



Drug and Alcohol Addiction Treatment Certification

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

Business Information

- If you, the respondent completing this application, do not meet these 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)
- Please provide contact information for an appropriate person.
- Please provide information for at least one backup contact who is authorized to answer questions and make decisions regarding your application.
- What is your primary motivation to become LegitScript certified?
- Were you referred to LegitScript Certification? If so, please enter your referral code here.
- Please provide your EIN or other federal tax identification number.
- Is your business a recognized 501(c)(3) non-profit in the United States?
- If your organization is a registered, current 501(c)(3), please upload proof of your tax-free status, such as an exemption letter from the IRS.
- If you are a nonprofit with less than \$150,000 in net assets, please fill out and upload [this form](#) to apply for a hardship fee waiver along with your organization's most recent IRS Form 990, 990-N, 990-PF or 990EZ. If eligible,

LegitScript provides the only certification service for drug and alcohol addiction treatment providers that is relied on by Google, Bing, and Facebook to vet advertisers for eligibility.

an analyst will reach out to you during the review of your application. You may redact all information as needed other than organization name and net asset information.

- If your treatment facility has a National Provider Identifier (NPI), please provide it here.
- Do you provide in-person drug or alcohol addiction treatment or facilitate online drug or alcohol treatment at a private residence or non-clinical setting?
- Do you provide a mutual support group? A mutual support group is defined as any website, application, online forum, or merchant that does not offer or purport to offer drug or alcohol addiction treatment, but that facilitates interactions between non-professional members engaged in recovery.
- Do you provide a crisis hotline? A crisis hotline is defined as any website, application, call-center, chat feature, or telephone number that provides or purports to provide remote assistance or information to individuals in recovery, or to individuals who are seeking information about addiction or addiction treatment, or to any person associated with such individuals.
- How long has your company been in business?
- Has your business opened a new location, closed a location, or changed its business name, phone number, or corporate registration information within the last five years?
- Please provide a list of your principals and officers.
- If your company or any of its entities have ever participated in Medicaid or insurance reimbursements, please list in which states and from which companies.
- Please list the name and state of any laboratory services your business uses.
- Please list the name and state of any billing companies your business uses.

Reduce costly interruptions to your Google Ads, Bing Ads, and Facebook Ads by getting LegitScript-certified.

Licensure or Registration

- Please submit resumes or qualifications of key treatment providers. Key treatment providers are defined as people who:
 1. are employed in a position that requires a state, federal, or professional license; or
 2. have direct oversight of anyone meeting the standard delineated in (1); or
 3. anyone who has significant input on organization treatment policies.
- Please complete and submit [this spreadsheet](#) to provide us an on overview of:
 - Business relationships
 - Treatment facility information and licensing
 - Key treatment provider information and licensing
 - DEA license information
 - Comprehensive staff list

Liability Insurance

- Please submit proof of general liability insurance, and, if applicable, addiction treatment insurance, for each location where drug or alcohol addiction treatment services are offered.

Treatment Services

- Please submit copies of existing written policies and procedures that reference treatment services offered or recommended, and that demonstrate a commitment to best practices, effective recovery, and continuous improvement. Such policies should include:
 - Intake and discharge
 - Admittance criteria
 - Discharge procedures
 - General policies

**LegitScript's
Addiction Treatment
Certification helps
differentiate your
services from
both legitimate
competitors and
addiction treatment
facilities involved
in illicit activities.
Being LegitScript-
certified builds
trust with your
prospective patients
by letting them
know you operate
safely and legally.**

- Resident handbook
- Grievance policies
- Neighborhood complaints intake and resolution process
- Partnerships/ethics
- No kickback policy
- Referral policy
- Best practices and outcomes
- Procedures for collecting outcomes data for continuous improvement
- Relapse prevention and monitoring
- Resident search policy
- Relapse policy
- Drug and dangerous items disposal policy
- Urine and breath testing policy, including frequency of testing
- Detoxification staffing and supervision
- Please list in detail the treatment or intervention services offered or recommended at facilities that are a part of your organization.
- Does a licensed medical practitioner work on site?
- Does your facility operate an in-house pharmacy?
- Do psychiatrists work at your facilities?
- If medication-assisted treatment (as defined by the Substance Abuse and Mental Health Services Administration) is offered at your facility, what substances do you provide as part of this treatment?
- Do(es) your website(s) describe in detail the modalities of drug and alcohol addiction treatment provided?
- If 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, please state the name of the application.

As the leading third-party certification expert in complex healthcare sectors, LegitScript has earned the trust of regulatory authorities, credit card companies, major search engines, and e-commerce platforms around the world, including Google, Bing, Facebook, and Amazon.

Incentives

- Please list any manner of financial assistance your business offers, including scholarships, fee waivers, travel assistance, discounted rent, or any other forms of financial sponsorship, gifts, or incentives.

Controlled Substances

- Do treatment providers at your facility dispense, prescribe, or distribute controlled substances?
- Do(es) your facility/facilities operate under a SAMHSA Opioid Treatment Program (OTP) certification?

Audits and Inspections

- Do you agree that LegitScript may conduct on-site inspections of your facility/facilities, and you will in no way restrict LegitScript access?
- Please provide copies of the most recent site visits/audits conducted by applicable state regulatory authorities and certification organizations (e.g., CARF, JCAHO) for each of your facilities.

Prior Discipline

- Do you consent to LegitScript performing, at its sole discretion, criminal background checks on key treatment providers and other staff as it deems appropriate?
- Disciplinary action is defined as any adverse or potentially adverse government or regulatory action related to: an applicant's license(s); the dispensing, promotion, or distribution of improper treatment practices or drugs; or your company or its officers. Disciplinary action shall be interpreted broadly and includes: suspensions, probationary statuses, reprimands, warning letters, consent agreements, or any other criminal or regulatory violation, as well as any similar regulatory communication from any regulatory agency.
 - If your company, its officers, or employees, including any treatment provider, or any medical practitioner associated with your company, has been the subject of disciplinary action within the last five years, please upload a summary of events related to the discipline and any corrective actions that have been put in place and/or accepted by state regulatory authorities.

- Has your company or any other business under your current or former control, ever been listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals/Entities within the last five years?
- If 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, describe below or 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.
- If your company or key treatment providers have ever been denied a license application or had a license revoked, describe the circumstances.

Location Information

- 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.
- Please list the names and physical addresses of all treatment facilities in your organization.
- If you only wish to certify a subset of the treatment facilities in your organization, please list the names and physical addresses of the treatment facilities you wish to certify. If you plan to have all of the facilities certified, check "not applicable."
- Do(es) your website(s) state the physical address at which treatment services are rendered?

Affiliate Information

- Please provide a list of business affiliates. What we are looking for when asking for business affiliates is a list of any company that has shared ownership with your company, that your company owns, or otherwise has a formal or informal business relationship regarding the marketing or provision of addiction treatment services.

- If any of the principals hold ownership, executive, or membership-level positions in other companies/organizations that offer (a) drug and alcohol addiction treatment services, (b) laboratory services, (c) billing services, or (d) online/call center drug treatment information/referral services, please list them here with name and state of incorporation.
- Please describe, if applicable, any referral arrangements with other businesses (list names) and/or websites (list URLs)

Domain Name Registration

- Please provide all website domain names that are owned or operated by your company. Please note, failure to provide all domain names will result in a delay of your application. Please note that privacy protection will need to be removed from all domain names submitted for certification, and the domain name registrant's information must be transparent as part of the certification process.

Privacy

- Does your website transmit protected health information, as defined by HIPAA?
- If your privacy statement is available online, please provide a link to this document.

Contact Us
1-877-534-4879
certification@legitscript.com
legitscript.com/contact