Healthcare Certification Questionnaire

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

Business Information

1. Please provide a short description of your business model.
2. How long has your company been in business?

   Tip - If ownership of the company was recently transferred, please indicate both how long the business has been operating and how long the current owners have held ownership.

3. Please provide a list of your owners, principals, officers, and directors, along with their corresponding titles.

Licensure

4. Using this template, fill out the licensing and registration information for your business. Please review the instructions in the first tab, "How to Use this Spreadsheet," and ensure all relevant tabs of the template are completed to the best of your ability.

Websites

5. Please provide an exhaustive list of all domains owned and operated by your business and/or principals.

6. Does your business offer your customers a mobile app?

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

7. Is your primary website currently under construction or in a stage of development? Under construction or development includes missing or incomplete content or placeholder text.

   Tip - Please note: LegitScript can only provide certification of a website that is under construction on a preliminary basis.

   If Yes, Follow Up - Please describe when you anticipate the changes will be completed and how LegitScript will be able to review a version of this website before it is published.

8. Does your website feature an area where a patient or other user must sign in?

   Tip - Examples include, but are not limited to, creating a patient account, provider account, any user account, purchasing account, etc.

   If Yes, Follow Up - Please provide any necessary credentials LegitScript will need for log-in access.

Services & Partners

9. Does your business offer telemedicine services?

   If Yes, Follow Up - Using this template, please outline how your telemedicine practice complies with the applicable laws and regulations of your jurisdiction(s).

As you complete the spreadsheet, please:

- List every jurisdiction where you provide telemedicine services, including both individual US states and/or countries, as applicable.
- Cite laws and regulations and explain how your telemedicine services comply with the specific laws and regulations of each jurisdiction as they relate to, including but not limited to:
    - Establishing patient-practitioner relationship
    - Patient identification
    - Patient consent
    - Online prescribing
    - Medical records and how your business is compliant with applicable privacy laws (i.e. HIPAA for US merchants)

10. 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 the services offered through your business? This includes, but is not limited to: co-owned businesses of the business' owners or principals, supplying wholesalers or distributors, partner pharmacies/provider networks, and marketing or promotional partners.

    A merchant's partners, defined as organizations essential to supporting the applicant's continuum of care, such as partner pharmacies responsible for the fulfillment of prescription medication to patients, are generally required to be LegitScript-certified, with limited exceptions at LegitScript's sole discretion

    Tip - If there are any non-disclosure agreements (NDAs) or privacy restrictions that prevent you from providing a comprehensive response, please indicate so and provide as much information as you are able.

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

11. Does your business operate as a pharmacy, and compound prescription medication?

    Tip - Pharmacies: Please fill out each tab to the best of your ability.

    If Yes, Follow Up - Using this compounding addendum template, please review and fill out the compounding information for your business.

12. Please provide any recent (within the last five years) audits or inspections for your business; such as the Board of Pharmacy, medical boards, FDA, DEA, and any regulatory bodies applicable to your business model that are relevant to your jurisdiction. Please include any actions you took in response to the audit and any written follow-up or corrective action documentation that you submitted to the auditing entity.

13. Does your business prescribe, dispense, administer, distribute, or manufacture controlled substances?

    If Yes, Follow Up - For US merchants, please upload a copy of your DEA registration. For merchants located outside of the US, please upload your jurisdiction's equivalent registration required to facilitate the prescription of controlled substances.

14. If you answered "Yes" in the previous question, please describe how your company's operating procedures address and minimize the diversion of controlled substances.

    Tip - Please enter "Not Applicable" if you selected "No" in the previous question.

15. Does your company currently dispense, distribute, or administer GLP-1 products compounded by a 503B outsourcing facility (also referred to as a 503B compounding pharmacy)?

16. For pharmacies only: How can prescribers submit new prescriptions to your pharmacy?

    Tip - Please enter "Not Applicable" if your business model does not apply.

17. For pharmacies only: How can patients submit new prescription orders to your pharmacy?

    Tip - Please enter "Not Applicable" if your business model does not apply.

18. For pharmacies only: How are patients able to receive their prescription medications from your pharmacy?

    Tip - Please enter "Not Applicable" if your business model does not apply.

Prior Discipline

19. In the last five years, have you been subject to any adverse legal, disciplinary, or regulatory actions, and/or fines or reprimands with regard to financial transactions pertaining to the applicant (including the company, its principals, owners, and staff)?

    Tip - Adverse legal, disciplinary, or regulatory action is interpreted broadly and includes any lawsuit, license revocation, suspension, placement on probation, reprimand, warning letter, administrative complaint, cease and desist order, consent agreement, FDA Form 483, and any other similar regulatory communication from any regulatory agency in any jurisdiction.

    Please include any monetary penalty equivalent to USD $2,000 or more, for any revocation, suspension, restriction, or probationary status imposed upon a license or registration by a regulatory authority, or any criminal conviction, fines from the payments industry (e.g. Visa VIRP or Mastercard BRAM fines), or fines from regulators with regard to financial transactions.

    If Yes, Follow Up - Please upload a detailed account of the facts, including any remediation steps that may have been taken in response.

Contact Us

1-877-534-4879

certification@legitscript.com

legitscript.com/contact

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