Finding a Reputable Ibogaine Provider

The Complete Vetting Checklist. A practical, print-and-take-with-you guide for evaluating any provider before you commit to treatment.

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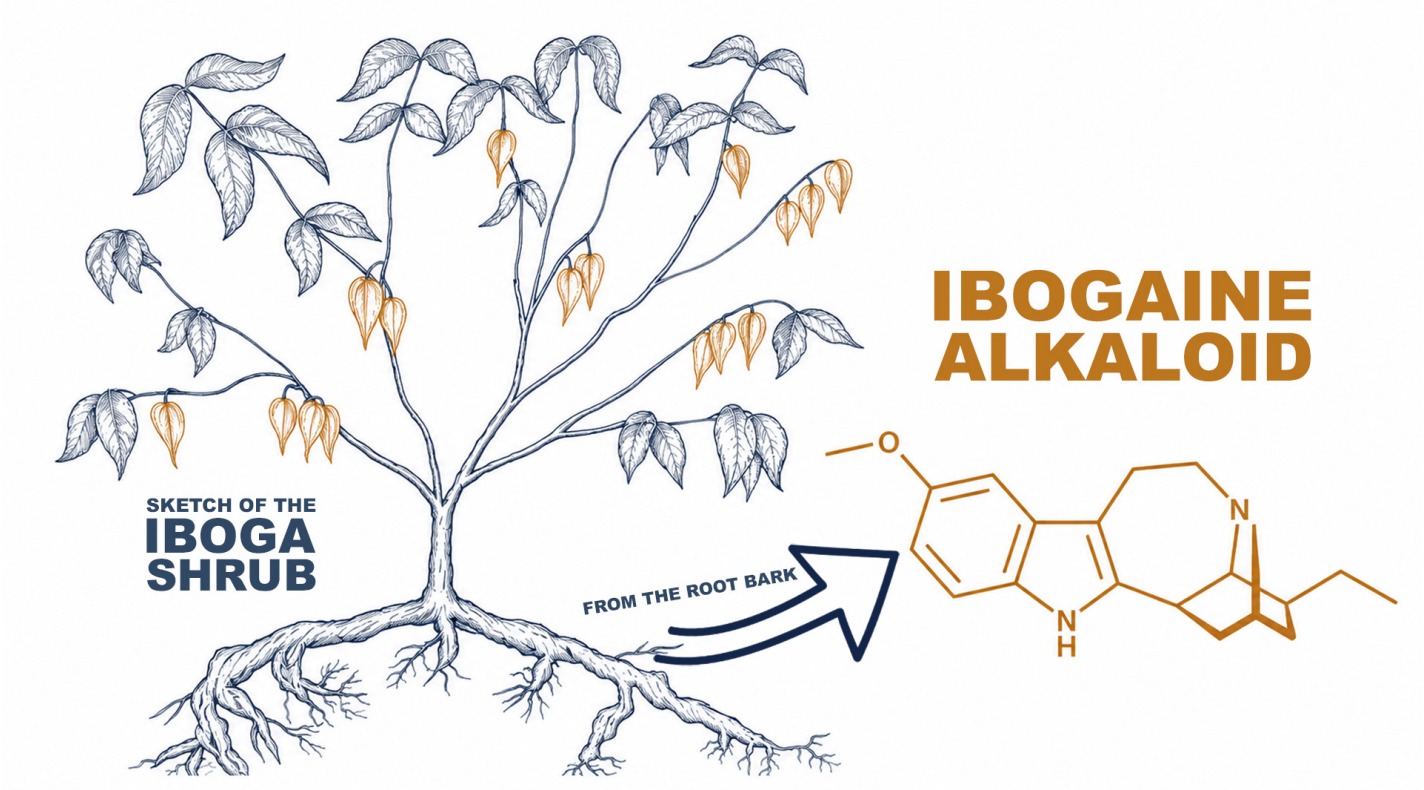

Ibogaine is a single alkaloid drawn from the root bark of the iboga shrub, which grows in West Central Africa.

Read this first

If you are reading this, you are most likely beginning down one of the most interesting and also strangest (by today's view) paths, that exists. You or someone you love is considering a treatment that is currently not done in the United States, unregulated almost everywhere it is offered, and powerful enough that choosing the wrong provider could lead to a fatal outcome. There is no accreditation board. There is no official directory. That is what this checklist and what this resource is trying to change.

That is not a reason to panic. It is a reason to get systematic in your approach.

A quick word about this resource before we go further. We are educators in this medicine, not physicians. Our job is to make complicated things clear, not to give medical advice. The clinicians you are about to evaluate are the experts on the medicine itself. This checklist exists to make you a harder person to fool and a better advocate for your own safety. Nothing here replaces your own doctor, and nothing here is an endorsement of ibogaine.

Ibogaine slows the heart and changes its electrical rhythm. Nearly every documented death has shared the same fingerprints: no real medical screening, no continuous monitoring, or no qualified medical staff in the room. That is the entire reason this checklist exists. The difference between a reputable provider and a dangerous one is the items below.

Part 1: Ground rules before you contact anyone

- [ ] **Know the legal picture.** Ibogaine is currently (as of 2026) still a Schedule I substance in the United States, with no licensed clinics anywhere in the country. Anyone offering treatment inside the US is operating underground, which fails this checklist automatically. Reputable treatment happens where physicians can administer ibogaine lawfully, most commonly Mexico, along with a small number of other countries such as in Gabon, where Iboga is native.
- [ ] **Loop in a doctor you trust.** Even if you cannot tell your whole care team, find one physician willing to review your screening results independently, whether that is your primary care doctor or the telehealth cardiologist who ordered your tests. A reputable clinic will welcome this. A bad one will discourage it. We'll show you in the ibogaine course how to generally read the results, but this is no substitute for a professional who does this all the time.
- [ ] **Decide now that "no" is an acceptable answer.** From a clinic that screens you out, and from yourself if the vetting process turns up things you cannot get comfortable with. There are other

treatments besides this that can help you.

- [ ] **If you are on methadone or buprenorphine, understand this early.** Long-acting opioids are a known danger in combination with ibogaine. Any reputable clinic will require a physician-supervised transition plan well before treatment. Dr. Juan Moller talks in depth about this in our Addiction lesson. A clinic that says "come as you are" is telling you, in advance, that they skip safety steps.

Part 2: Screening, the first and most revealing test

You can learn most of what you need to know about a clinic before you ever discuss travel dates, because the screening process is where good providers prove themselves and careless ones expose themselves.

A reputable provider requires, at minimum:

- [ ] **A recent 12-lead ECG, reviewed by a physician, before you are accepted.** Not optional, not "recommended," required.
- [ ] **A measured QT interval and an explicit cutoff.** Published clinical guidelines set specific QTc limits for exclusion. You do not need to memorize the numbers. You need to confirm the clinic has them, follows them, and will tell you where you stand. You don't have to know what the QT interval is, but this is one valuable piece we discuss in the course.
- [ ] **Recent blood work,** including electrolytes (especially potassium and magnesium), liver function, and kidney function.
- [ ] **A full medical history** that specifically asks about heart conditions, arrhythmias, fainting episodes, seizures, and any family history of sudden cardiac death.
- [ ] **A complete medication and substance review,** screening for interactions. Many common drugs, including certain antidepressants, antipsychotics, and methadone, act on the same cardiac systems ibogaine does.
- [ ] **Psychiatric screening with named exclusion criteria.** Conditions such as schizophrenia and other psychotic disorders are widely treated as absolute exclusions in the clinical guidelines.
- [ ] **Evidence that they actually turn people away.** Ask directly: "What percentage of applicants do you decline, and for what reasons?" A real number with real reasons is a great sign of a good provider.

Part 3: Safety during treatment

The room where treatment happens should function more like a step-down cardiac unit than purely a retreat lounge. Some do both, but the setting is secondary.

- [ ] **Continuous cardiac monitoring during dosing and for many hours afterward.** Continuous means machines and trained eyes, not periodic pulse checks.
- [ ] **IV access established before treatment begins,** so emergency medications never wait on a needle stick.
- [ ] **Emergency equipment on site:** a defibrillator, resuscitation medications, oxygen, and staff trained to use all of it.
- [ ] **ACLS-certified staff present throughout, with a physician on site during treatment.** On site means in the building. Not on call. Not nearby. Not reachable by phone.
- [ ] **A written emergency plan and a specific nearby hospital,** plus a straight answer to the question "have you ever transferred a patient, and what happened?"
- [ ] **Electrolyte management built into the protocol.** The most rigorous recent clinical research pairs ibogaine with intravenous magnesium specifically to protect the heart. A provider should be able to explain how they manage this. (If you are curious why, we explain that in the course)
- [ ] **Pharmaceutical-grade ibogaine with third-party testing they will show you,** such as a certificate of analysis, along with a clear explanation of their physician-directed protocol. You are not collecting numbers to compare. You are testing whether they are transparent, and whether a physician rather than a facilitator sets the medical protocol.
- [ ] **A staffing plan that keeps a trained person with you continuously** through the acute experience (approximately the first 12 hours).

Part 4: The days after, where corners get cut

Here is something most people do not realize. Ibogaine converts into a long-lasting metabolite, noribogaine, that stays active in your body for days, and serious cardiac events have occurred well after the visionary experience ends. A clinic's discharge policy tells you whether they understand their own medicine.

- [ ] **Monitoring continues after dosing,** and they can tell you exactly how long and what it consists

of.

- [ ] **A required minimum stay before and after treatment.** A dose-and-depart model is a business decision made at your expense.
- [ ] **For anyone treated for opioid dependence: a direct, documented conversation about lost tolerance.** This is the sentence that saves lives, so this should be stated upfront and something Dr. Moller repeats in the course. After ibogaine, a dose you tolerated before treatment can kill you. A provider who does not drill this into you, and into your family, is negligent.
- [ ] **A plan covering the vulnerable first weeks at home.** While many providers do this to some degree, we provide a full breakdown of best practices from the world's experts within the course.

Part 5: People, facility, and legality

- [ ] **A named medical director** whose license you can verify with the medical board of the country where they practice.
- [ ] **Named clinical staff with verifiable credentials** (physicians, nurses, paramedics), not an anonymous "world-class medical team."
- [ ] **A facility operating lawfully in its jurisdiction,** able to explain its legal status without hedging or winking.
- [ ] **An honest track record.** How long have they operated? Roughly how many patients? How do they talk about adverse events? Be careful here. A brand-new clinic has no record at all, and a clinic claiming thousands of treatments with zero complications ever is either very lucky or not telling the truth. What you want is a provider who discusses risk like an adult and can describe, specifically, how they have handled emergencies. It's perfectly fine to learn from past mistakes, especially if a clinic has been operating for a long time. All of this is new and those groups are helping pioneer the way forward.

Part 6: Ethics, transparency, and how they treat you

How a clinic sells is a preview of how a clinic treats.

- [ ] They answer detailed safety questions patiently, in writing if you ask.
- [ ] No urgency tactics, expiring discounts, or "a bed just opened up this weekend."

- [ ] No cure language, no 100% guarantee that it will work, no dismissing your fear as negativity.
- [ ] Informed consent that names the real risks in plain language, including cardiac risk and death.
- [ ] Transparent, all-inclusive pricing in writing, including what happens to your deposit if screening disqualifies you.
- [ ] They encourage second opinions and can connect you with former clients.

Part 7: Aftercare and integration

- [ ] **A structured aftercare plan.** Follow-up calls, integration sessions, or referrals to therapists and support programs near your home help make the treatment work.
- [ ] **Honest framing of what ibogaine is and is not.** Responsible providers describe it as an interruption and opening of a neuropathic window, not a cure, and they can direct you to a plan for what fills that window. This course is in part filling that hole and will help you more than almost every clinic around today.
- [ ] **Family or support-person involvement where appropriate,** especially around the lost-tolerance conversation and the first weeks home.

An Easy List - Red & Green Flags

Any one red flag means keep looking. The green flags are what good actually looks like.

RED FLAGS

- No ECG or blood work required
- Accepts everyone, can book you this week
- No physician physically present during treatment
- Offers treatment in a country where ibogaine is illegal
- Will not name the medical director, show third-party testing, or share protocols
- Gets defensive or evasive when you work through this checklist
- No monitoring after the session ends
- Refuses to discuss deaths in the field, or claims that risk does not apply to them

GREEN FLAGS

- They turn people away and can tell you why
- Screening starts before the sales conversation does
- They volunteer their criteria and cutoffs without being prompted
- They talk about the days after treatment as much as the treatment itself
- They welcome your own doctor's involvement
- They bring up risk before you do

Ten questions to ask every provider

Copy these. Ask all of them.

1. What are your medical exclusion criteria, and who reviews my ECG and blood work?
2. What QTc cutoff do you use, and what happens if I am close to it?
3. Who is physically in the building during treatment, and what are their credentials and emergency certifications?
4. What does cardiac monitoring look like during treatment, and for how long afterward?
5. What exactly do you administer, and can I see third-party testing for it?
6. What is your emergency plan, how far is the nearest hospital, and have you ever used it?
7. How long is the required stay before and after dosing, and why?

8. Have you ever had a serious adverse event? What happened, and what changed afterward?
9. What does aftercare include, and who provides it?
10. If screening disqualifies me, what happens to my deposit, and where would you refer me instead?

Then pay attention to how the answers feel. Specific, unhurried, and slightly boring is what safety sounds like. Vague, defensive, or salesy is your answer, even when the words are technically right.

Extra Ways to Verify Early: (Optional but Valuable if You Need Extra Trust)

- [ ] Verify the medical director's license through the medical board in the country of operation.
- [ ] Search the clinic name and key staff names together with words like "death," "lawsuit," "complaint," and "warning." Check news coverage, not just testimonials the clinic curates.
- [ ] Get the screening requirements and safety protocol in writing before money changes hands.
- [ ] Talk to former patients if you can find them, and ask them about the boring parts: screening, monitoring, discharge, follow-up. Anyone can describe the visions. You want to understand if they felt cared for.

A note about cost

Real screening, real monitoring, and real medical staff are expensive, which is why rock-bottom pricing usually means something on this checklist is missing. But the reverse is not proof of anything. Luxury amenities are the easiest thing in the world to photograph. You are paying for the medicine and the monitoring.

One last thing

You do not owe anyone a yes. Not the clinic, not the people who love you and want this to work, not even the exhausted version of you that is ready to leap. A reputable provider will respect your questions, welcome your caution, and never rush your decision. If working through this checklist makes a provider treat you like a problem, believe them, and keep looking.

And if working through it leads you to decide the risk is not right for you or your person right now, that is not a failure. That is the checklist doing its job.

Take your time. Ask everything twice. The right provider will still be there, and they will be glad you asked.

After you've done your due diligence, and arrived at a facility to start. That's when it's time to let your guard down, trust in the process, and let the medicine and the staff do their jobs. We'll explain more about how this process actually works to heal in the full course, should you feel like you want to take it. We hope this was a useful checklist to get you started on your journey.

Rob Nelson / Biologist and Lead Creator of the IbogaineCourse.org

Sources

I created this checklist by drawing from three places. First, information I learned from the Texas initiative, who pointed me towards the Global Ibogaine Therapy Alliance (GITA) Clinical Guidelines for Ibogaine-Assisted Detoxification, the ICEERS safety resources, and from the protocols used in recent clinical research from Stanford where they looked at how effective magnesium therapy is in safety. It is educational material only. It is not medical advice, and it does not endorse ibogaine or any specific provider.