IDEPARTMENT 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.]

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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 [RESERVED]

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.

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(1) Pharmacodynamics and pharmacokinetics of natural medicine;

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(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

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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.

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(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 [RESERVED]

7: ADVERTISING [RESERVED]

8: DISCIPLINARY VIOLATIONS and UNLICENSED PRACTICE [RESERVED]

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

Annotations