

**PSYCHEDELIC-ASSISTED THERAPY ACT (PAT-ACT)  
OF CALIFORNIA**

**ENDORSEMENT FORM**

I am endorsing the PSYCHEDELIC-ASSISTED THERAPY ACT (PAT-ACT) OF CALIFORNIA 2024-2027.

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

This endorsement is on behalf of:     myself     my organization

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

May we include your name and title for public disclosure?     Yes     No

Comments or Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H.O.P.E.**

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