

# Addiction Treatment Certification Questionnaire

These are the questions that merchants are required to answer when applying for LegitScript Addiction Treatment Certification.

## Contact Information

1. Do you, the respondent completing this application, meet the below criteria?
  - You work directly for the applicant
  - You are authorized to represent the applicant's business and treatment practices
  - You are able to refer follow-up questions to the appropriate person(s)
  - ☐ If so, please enter YES.
  - ☐ If not, please provide contact information for an appropriate person.
2. Please provide contact information for at least one backup contact who is authorized to answer questions and make decisions regarding your application.

## Whois and Websites

3. Please upload a screenshot that contains all of the following Whois information for each domain name you are seeking to certify:
  - the domain name
  - the registrant name
  - all registrant contact information for the domain name including: organization, address, phone, and email

*Tip - Ensuring that your registrant information is transparently registered is part of our certification standards. Doing so is required for each domain you are certifying, before that domain can become certified. This Standard can be met by making the domain name registration public, acquiring and maintaining a valid EV SSL certificate, or providing LegitScript with adequate documentation showing the domain name registration information for your website in the form of a screenshot. Accessing Whois information should be a function offered by your domain's registrar.*

4. Please provide all additional website domain names that are owned or operated by your company, but which you are not applying to certify.

Please note, failure to provide all domain names will result in a delay of your application.

## General Business Information

5. Is your business a recognized 501(c)(3) non-profit in the United States or a registered charity in Canada?

6. Are you a non-profit or registered charity with less than \$150,000 USD in net assets? Download [hardship fee waiver](#) file.

**If Yes, Follow Up** - Please complete and submit the hardship waiver. Please also attach your most recently filed tax documentation that reflects your organization's name and net assets. You may redact all other information as needed. When your application is screened, a Client Relations Specialist will reach out to confirm whether your business has been approved for a hardship fee waiver.

*Tip - In the United States acceptable documentation would be IRS Forms 990, 990-N, 990-PF, or 990EZ. In Canada, these would be your Form T3010.*

7. Please provide a list of your owners, principals, officers, and directors along with their corresponding titles.
8. Do any of your principals hold ownership, executive, or membership-level positions in other companies/organizations that offer any of the following?
- Drug and alcohol addiction treatment services
  - Laboratory services
  - Billing services
  - Online/call center drug treatment information/referral services

If so, please list them below along with the legal business name and jurisdiction of incorporation.

*Tip - Enter 'Not Applicable' if this question does not apply to you.*

## Property Documentation

9. Please submit copies of any lease or property ownership documents for each drug or alcohol addiction treatment facility or location, including authorization or permission to provide addiction treatment services at that facility or location.

10. Please submit proof of either commercial general liability insurance (CGL) or general liability insurance for your business.

*Tool Tip: For Canadian applicants, please submit a copy of your commercial general liability insurance policy. For US applicants, please submit a copy of your general liability insurance policy.*

## Prior Discipline

11. Has your company or any other business under your current or former control been excluded from any government-funded health care programs within the last five years?

**If Yes, Follow Up** - Please provide a summary below that describes the events related to the exclusion, and any corrective actions that have been put in place.

12. Has your company or any currently employed treatment provider(s) been the subject of, or a party to, any litigation commenced, resolved, or otherwise addressed relating to the provision of drug or alcohol addiction treatment services at any time in the last 10 years? Failure to provide complete information will result in a delay to your application review.

**If Yes, Follow Up** - Please provide a summary below that describes the events related to the fine, penalty, judgment, or settlement, and any corrective actions that have been put in place.

13. Do you have information you would like to upload regarding the litigation from the previous question?

**If Yes, Follow Up** - Please upload a summary that describes the events related to the fine, penalty, judgment, or settlement, and any corrective actions that have been put in place.

*Tip - Please select 'Not Applicable' if this question does not apply to you.*

## Referrals and Financial Aid

14. Do you have any business affiliates that have shared ownership with your company, that your company owns, or otherwise have a formal or informal business relationship regarding the marketing or provision of addiction treatment services?

**If Yes, Follow Up** - Please provide a list of business affiliates.

15. Do you have any referral arrangements with other businesses (list names) and/or websites (list URLs)?

**If Yes, Follow Up** - Please describe below.

16. Please list the name and jurisdiction of any laboratory services your business uses.

17. Does your business offer any manner of financial assistance like scholarships, fee waivers, travel assistance, discounted rent, or any other forms of financial sponsorship, gifts, or incentives?

**If Yes, Follow Up** - Please describe below.

## Services and Licensure

18. Please list in detail the treatment or intervention services offered or recommended at facilities that are a part of your organization.

19. Please complete and submit [this spreadsheet](#) to provide us an overview of:
- Business relationships
  - Treatment facility information and licensing
  - Key treatment provider information and licensing
  - Comprehensive staff list

20. Does your company prescribe, administer, or dispense medications that are classified as controlled substances or drugs in your jurisdiction?

**If Yes, Follow Up** - Please upload copies of any additional certification or licensure that authorizes your business or practitioners to prescribe, administer, or dispense controlled substances/drugs. If none is held, please upload a document that explains why your business is exempt from holding this licensure.

*Tip - for US applicants, please provide copies of the DEA Certificates held by your prescribers. For Canada applicants, please provide copies of the relevant province-level registration, as applicable.*

21. Does your business offer telehealth or telemedicine services? [Download compliance sheet](#)

**If Yes, Follow Up** - Please complete and submit the compliance sheet for telemedicine or telehealth services.

22. For telehealth or telemedicine providers only: Do you prescribe medications that are classified as a controlled substance/drug in your jurisdiction?

*Tip - Please select 'Not Applicable' if your business model does not apply.*

23. For telehealth or telemedicine providers only: If controlled substances/drugs are prescribed, do you require an initial in-person appointment?

*Tip - Please select 'Not Applicable' if your business model does not apply.*

24. For telehealth or telemedicine providers only: what technological medium is being used to conduct appointments? Examples might include, but are not limited to: phone, text, questionnaire, store and forward, synchronous audiovisual.

*Tip - Please select 'Not Applicable' if your business model does not apply.*

25. Has your company or key treatment providers ever been denied a license application or had a license revoked?

**If Yes, Follow Up** - Describe the circumstances.

26. Do you provide medication-assisted treatment (as defined by the appropriate regulatory body for your jurisdiction) at your facility?

**If Yes, Follow Up** - Please describe what substances you provide as part of this treatment.

27. Do your company, its affiliates, or any of its principals or officers own or use a mobile application ("App") to connect with potential clients, patients, families, or other treatment organizations?

**If Yes, Follow Up** - Please state the name of the application.

## Contact Us

1-877-534-4879

[certification@legitscript.com](mailto:certification@legitscript.com)

[legitscript.com/contact](https://legitscript.com/contact)

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