PSYCHEDELIC MEDICINE ASSOCIATION

WHITE PAPER / PSYCHEDELIC MEDICINE ASSOCIATION

Establishing Standards for Psychedelic Therapy Training

The Psychedelic Medicine Association Accreditation Framework

Psychedelic Medicine Association
Advancing the responsible integration of psychedelic therapies into healthcare

A SHARED FOUNDATION FOR EDUCATIONAL QUALITY

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01

Executive Summary

As psychedelic-assisted therapies move toward broader integration into healthcare, the need for consistent, credible standards for practitioner training has become increasingly important. Training programs vary substantially in their curricula, duration, practical training requirements, and approaches to assessing competency. Currently, no widely adopted, independent accreditation system exists to evaluate the quality and comprehensiveness of these training programs. This lack of standardization creates uncertainty among those seeking to determine whether practitioners have received adequate preparation to deliver these interventions safely and effectively.

To address this gap, the Psychedelic Medicine Association (PMA) has established an independent accreditation framework for psychedelic therapy training programs. PMA is a global professional organization dedicated to advancing the responsible integration of psychedelic therapies into the existing healthcare system through clinician education, professional collaboration, and the promotion of evidence-based practices.

PMA accreditation evaluates the quality, rigor, and comprehensiveness of training programs rather than certifying individual practitioners. The framework establishes baseline expectations for essential educational content, practical preparation, ethical safeguards, and competency assessment while allowing programs to retain their distinct therapeutic approaches and educational philosophies.

Developed with input from professionals across psychedelic medicine, clinical practice, education, and related disciplines, the framework addresses essential areas of practitioner preparation, including screening and preparation, administration and monitoring, therapeutic support and integration, ethical practice, cultural humility and Indigenous reciprocity, and equitable access. It also establishes expectations for educational delivery, trainee assessment, and ongoing program improvement.

PMA accreditation complements existing professional licensure, individual certification, and state regulatory requirements. It provides training organizations with a structured means of demonstrating educational quality while offering clinicians, prospective trainees, patients, payors, and regulators an additional reference point for evaluating practitioner preparation.

By establishing an independent accreditation system, PMA is helping lay the foundation for the responsible integration of psychedelic therapies into mainstream healthcare. Through clear educational standards and a commitment to continuous improvement, the initiative aims to strengthen confidence in practitioner training, support the development of a qualified workforce, and provide a trusted benchmark for educational quality. Ultimately, PMA seeks to ensure that as access to psychedelic therapies expands, the quality of practitioner preparation keeps pace.

ACCREDITATION AT A GLANCE

What PMA evaluates
The educational program, not the institution or the individual graduate.

What the review considers
Curriculum, educational delivery, applied learning, and competency assessment.

What remains flexible
Therapeutic approaches, educational formats, and medicine-specific training scope.

What accreditation does not provide
Individual certification, professional licensure, or authorization to administer psychedelic substances.

02

The Need for Accreditation

An Evolving Training Landscape

The expansion of psychedelic medicine has been accompanied by a growing number of educational programs preparing practitioners to support individuals receiving psychedelic-assisted therapies. These programs operate across academic institutions, clinical organizations, professional education providers, and independent training organizations, reflecting diverse therapeutic approaches and practice settings.

A 2026 landscape analysis published in PLOS ONE examined 13 psychedelic facilitation training programs in the United States and documented considerable variation in their structure and educational approaches. Training ranged from single-day immersive modules to multiyear programs, with reported instructional hours ranging from 12 to more than 185. Programs also differed in educational methods, experiential components, certification practices, and intended practice settings [1].

This diversity is not inherently problematic. Different programs may appropriately emphasize different therapeutic models, professional backgrounds, or populations served. However, without an independent mechanism for evaluating educational quality, it can be difficult to determine whether programs provide adequate preparation in essential areas of practice.

DIFFERENT PROGRAMS. DIFFERENT TRAINING PATHWAYS.

Findings from a 2026 landscape analysis across 13 US training programs

Source: Palitsky R, et al. A landscape analysis of psychedelic facilitation training in the US. *PLOS ONE*. 2026;21(5) [1].

13 Programs reviewed

U.S. psychedelic facilitation training programs examined [1]

Between **12** and **185+** total hours

more than 15× difference

Single-day immersive modules — Multiyear programs

Curriculum gaps

Coverage was uneven. Gaps were reported in teaching on touch and in procedures for resolving boundary violations.

Inconsistent assessment

Programs evaluated trainees in different ways, from written content to observed role plays and interviews. A practicum after formal training was offered by only a subset of programs.

Varying requirements

Some programs required a practicum for final certification. Others issued no certificate at all, to avoid implying readiness to practice.

Variation does not by itself indicate poor quality, and instructional hours alone do not demonstrate competency. The “15×” comparison is derived from the reported 12 and 185-hour figures.

02 / CONTINUED

The Need for Accreditation

Variation in Educational Requirements

Psychedelic therapy training programs differ across several dimensions:

Curriculum: The relative emphasis placed on pharmacology, screening, preparation, therapeutic techniques, monitoring, integration, ethics, and safety.

Competency assessment: Methods used to evaluate knowledge, applied skills, professional judgment, and readiness for practice.

Completion requirements: Whether program completion reflects attendance, successful assessment, demonstrated competency, or a combination of these factors.

These differences can create uncertainty for prospective trainees comparing educational options and for healthcare professionals seeking to evaluate the qualifications of practitioners to whom they may refer patients.

For patients, the lack of consistent educational benchmarks can make it more difficult to identify which practitioners have received comprehensive preparation. For employers, payors, and regulators, it can complicate credentialing decisions and the development of policies governing psychedelic-assisted care.

These concerns are particularly relevant because psychedelic experiences may involve heightened psychological vulnerability, altered states of consciousness, and complex therapeutic relationships. Practitioner preparation must therefore extend beyond familiarity with psychedelic substances to include clinical judgment, interpersonal skills, ethical safeguards, and the ability to recognize and respond to adverse events.

Gaps in Existing Oversight

Professional licensure, individual certification, and state regulatory requirements provide important safeguards, but none independently establishes a comprehensive, broadly applicable standard for psychedelic therapy training programs.

Certain jurisdictions have developed specific training requirements. Oregon and Colorado both regulate facilitator education in their psilocybin and natural medicine programs, respectively, through curriculum approval and related training-provider requirements [2, 3]. These systems provide oversight within their respective jurisdictions but do not create a unified accreditation mechanism applicable across the broader psychedelic therapy training landscape.

Independent accreditation addresses this gap by establishing transparent educational expectations and evaluating whether programs meet them. It provides a mechanism for recognizing educational quality without requiring uniformity in therapeutic approaches or replacing existing professional and regulatory oversight.

A Note Regarding Terminology: Psychedelic-Assisted Therapy and Psychedelic-Assisted Care

This paper uses both “psychedelic-assisted therapy” and “psychedelic-assisted care” when referring to the type of training programs the PMA will be accrediting. Psychedelic-assisted therapy is a widely used term that emphasizes the therapeutic process surrounding the use of psychedelic medicines. Psychedelic-assisted care encompasses the broader range of professional roles and services involved, including medical assessment, medication management, monitoring, therapeutic support, and coordination of care.

Both terms reflect aspects of the practitioner preparation addressed by PMA accreditation. Their use does not imply that all practitioners provide psychotherapy or perform the same clinical functions. Training must prepare practitioners to work within their respective professional scopes of practice and applicable legal requirements.

03

The Role of Accreditation in Psychedelic Medicine

Accreditation is an established approach to educational quality assurance in which an independent body evaluates a program against defined standards. In professional education, accreditation typically considers curriculum, instructional resources, faculty qualifications, assessment methods, and processes for continuous improvement.

PMA accreditation applies this model to psychedelic therapy training. It evaluates the educational program itself, rather than granting certificates to individual graduates or accrediting the institution offering the program.

This distinction is central to understanding accreditation's role within the broader credentialing ecosystem:

These functions are complementary. An accredited training program may contribute to a practitioner's professional preparation, and very often, graduation from an accredited training program is a prerequisite to sitting for a board exam that would lead to certification. However, graduation from one of these programs does not automatically confer certification, licensure, or authorization to administer psychedelic substances.

Similarly, PMA accreditation does not endorse a particular therapeutic modality, clinical protocol, or philosophical approach. Programs may employ different evidence-informed methods while meeting common expectations for safety, ethics, educational rigor, and practitioner competency.

Accreditation also does not replace applicable federal, state, or local requirements. Training organizations and practitioners remain responsible for complying with all laws, licensing obligations, and professional standards governing their activities.

By maintaining these distinctions, PMA accreditation provides an additional layer of educational accountability while respecting the roles of governmental regulators and individual credentialing organizations.

ACCREDITATION, CERTIFICATION, AND LICENSURE: DIFFERENT QUESTIONS, DIFFERENT DECISION-MAKERS

PMA focus

Program accreditation evaluates whether an educational program meets established standards for training quality and practitioner preparation.

Accrediting body

Individual certification, including board certification, recognizes practitioners who demonstrate specified qualifications or competencies through an independent credentialing process.

Certifying body

Professional licensure is authorization granted by a government regulatory body to engage in specified professional activities within a jurisdiction.

Government regulatory body

Completing an accredited program does not automatically confer certification, licensure, or authorization to administer psychedelic substances.

04

Development of the Accreditation Standards

The development of PMA's accreditation standards began with “A Psychedelic-Assisted Therapy Learning Framework,” an open-source resource developed by Deborah Gardner and Shirelle Noble for Beckley Academy in 2024 [4]. This comprehensive framework provided an initial set of learning objectives for psychedelic-assisted therapy training.

PMA convened a committee of experts from across the psychedelic medicine field to review these objectives and identify those considered most essential for preparing practitioners to deliver psychedelic-assisted therapies safely, ethically, and effectively. Through this process, the committee refined the broader framework into a focused set of core competencies and requirements that form the foundation of PMA's accreditation standards.

A central objective was to distinguish foundational competencies relevant across therapeutic approaches from requirements specific to individual modalities or practice environments. This distinction allows the framework to establish meaningful educational expectations without unnecessarily restricting innovation or diversity in training.

The framework incorporates mechanisms for ongoing review and revision so that accreditation standards can remain relevant as the field matures. Rather than treating the standards as permanently fixed, PMA recognizes that educational expectations must evolve in response to new evidence, clinical experience, and developments in professional practice.

05

Overview of the Accreditation Standards

PMA accreditation evaluates whether training programs provide comprehensive preparation in the essential knowledge, skills, and professional responsibilities associated with psychedelic-assisted therapy.

The framework addresses both the content of practitioner education and the quality of the educational program delivering it.

Core Educational Domains

The PMA accreditation standards address eight core educational domains that together encompass the knowledge, skills, and professional responsibilities involved in psychedelic-assisted care.

- **Foundational Ethics and the Practitioner**
- **Culturally Responsible and Equitable Care**
- **Legal Risk Management and Documentation**
- **The Medicines: Science and Theory**
- **Medical Risk Management and Client Safety**
- **Core Therapeutic Methods and Skills**
- **The Stages of the Therapeutic Process**
- **Foundational Psychological and Therapeutic Frameworks**

05 / CONTINUED

Overview of the Accreditation Standards

1. Foundational Ethics and the Practitioner

This domain addresses the ethical responsibilities of psychedelic practitioners, with particular attention to the heightened vulnerability of clients during psychedelic experiences. It covers professional boundaries, power dynamics, prevention of abuse and exploitation, practitioner self-awareness, personal bias, and scope of practice. It also emphasizes the importance of supervision, consultation, and ongoing professional development.

2. Culturally Responsible and Equitable Care

This domain emphasizes cultural humility, recognition of Indigenous knowledge and traditions, and principles of reciprocity and ethical engagement with Indigenous communities. It also addresses structural and systemic barriers to accessing psychedelic-assisted care and approaches to providing culturally responsive, inclusive, and equitable treatment.

3. Legal Risk Management and Documentation

This domain covers the legal and regulatory frameworks governing psychedelic-assisted care, informed consent, therapeutic touch, safety and crisis planning, and professional recordkeeping. It emphasizes practitioners' responsibilities to maintain appropriate documentation, establish clear boundaries and consent procedures, and operate within applicable legal and professional requirements.

4. The Medicines: Science and Theory

This domain provides a foundation in the pharmacology and effects of psychedelic medicines, including pharmacokinetics, pharmacodynamics, proposed mechanisms of action, and the phenomenology of psychedelic experiences. It also addresses dosing strategies, routes of administration, and factors influencing the safety and clinical effects of different medicines.

5. Medical Risk Management and Client Safety

This domain focuses on identifying, assessing, and managing medical, psychiatric, and psychological risks associated with psychedelic-assisted care. It includes screening for contraindications, evaluating medication interactions, recognizing adverse events, monitoring patients during dosing sessions, and responding to medical and psychiatric emergencies.

6. Core Therapeutic Methods and Skills

This domain encompasses the therapeutic skills required to support clients throughout psychedelic-assisted care. Topics include establishing therapeutic relationships, working within interprofessional teams, cultivating appropriate set and setting, supporting inner-directed experiences, navigating challenging psychological material, and facilitating integration. It also addresses nervous system awareness, therapeutic interventions, practitioner self-reflection, and group facilitation.

7. The Stages of the Therapeutic Process

This domain addresses the practical application of therapeutic skills across the continuum of psychedelic-assisted care, from initial screening and intake through preparation, dosing, integration, and ongoing treatment planning. It emphasizes individualized assessment, appropriate therapeutic support, continuity of care, and adaptation of treatment plans to evolving client needs.

8. Foundational Psychological and Therapeutic Frameworks

This domain introduces psychological theories and therapeutic approaches relevant to psychedelic-assisted care, including somatic practices, psychodynamic and depth psychological frameworks, parts-based approaches, and trauma-informed care. It emphasizes understanding the psychological processes that may emerge during treatment and applying appropriate therapeutic principles within professional scope of practice.

06

Program Quality and Educational Delivery

In addition to curriculum content, accreditation evaluates the structures through which education is delivered. Relevant considerations include faculty qualifications, instructional methods, trainee support, and assessment procedures.

Programs must demonstrate that their educational methods are appropriate to their stated learning objectives and intended practitioner population. They must also establish processes for evaluating whether trainees have acquired the knowledge and competencies expected upon completion.

Accreditation does not require all programs to use identical instructional hours, educational formats, or assessment methods. Instead, programs are evaluated on whether their approach provides sufficient evidence that applicable standards have been met.

Clinical Practicum

PMA recognizes supervised clinical practicums as an important component of preparation for independent practice in psychedelic-assisted care. However, access to supervised placements remains limited, and most training programs do not currently offer them.

Requiring a practicum at this stage would restrict accreditation to a small number of programs, limiting its ability to improve educational quality across the broader training landscape. Programs must nevertheless include opportunities for applied skills development, while practicum requirements will fall within the scope of organizations that credential individual practitioners.

Applicability Across Various Medicines

PMA accreditation is medicine agnostic: it does not favor a particular psychedelic medicine or require every program to prepare practitioners to work with every medicine. Programs must clearly identify the medicines within their training scope, and medicine-specific requirements are evaluated in relation to that scope.



Applied learning is not the same as a supervised clinical practicum.

Individual credentialing bodies may require supervised experience beyond an accredited program's requirements.

07

The Accreditation Process

PMA's accreditation process provides a structured mechanism through which training organizations demonstrate compliance with established educational standards.

Accreditation is not intended to represent permanent approval. Continued recognition depends on maintaining applicable standards and participating in required quality-assurance and renewal activities.

HOW PROGRAM REVIEW WORKS

1. **Application**
   The applicant explains how the program addresses each standard and identifies supporting documentation.
2. **Evidence review**
   Qualified reviewers evaluate curriculum materials, policies, and assessment tools against established criteria.
3. **Interviews**
   Discussion with program leadership, faculty, or other representatives.
4. **Accreditation decision**
   Made by the accreditation committee, based on the evidence collected.

POSSIBLE OUTCOMES

One of three determinations follows the evidence review and interviews.

Full accreditation
The program meets the standards.

Provisional accreditation
The program may move to full accreditation once certain criteria are satisfied.

Full denial
The program does not meet the standards.

AFTER THE DECISION: MAINTAINING ACCREDITATION

Annual reporting
Accredited programs complete annual forms confirming they continue to meet the standards.

Renewal
Programs repeat the accreditation process at set intervals to maintain their status.

Reporting changes
Programs notify the PMA of any changes relevant to the accreditation program.

Reporting incidents
Significant student complaints, ethical concerns, or other issues that may affect their compliance with accreditation standards must be reported to the PMA.

08

Impartiality and Conflicts of Interest

The credibility of an accreditation system depends on the integrity of its governance and the independence of its evaluation processes.

PMA's accreditation framework is designed to promote objective decision-making, transparency, and accountability. Oversight of the accreditation process is supported by a committee drawing on relevant expertise in psychedelic medicine, clinical practice, professional education, ethics, and related fields.

To preserve confidence in accreditation decisions, committee members involved in reviewing or determining a program's accreditation status are required to disclose relevant professional, financial, or organizational relationships and recuse themselves when those relationships could compromise impartiality.

These safeguards are particularly important in an emerging field where training organizations, researchers, professional associations, and practitioners may have overlapping roles.

SAFEGUARDS FOR IMPARTIAL REVIEW

Disclose
Relevant professional, financial, or organizational relationships.

Recuse
Step aside when those relationships could compromise impartiality.

Review against standards
Base determinations on the evidence collected and established criteria.

Relationship to Professional Certification and Regulation

PMA accreditation is intended to complement, rather than duplicate, existing mechanisms for professional credentialing and regulatory oversight.

Individual certification provides a means of evaluating practitioner qualifications, while program accreditation establishes expectations for the educational preparation that precedes professional practice.

Accredited training may serve as a foundation for future certification pathways by providing a recognized educational benchmark. However, eligibility for any individual certification remains subject to the requirements established by the relevant credentialing organization. These may include supervised clinical experience or a practicum beyond the applied learning required within an accredited training program. Completion of the program’s hands-on component does not, by itself, establish that a practitioner has satisfied those separate requirements.

Accreditation may also provide useful information to employers, professional organizations, and regulators evaluating educational preparation. Nevertheless, accreditation does not independently authorize clinical practice or establish compliance with jurisdiction-specific licensing requirements.

Oregon and Colorado illustrate the importance of this distinction. Their regulatory systems establish requirements for particular categories of psilocybin services and practitioners. PMA accreditation operates as a separate educational quality-assurance mechanism and does not supersede those requirements.

This complementary approach allows accreditation to contribute to the development of professional infrastructure while preserving the distinct responsibilities of training organizations, credentialing bodies, and governmental authorities.

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Anticipated Benefits and Broader Implications

A consistent accreditation system offers potential benefits across the psychedelic medicine ecosystem.

WHO MAY BENEFIT?

For training organizations, accreditation establishes clear educational benchmarks, supports program evaluation, and provides a framework for continuous improvement. It also demonstrates that a program has undergone independent review.

For prospective trainees, accreditation provides additional information when comparing educational opportunities, including assurance of demonstrated compliance with defined standards.

For clinicians and patients, accreditation can contribute to greater transparency regarding practitioner preparation. Although it cannot guarantee individual competency or patient outcomes, it provides an additional indicator of the educational standards underlying a practitioner's training.

For employers and healthcare institutions, accreditation may inform credentialing, hiring, and professional development decisions.

For payors and regulators, accreditation can provide a reference point when considering educational qualifications, professional standards, and potential pathways for integrating psychedelic therapies into healthcare systems.

More broadly, accreditation may support the development of a shared educational foundation across a field characterized by diverse professional backgrounds and therapeutic approaches.

These benefits should be understood as intended contributions rather than guaranteed outcomes. Their realization depends on the credibility of the accreditation process, participation by training organizations, and recognition by relevant stakeholders.

Evaluation and Continuous Improvement

The PMA accreditation framework is designed to evolve alongside developments in psychedelic medicine, educational research, and professional practice.

Ongoing evaluation is essential to determining whether accreditation standards remain relevant, whether review procedures are effective, and whether the system contributes meaningfully to educational quality.

Periodic review will consider emerging research, evolving regulatory requirements, and new approaches to practitioner education.

In addition to ensuring the ongoing adequacy of our required competencies, we will assess the accreditation program's overall effectiveness by examining the extent of adoption among training organizations, gathering feedback from applicants, reviewers, and graduates, and evaluating changes in training practices associated with the accreditation process.

Longer-term evaluation will examine stakeholder recognition of accreditation, relationships with professional credentialing systems, and the extent to which accredited programs demonstrate sustained adherence to educational standards.

PMA recognizes that accreditation is not a static designation but an ongoing commitment to educational quality and accountability.

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Conclusion: Building a Foundation for Responsible Integration

The continued development of psychedelic medicine requires educational systems capable of preparing practitioners for the clinical, ethical, and interpersonal complexities of delivering psychedelic-assisted care.

The diversity of existing training programs reflects the field's growth and innovation. However, without a consistent and independent mechanism for evaluating educational quality, clinicians, patients, training organizations, and other stakeholders face uncertainty about what constitutes adequate practitioner preparation.

PMA's accreditation framework addresses this need by establishing transparent standards for psychedelic therapy training while preserving flexibility in educational and therapeutic approaches.

By complementing existing licensure, certification, and regulatory systems, accreditation provides an additional foundation for professional accountability and informed decision-making.

The long-term value of this initiative will depend on collaboration among training organizations, clinicians, educators, researchers, professional bodies, and other stakeholders committed to the responsible development of psychedelic medicine.

Through independent accreditation, PMA seeks to support a future in which the expansion of psychedelic-assisted therapies is accompanied by rigorous education, ethical responsibility, and a shared commitment to patient safety.

HOW PROGRESS WILL BE EVALUATED

Adoption
Participation among training organizations.

Experience
Feedback from applicants, reviewers, and graduates.

Educational change
Changes in training practices associated with accreditation.

Sustained quality
Continued adherence to educational standards.

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