

D. No one under twenty-one years of age may be present at a natural medicine administration session at a private residence.

E. Regulated natural medicine product used at a private residence must be procured from the regulated market. Regulated natural medicine product used at a private residence must be transported and stored consistent with the Colorado Natural Medicine Code, §§ 44-50-101, C.R.S. et seq. Specifically, a facilitator must determine whether a separate license is required to transport natural medicine product to a private residence.

F. All statutory provisions and rules applicable to a facilitator providing Natural Medical Services outside of a healing center apply the same as to a facilitator providing Natural Medicine Services in a healing center except as otherwise expressly provided in these rules.

G. If a facilitator facilitates an administration session in an authorized location other than a healing center, the facilitator must require and provide for one of the following:

1. One or more additional facilitators to be present at all times during the administration session; or

2. A video recording of the administration session.

H. The participant must consent to the facilitator's proposed election for compliance with this requirement as part of the informed consent process during the preparation session.

I. A facilitator may not facilitate an administration session in a location other than a healing center if a participant does not consent, as part of the informed consent process, to the presence of other individuals or to video recording of the administration session.

J. Prior to and following the completion of an administration session in an authorized location other than a healing center, a facilitator must maintain custody of all unused regulated natural medicine product(s) and must return all unused regulated natural medicine product(s) to a Natural Medicine Business following completion of an administration session or secure any unused regulated natural medicine product(s) consistent with Colorado law.

6.19 Requirements for Integration Sessions

A. A facilitator may not charge a separate fee for the first integration session. If disclosed in advance, a facilitator may charge additional fees for additional integration sessions beyond the first session.

B. A facilitator must complete the following procedures as part of an integration session, including but not limited to:

1. The facilitator must conduct a thorough review of the administration session for which the integration session is being held with each participant who participated in the administration session.

2. The facilitator must evaluate the participant and their reaction to the regulated natural medicine product(s) ingested by the participant during the administration session and must recommend follow-up care and make referrals to other healthcare providers or facilitators as appropriate. The facilitator may recommend additional integration sessions.

C. A facilitator may facilitate a group integration session if each participant has given informed consent to participate in a group integration session as part of the informed consent process.

6.20 Rules for terminating services

A. A facilitator has a duty to identify if they are unable to provide Natural Medicine Services with an appropriate level of care with respect to a participant or participants and must terminate their provision of Natural Medicine Services in such circumstances.

1. A facilitator who terminates Natural Medicine Services in accordance with this paragraph (A) must refer each participant to whom the facilitator has agreed to provide Natural Medicine Services to another facilitator or healing center.

B. A facilitator must have a written protocol in place describing the specific process and procedures the facilitator will follow in the event of a termination of Natural Medicine Services.

C. A facilitator must terminate Natural Medicine Services for a participant if the facilitator reasonably believes that the participant is no longer benefitting from the Natural Medicine Services, is not likely to benefit from the continuation of Natural Medicine Services, or is being harmed by continued provision of Natural Medicine Services.

D. A facilitator may terminate Natural Medicine Services in the event the facilitator, in their reasonable judgment, has been threatened or otherwise endangered by a participant or another person with whom the participant has a relationship.

E. In the event a facilitator terminates Natural Medicine Services, the facilitator must refer the participant to another facilitator, health center, or health care provider, as appropriate. When providing referrals, including within or across state lines, referrals should be offered without the expectation of reciprocity or brokering, and should not involve the use of deceptive practices.

F. A facilitator must terminate Natural Medicine Services when a participant is no longer benefitting from the Natural Medicine Services when it becomes reasonably clear that a participant no longer needs the Natural Medicine Services, when a participant is not likely to benefit from the Natural Medicine Services, or when a participant is being harmed by continued Natural Medicine Services.

G. A facilitator may terminate Natural Medicine Services when threatened or otherwise endangered by a participant or another person with whom the participant has a relationship.

6.21 Rules Regarding Practice by Licensed Facilitators

A. Compliance with applicable law and these Rules. A facilitator is responsible for implementing and complying with all applicable statutory requirements and the provisions of these Rules.

B. License. A facilitator must ensure that the individual’s license to practice as a facilitator is active and current prior to performing any acts requiring a license.

C. Documentation. A facilitator must keep and maintain such documentation as required by these rules and as necessary to discharge their duties and responsibilities in a safe and professional manner.

D. A facilitator must not provide Natural Medicine Services to a participant if the provision of such services involves a concurrent conflict of interest. A concurrent conflict of interest exists if there is a significant risk that the facilitator’s ability to consider, recommend, or provide Natural Medicine Services will be materially limited as a result of the facilitator’s other responsibilities or personal or professional interests.

E. A facilitator may not accept a fee or other benefit for making referrals to other facilitators, healing centers, or other health care professionals, and may not pay for other facilitators, healing centers, or other health care professionals for the making of referrals to the facilitator.

6.22 Data Collection

A. Basis and Purpose

Rule 6.22 is intended to establish requirements for all facilitators to collect and provide data to the Director upon request. Data collection is necessary to further the goals articulated in the Natural Medicine Health Act of 2022, including but not limited to the following expectations set forth in the Act: Board review of research related to the efficacy and regulation of natural medicine and natural medicine product, including recommendations related to product safety, harm reduction, and cultural responsibility (section 12-170-106(5)(b)), development of research related to the safety and efficacy of each natural medicine (section 12-170-106(5)(f)), current research, studies, and real-world data related to natural medicine to make recommendations as to whether natural medicine, natural medicine product, natural medicine services, and associated services should be covered under health first Colorado or other insurance programs as a cost-effective intervention for various mental health conditions (section 12-170-106(6)).

B. Authority

This rule is adopted pursuant to the authority in sections 12-20-204; 12-170-105(1)(a)(IV) and (V); 12-170-105(1)(j); 12-170-105(3), and 24-4-103, C.R.S.

C. Requirements for Data Collection

1. For each participant to whom a facilitator provides services, and for each administration of regulated natural medicine to the participant, each facilitator must collect and submit the following de-identified data:

    a. A unique participant identification number;

    b. Whether the services were provided in the Denver, Colorado Springs, or Grand Junction metro areas or a rural area. If services were provided in a rural area, whether the services were provided in Northeast, Northwest, Southeast, or Southwest Colorado;

    c. Demographic information regarding the participant, including age, sex assigned at birth, gender identity, race/ethnicity; state of residence, veteran status; income range, and equity status;

    d. Data from Risk Factor Screening Form;

    e. Reasons the participant sought natural medicine services, including whether the participant had any diagnosed physical or behavioral health condition for which the participant sought natural medicine services;

    f. Data from Mental Health Screening Form;

    g. Fees charged for services, and if applicable, any discounts, scholarships, or other reduction in fees charged;

    h. Whether the administration session was an individual or group session, the number of participants and whether the administration session took place outdoors, indoors, or both;

    i. Whether the goal of facilitation was for clinical or experiential purposes (or both);

j. Confirmation of completion of the following records: touch contract, safety plan, transportation plan, and informed consent processes;

k. Data regarding the date and start and end times for every preparation, administration, and integration session;

l. Identification of the natural medicine products consumed by each participant, the unique identifier of the product, the amount consumed, and whether the consumption occurred in a single or multiple doses;

m. Whether the participant self-identified a benefit from the use of natural medicine and any other outcome-related information collected by the facilitator;

n. If known to the facilitator, whether an adverse health event occurred, and to the extent known, the date and time of onset, and duration and type of adverse health event; and

o. Whether a clinical facilitator provided services under a secondary license to the participant.

6.23 Requirements for Reporting Adverse Health Events

A. Statement of Basis and Purpose and Authority

The purpose of this Rule is to establish requirements for facilitators to report adverse health events to the Director.

The authority for this Rule is found in sections 12-20-404; 12-170-105(1)(a)(I), 12-170-105(1)(a)(II); 12-170-105(1)(a)(IV), and 12-170-105(1)(a)(V); 12-170-109; and 24-4-103, C.R.S.

B. A facilitator must report to the Director every adverse health event that is life-threatening or serious within 24 hours.

Section 7 - Advertising

7.1 Authority

Section 7 of these rules and regulations are adopted pursuant to the authority in sections 12-20-204, 12-170-105(1)(a), and 12-170-109(1)(h), C.R.S., and are intended to be consistent with the requirements of the State Administrative Procedure Act, sections 24-4-101, C.R.S., *et seq.*, and the Natural Medicine Health Act of 2022 at sections 12-170-101, C.R.S. *et seq. and 44-50-101, C.R.S., et seq.*

7.2 Statement of Basis and Purpose

Section 7 of these rules and regulations is intended to establish requirements for advertising by licensed facilitators.

7.3 False, Misleading, or Deceptive statements are prohibited: A facilitator must not make false, deceptive, or misleading statements and must take reasonable efforts to prevent others from making false, deceptive, or misleading statements on their behalf.

A. A facilitator must represent their work and qualifications honestly and accurately.

7.4 Testimonials: While testimonials may be collected and displayed, a facilitator may not solicit testimonials from participants.

8: DISCIPLINARY VIOLATIONS and UNLICENSED PRACTICE

8.1 Grounds for Discipline

A. Statement of Basis and Purpose

The purpose of these Rules is to clarify acts that constitute grounds for discipline pursuant to these Rules and Article 170 of Title 12, C.R.S.

The authority for these Rules is found in sections 12-20-404; 12-170-105(1)(a)(I), 12-170-105(1)(a)(II), 12-170-105(1)(a)(IV), and 12-170-105(1)(a)(V); 12-170-108(2); 12-170-109; and 24-4-103, C.R.S.

B. The Director may initiate disciplinary or other action as authorized in these Rules, as authorized in section 24-4-104(4), C.R.S., and as authorized in section 12-20-404, C.R.S., when the Director has reasonable grounds to believe that the licensee has engaged in any of the following:

1. Violated a provision of Article 170, C.R.S. or any of these Rules promulgated pursuant to Article 170;

2. Has been convicted of or has entered a plea of nolo contendere to a felony. In considering the conviction of or the plea to any such crime, the director shall be governed by the provisions of sections 12-20-202(5) and 24-5-101, C.R.S. Pursuant to sections 12-20-404(8) and 12-30-121, C.R.S., the director will not consider legally protected marijuana convictions and legally protected health-care activities.

3. Made any misstatement on an application for a license to practice pursuant to Article 170, C.R.S. or attempted to obtain a license to practice by fraud, deception, or misrepresentation;

4. Committed an act or failed to perform an act necessary to meet the generally accepted professional standards of conduct to practice a profession licensed pursuant to Article 170, C.R.S. or promulgated by rule pursuant to 12-170-105(1)(a)(II)(D), including performing services outside of the person's area of training, experience, or competence;

5. Excessively or habitually uses or abuses alcohol or controlled substances;

6. Violated any of the provisions of Article 170, C.R.S., an applicable provision of Article 20 of title 12, C.R.S., or any valid order of the director;

7. Is guilty of unprofessional or dishonest conduct;

8. Advertises by means of false or deceptive statement;

9. Fails to display the license as provided in section 12-170-108(2), C.R.S.;

10. Fails to comply with the Rules promulgated by the director pursuant to Article 170, C.R.S.;

11. Is guilty of willful misrepresentation;

12. Fails to disclose to the director within forty-five days a conviction for a felony or any crime that is related to the practice as a facilitator;

13. Has violated or has aided or knowingly permitted any person to violate any provision of this article 170, or applicable provisions of article 20 or 30 of this title 12.

14. Fails to timely respond to a complaint sent by the director pursuant to section 12-170-110.

15. Fails to report an adverse event to the Director within 24 hours, as required by Rule 6.23.

16 Has acted in a manner that is inconsistent with the health or safety of persons under their care.

17 Has had a license related to facilitation or clinical facilitation, suspended or revoked in any jurisdiction. A certified copy of the order of suspension or revocation is prima facie evidence of the suspension or revocation.

C. "Unprofessional or dishonest conduct," includes the following:

1. Conviction of certain felony or misdemeanor offenses, including the following:

a. A conviction or plea of nolo contendere of any felony or misdemeanor crime related to the practice of facilitation, as defined in section 12-170-104(5), C.R.S.;

b. A conviction or plea of nolo contendere of any felony or misdemeanor crime involving dishonesty or willful misrepresentation;

c. In considering a conviction or plea pursuant to this paragraph 8.1(C)(1) and (2), the Director's determination must be made in accordance with sections 12-20-202(5) and 24-5-101, C.R.S. Pursuant to sections 12-20-404(8) and 12-30-121, C.R.S., the director will not consider legally protected marijuana convictions and legally protected health-care activities.

2. The following adverse actions:

a. Disciplinary or other actions taken against facilitation licenses held in another state;

b. Disciplinary or other actions taken against a secondary license (in Colorado or another jurisdiction) held by a clinical facilitator.

3. Performs services outside the scope of the licensees secondary or other license.

8.2 Duty to Report Criminal Convictions and Unprofessional or Dishonest Conduct

A. Statement of Basis and Purpose and Authority

The purpose of these Rules is to clarify the procedures for reporting convictions and unprofessional or dishonest conduct pursuant to section 12-170-109(1)(l), C.R.S. and these Rules.

The authority for these Rules is set forth in sections in sections 12-20-404; 12-170-105(1)(a)(I), 12-170-105(1)(a)(II), 12-170-105(1)(a)(IV), and 12-170-105(1)(a)(V); 12-170-108(2); 12-170-109; and 24-4-103, C.R.S.

B. Any licensee, Facilitator licensee, Clinical Facilitator licensee, Distinguished Educator licensee, or Training licensee, must inform the Director, in writing or in another manner set forth by the Director, within forty-five days of any criminal conviction or other action meeting the definition of unprofessional or dishonest conduct.

C. The notice to the Director must include the following information:

1. If the event is an action by a government agency: the name of the agency, its jurisdiction, the case name, the docket, proceeding or case number by which the event is designated, and a copy of the consent decree, order, or decision;

2. If the event is a felony conviction or a conviction or a crime involving dishonest or wilful misrepresentation, or a crime related to the practice of facilitation: the court, its jurisdiction, the case name, the case number, a description of the matter or a copy of the indictment or charges, and any plea or verdict entered by the court. The facilitator must also provide to the Director a copy of the imposition of sentence related to the felony conviction and the completion of all terms of the sentence within 90 days of such action; and

3. If the event concerns a civil action or arbitration proceeding: the court or arbiter, the jurisdiction, the case name, the case number, a description of the matter or a copy of the complaint, and a copy of the verdict, the court or arbitrational decision, or, if settled, the settlement agreement and court's order of dismissal.

C. The facilitator may submit a written statement with any notice under these Rules to be included in the facilitator's records.

D. These Rules apply to all criminal convictions and unprofessional or dishonest conduct events that occur on or after the effective date of this Rule.

8.3 Unlicensed Practice

A. Statement of Basis and Purpose and Authority

The purpose of these Rules is to clarify the procedures for the Director to prevent against the unlicensed practice of natural medicine facilitation services, pursuant to section 12-170-105(1)(g), C.R.S. and these Rules.

The authority for these Rules is set forth in sections 12-20-404; 12-170-105(1)(a)(I), 12-170-105(1)(a)(II), 12-170-105(1)(a)(IV), and 12-170-105(1)(a)(V); 12-170-108(2); 12-170-109; and 24-4-103, C.R.S.

B. If it appears to the Director that a person without a license is engaged in the provision of facilitation, *i.e.*, the performance and supervision of natural medicine services for a participant, the Director may issue an order to cease and desist their conduct in accordance with section 12-20-405(1)(a), C.R.S. Any individual who receives an order directing them to cease and desist the unlicensed practice of natural medicine facilitation services may request a hearing pursuant to sections 12-20-405(1)(b), 24-4-104, and 24-4-105, C.R.S.

1. A person may be engaged in the provision of facilitation if that individual refers to themself as a "facilitator," "clinical facilitator," "distinguished educator licensee," or "training licensee."

2. A person may be engaged in the provision of facilitation if that individual seeks remuneration for services that are otherwise within the scope of the practice of facilitation.

C. An individual who is not licensed may perform a bona fide religious, culturally traditional, or spiritual ceremony, if the individual informs all persons engaging in the ceremony that the individual is not a licensed facilitator and that the ceremony is not associated with commercial, business, or for-profit activity.

9: DECLARATORY ORDERS

A. Basis and Purpose and Authority.

These Rules are adopted pursuant to sections 12-20-204(1), 12-170-105(1)(a)(IV), and 24-4-105(11), C.R.S., in order to provide for a procedure for entertaining requests for declaratory orders to terminate controversies or to remove uncertainties with regard to the applicability of statutory provisions or rules or orders of the Director to persons petitioning the Director.

B. Any person or entity may petition the Director for a declaratory order to terminate controversies or remove uncertainties as to the applicability of any statutory provision or of any rule or order of the Director.

C. The Director will determine, at their discretion and without notice to the petitioner, whether to rule upon such petition. If the Director determines not to rule upon such a petition, the Director shall promptly notify the petitioner of their action and state the reasons for such decision.

D. In determining whether to rule upon a petition filed pursuant to this rule, the Director will consider the following factors, among others:

1. Whether a ruling on the petition will terminate a controversy or remove uncertainties as to the applicability to petitioner of any statutory provisions or rule or order of the Director.

2. Whether the petition involves any subject, question or issue that is the subject of a formal or informal matter or investigation currently pending before the Director or a court involving one or more petitioners.

3. Whether the petition involves any subject, question or issue that is the subject of a formal or informal matter or investigation currently pending before the Director or a court but not involving any petitioner.

4. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.

5. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to C.R.C.P. 57, which will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule, or order in question.

E. Any petition filed pursuant to this Rule shall set forth the following:

1. The name and address of the petitioner and whether the petitioner is licensed pursuant to Title 12, Article 170, C.R.S.

2. The statute, rule, or order to which the petition relates.

3. A concise statement of all the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule, or order in question applies or potentially applies to the petitioner.

F. If the Director decides to rule on the petition, the following procedures shall apply:

1. The Director may rule upon the petition based solely upon the facts presented in the petition. In such a case:

a. Any ruling of the Director will apply only to the extent of the facts presented in the petition and any amendment to the petition.

b. The Director may order the petitioner to file a written brief, memorandum, or statement of position.

c. The Director may set the petition, upon due notice to the petitioner, for a non-evidentiary hearing.

d. The Director may dispose of the petition on the sole basis of the matters set forth in the petition.

e. The Director may request the petitioner to submit additional facts in writing. In such an event, such additional facts will be considered as an amendment to the petition.

f. The Director may take administrative notice of facts pursuant to the Colorado Administrative Procedure Act, section 24-4-105(8), C.R.S., and may utilize its experience, technical competence, and specialized knowledge in the disposition of the petition.

g. If the Director rules upon the petition without a hearing, the Director shall promptly notify the petitioner of the decision.

h. The Director may, at their discretion, set the petition for hearing, upon due notice to petitioner, for the purpose of obtaining additional facts or information or to determine the truth of any facts set forth in the petition or to hear oral argument on the petition. The hearing notice to the petitioner shall set forth, to the extent known, the factual or other matters that the Director intends to inquire.

i. For the purpose of such a hearing, to the extent necessary, the petitioner shall have the burden of proving all the facts stated in the petition; all of the facts necessary to show the nature of the controversy or uncertainty; and the manner in which the statute, rule, or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires the Director to consider.

G. The parties to any proceeding pursuant to this rule shall be the Director and the petitioner. Any other person may seek leave of the Director to intervene in such a proceeding and leave to intervene will be granted at the sole discretion of the Director. A petition to intervene shall set forth the same matters as are required by Section D of this Rule. Any reference to a “petitioner” in this rule also refers to any person who has been granted leave to intervene by the Director.

H. Any declaratory order or other order disposing of a petition pursuant to this rule shall constitute agency action subject to judicial review pursuant to the Colorado Administrative Procedure Act at section 24-4-106, C.R.S.

Editor's Notes

History

New rule eff. 06/30/2024.

Rules 1.4, 6-8 eff. 09/14/2024.