

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. Please provide a list of your principals and officers.

- First name
- Last name
- Position

3. Does your business provide pharmacy facilitation services?

Tip - Please answer 'Yes' if you are a pharmacy broker, aggregator, or facilitator, including any entity that processes or facilitates card-not-present transactions for pharmacies. A facilitator is defined as a company who directs patients to external pharmacies or providers with which they have a contractual relationship.

If Yes, Follow Up - Please provide the name(s) of these pharmacy facilitator platforms and URL(s) for each. Additionally please comment on the contractual relationship present, if any.

Licensure

4. Using [this template](#), please review and fill out the licensing and registration information for your business. Click [here](#) for a full list of the questions you will need to answer as part of your application.

Tip -Please ensure all tabs of the template are reviewed and addressed to the best of your ability.

On the business registration tab of the template, we require your state-level business registration of each jurisdiction you operate within and serve. You can find your registration number on your Secretary of State website, or provide your state tax ID/document number if needed.

On the telemedicine tab of the template, please provide details on how you adhere to telemedicine compliance requirements in each jurisdiction you serve. This includes the physician license number in each applicable state. State-specific telemedicine business registrations, and additional state level licensure, are not required within this tab. Please note, columns after G are intended to collect pharmacy related information. Telemedicine providers are not required to complete these fields unless they have the relevant information on hand. If not applicable, these fields may be left blank.

Website

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

If Yes, Follow Up - Please list all corresponding app store links.

6. Is your primary website currently under construction or in a stage of development?

Tip - Please note: LegitScript can only provide certification of a website that is under construction on a preliminary basis. An unfinished website could delay the certification process.

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.

7. 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.

Policies & Procedures

8. For telemedicine providers only: 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 / HIPAA

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

9. Does your business utilize a partner pharmacy? A partner pharmacy is defined as a pharmacy utilized by an applying entity to fulfill and dispense prescription medication orders to patients of the applying entity. Please note, all partner pharmacies are required to be certified through LegitScript.

If Yes, Follow Up - Please provide the business name(s) and URL(s) for each of your current partner pharmacies and the estimated monthly prescription volume sent to each of them.

10. If you answered "Yes" to the previous question, please provide additional information describing your vetting process for prospective partner pharmacy.

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

11. Does your business facilitate the sale of or prescribe compounded medication(s)?

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. 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.

Tip - Please upload any relevant documentation.

Prescriptions & Medicine

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

If Yes, Follow Up - Please upload a copy of your DEA registration.

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

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

16. 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.

17. 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.

18. For pharmacies only: Please upload an image of a sample patient prescription label showing the pharmacy's contact information.

Tip - Please enter 'Not Applicable' if your business model does not apply. Please DO NOT include Protected Health Information on your sample prescription label. This should be a sample only.

Prior Discipline

19. In the last 10 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 \$2000 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 provide a detailed account of the facts, including any remediation steps that may have been taken in response.

20. If you answered "Yes" to the previous question, please upload any relevant documentation related 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 - Type 'Not Applicable' if you answered 'No' to the previous question or do not have any files to upload.

Whois Information

21. For each domain name for which you are seeking certification, please upload a screenshot of the Whois information from your domain's registrar. The upload file MUST contain all of the following Whois information:

- Domain name

- Registrant name
- All registrant contact information for the domain name including: organization, address, phone, and email

Tip - Please note that Whois information MUST NOT be redacted or privacy protected.

22. Please provide an exhaustive list of all domains owned and operated by your business and/or principals. This includes all websites not related to the submitted application.

Tip - Please note that failure to provide all domain names may result in a delay in the processing of your application.

Contact Us

1-877-534-4879

certification@legitscript.com

legitscript.com/contact

Copyright © 2025, LegitScript.
CHM-CE198-FSE-03