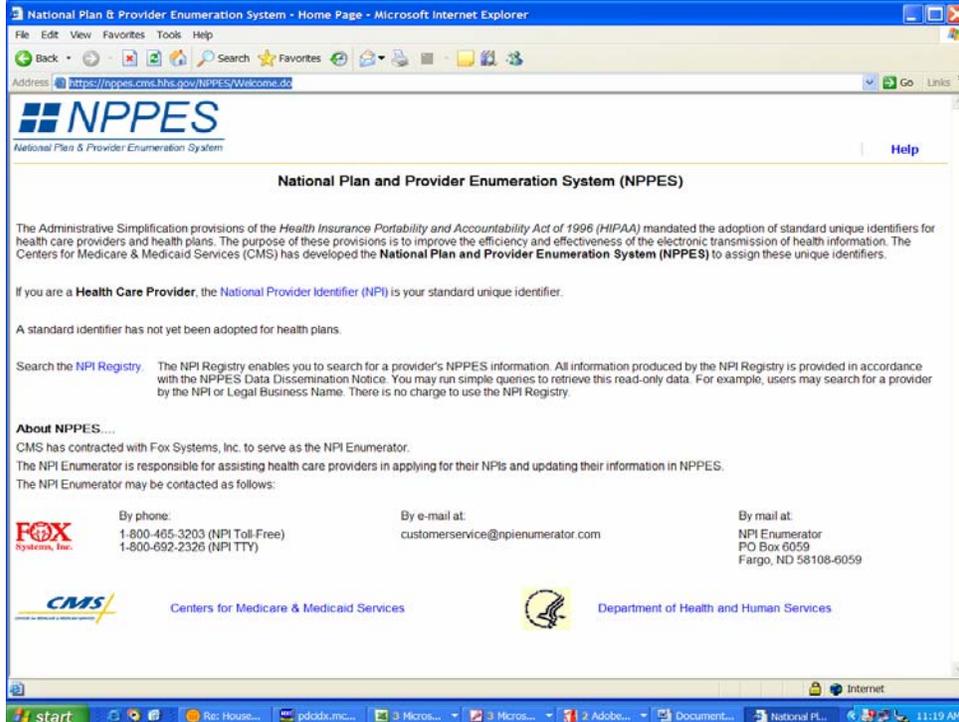
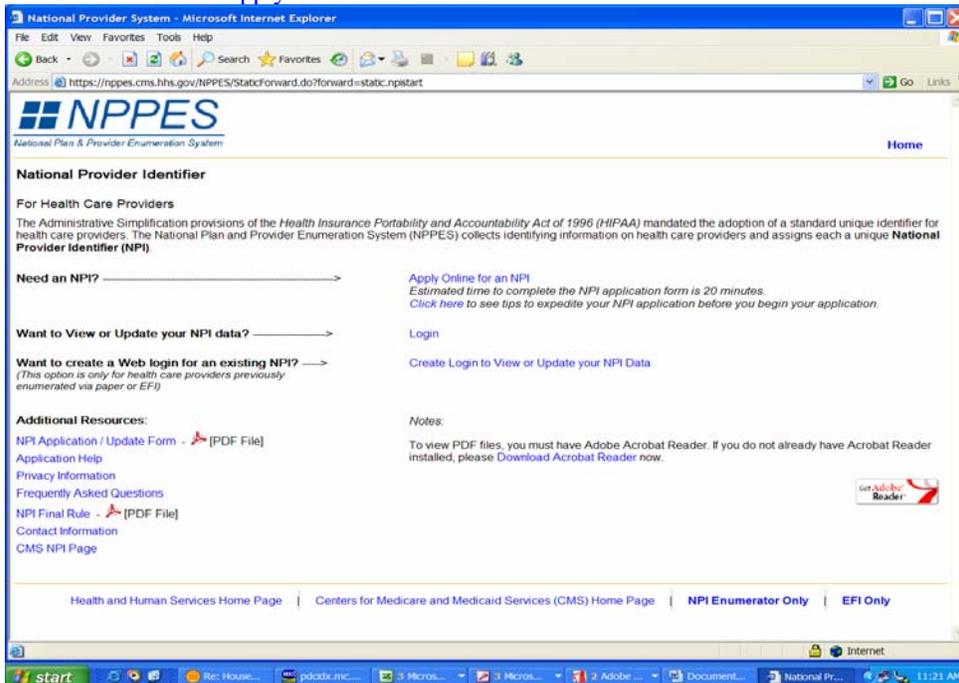


How to apply for an individual NPI (National Provider Identifier) on line

1. Go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
2. Double click on [National Provider Identifier \(NPI\)](#)



3. Select [Apply Online for an NPI](#)



4. Gather the information required for the application as noted in Step 1 and read the terms noted under Step 2 before proceeding to Step 3 to [Begin Application Form](#)



NPI Application Instructions

Step 1: Before you begin, make sure you have the following information.

This information will be required to complete the NPI Application Form.

You will not be able to save your work if you quit before you have completed the application form.

- **Information Required for Individual Providers**
 - Provider Name
 - ** SSN (or ITIN if not eligible for SSN)
 - Provider Date of Birth
 - Country of Birth
 - State of Birth (if Country of Birth is U.S.)
 - Provider Gender
 - Mailing Address
 - Practice Location Address and Phone Number
 - Taxonomy (Provider Type)
 - * State License Information
 - Contact Person Name
 - Contact Person Phone Number and E-mail
- **Information Required for Organizations**
 - Organization Name
 - *** Employer Identification Number (EIN)
 - Name of Authorized Official for the Organization
 - Phone Number of Authorized Official for the Organization
 - Organization Mailing Address
 - Practice Location Address and Phone Number
 - Taxonomy (Provider Type)
 - Contact Person Name
 - Contact Person Phone Number and E-mail

* (required for certain taxonomies only)

** (SSN or ITIN information should only be reported in the SSN or ITIN field)

*** Do not report an SSN or IRS ITIN in the EIN field

Online Help is available from each page of the Application / Update Form by clicking "Help" at the top right of the page.

If you need additional help or have any questions concerning your application, contact the NPI Enumerator.

NPI Enumerator Contact Information

By phone:

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326 (NPI TTY)

By e-mail at:

customerservice@npienumerator.com

By mail at:

NPI Enumerator

PO Box 6059

Fargo, ND 58108-6059

Step 2: Read the information below.

You must agree to the terms below when you submit your application:

I have read the contents of the application and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator immediately.

I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.

I understand that the information provided in this application may be used by other agencies in accordance with privacy regulations.

I have read and understand the [Privacy Act Statement](#).

*I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.*

Penalties for Falsifying Information on the NPI / Update Form:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also

authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Step 3: Begin online application.

Begin Application Form

5. Enter User ID, Password and select Secret Question and enter answer. Click on Next.

Create Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://nppes.cms.hhs.gov/NPPES/CreateLogin.do> Go Links

NPPES
National Plan & Provider Enumeration System

Home Help

NPI Application Form - Select NPI User ID and Password

* Indicates Required Field

Please enter a User ID and password for future access to NPI.

* NPI User ID:

Note: Personal information, such as a Social Security Number, should not be used as the User ID. Please note: The User ID cannot be changed.

* NPI Password:

* Retype NPI Password:

Note: Password must be 6-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

* Select Secret Question:

* Answer:

Note:

1. User IDs and secret question information cannot be changed. Once you have successfully chosen a User ID and secret question/answer combination and submitted the record, the User ID and secret question/answer combination will remain tied to your record and will not be changed.
2. Please use the Next button to navigate to the next page in the application.

Done Internet

start Re: House... pddbx.mc... 3 Micro... 3 Micro... 2 Adobe ... Document... Create Log... 11:30 AM

6. Select **Type I** and click **Next**

The screenshot shows a web browser window titled "Select Entity Type - Microsoft Internet Explorer". The address bar displays "https://nppes.cms.hhs.gov/NPPES/SelectEntityType.do". The page header includes the NPPES logo and the text "National Plan & Provider Enumeration System", along with "Logoff" and "Help" links. The main heading is "NPI Application Form - Select Entity Type". Below this, a instruction reads: "Please select the radio button which most applies to you or your organization:". Two radio button options are listed: "Type 1: An individual who renders health care services. (Example: Dentist, Chiropractor, Pharmacist)" and "Type 2: An organization that renders health care services. (Example: Hospital, Nursing Facility, Pharmacy)". A "Next >" button is centered below the options. A "Note" at the bottom states: "Please use the Next button to navigate to the next page in the application." The Windows taskbar at the bottom shows the Start button, several open applications, and the system clock at 11:45 AM.

7. The NPI Application (page 1):

Name Information

1-6. Provide your full legal name. (Required first and last name) Do not use initials or abbreviations. If you furnish your social security number in block 18, this name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.

Other name information (Use additional sheets of paper if necessary)

7-12. If you have used another name, including a maiden name, supply that "Other Name" in this area. (Optional) You may include multiple credential Use additional sheets of paper for multiple credentials if necessary.

13. Mark the check box to indicate the type of "Other Name" you used. (Required if 7-12 are completed)

14-16. Provide the date (Required), State (Required), and country (Required, if other than U.S.) of your birth. Do not use abbreviations other than United States (U.S.).

17. Indicate your gender. (Required)

The screenshot shows a web browser window titled "Individual Profile - Microsoft Internet Explorer" with the address bar displaying "https://nppes.cms.hhs.gov/NPPES/AppPage1.do". The page features the NPPES logo and navigation links for "Logoff" and "Help". On the left, a sidebar lists "Application Sections" including "Provider Profile", "Mailing Address", "Practice Location", "Other Identifiers", "Taxonomy", "Contact Person", and "Certification". The main content area is titled "NPI Application Form - Provider Profile" and contains several sections of input fields:

- Provider Name Information:** Includes fields for Prefix, First, Middle, Last, and Suffix. A note indicates that fields marked with an asterisk are required.
- Credential(s):** A text input field for credentials (e.g., M.D., D.O., etc.).
- Other Name: (if applicable):** Includes fields for Prefix, First, Middle, Last, and Suffix, and a dropdown menu for "Type of Other Name".
- Other Identifying Information:** Includes fields for Date of Birth (MM/DD/YYYY), Social Security Number (Without Dashes), State of Birth (with a note for U.S.), and Country of Birth (currently set to United States).
- Gender:** Radio buttons for Male and Female.
- Is the Provider a Sole Proprietor?:** Radio buttons for Yes and No.

A "Next >" button is located at the bottom of the form area.

NPI Application (page 2 and 3):

A. Business Mailing Address Information *(Required)*

This information will assist us in contacting you with any questions we may have regarding your application for an NPI or with other information regarding NPI. You must provide an address and telephone number where we can contact you directly to resolve any issues that may arise during our review of your application.

B. Business Practice Location Information *(Required)*

Provide information on the address of your primary practice location. If you have more than one practice location, select one as the "primary" location. Do not furnish information about additional locations on additional sheets of paper.

The screenshot shows the "NPI Application Form - Business Mailing Address" page. The browser window title is "Mailing Address - Microsoft Internet Explorer". The address bar shows "https://nppes.cms.hhs.gov/NPPES/AppPage2.do". The NPPES logo is at the top left, with "National Plan & Provider Enumeration System" below it. On the right, there are "Logoff" and "Help" links. A left-hand navigation menu lists "Application Sections": Provider Profile, Mailing Address (highlighted), Practice Location, Other Identifiers, Taxonomy, Contact Person, and Certification. The main content area has the title "NPI Application Form - Business Mailing Address". It includes a link for "Foreign Address" and a note: "If your primary address is outside the U.S. or you have a military address, click here: Foreign Address". Below this is the "Domestic Business Mailing Address Information" section. It contains fields for "Address Line 1: (Street Number and Name)", "Address Line 2: (e.g. Suite Number)", "City", "State", "Zip + 4", and "Country" (set to "United States"). There are also fields for "Phone Number: (Without Dashes)", "Extension", and "Fax Number: (Without Dashes)". Navigation buttons "< Previous" and "Next >" are at the bottom. A note at the bottom reads: "Note: Please use the Previous and Next buttons to navigate between the pages in the application." The Windows taskbar at the bottom shows the time as 3:38 PM.

The screenshot shows the "NPI Application Form - Business Practice Location Address" page. The browser window title is "Practice Location - Microsoft Internet Explorer". The address bar shows "https://nppes.cms.hhs.gov/NPPES/AddressStd.do". The NPPES logo is at the top left, with "National Plan & Provider Enumeration System" below it. On the right, there are "Logoff" and "Help" links. A left-hand navigation menu lists "Application Sections": Provider Profile, Mailing Address, Practice Location (highlighted), Other Identifiers, Taxonomy, Contact Person, and Certification. The main content area has the title "NPI Application Form - Business Practice Location Address". It includes a link for "Foreign Address" and a note: "If your primary address is outside the U.S. or you have a military address, click here: Foreign Address". Below this is the "Domestic Business Practice Location Address Information" section. It contains a link for "Same As Business Mailing Address" and a note: "If the Business Practice Location Address is the same as the Business Mailing Address, click here: Same As Business Mailing Address". It also includes a note: "If your Business Mailing Address and Business Practice Location Address differ, please fill out the following:". Below this are fields for "Address Line 1: (Street Number and Name)", "Address Line 2: (e.g. Suite Number)", "City", "State", "Zip + 4", and "Country" (set to "United States"). There are also fields for "Phone Number: (Without Dashes)", "Extension", and "Fax Number: (Without Dashes)". Navigation buttons "< Previous" and "Next >" are at the bottom. A note at the bottom reads: "Note: Please use the Previous and Next buttons to navigate between the pages in the application." The Windows taskbar at the bottom shows the time as 3:43 PM.

NPI Application (page 4):

C. Other Provider Identification Numbers (Optional)

To assist health plans in matching your NPI to your existing health plan assigned identification number(s), you may wish to list the provider identification number(s) you currently use that were assigned to you by health plans. If you do not have such numbers, you are not required to obtain them in order to be assigned an NPI. Organizations should only furnish other provider identification numbers that belong to the organization; do not list identification numbers that belong to health care providers who are individuals who work for the Organizations. NOTE: Information provided may be disclosed under specific circumstances (See PrivacyStatement on Page 4). DO NOT report SSN or ITIN information in this section of the application form.

The screenshot shows a web browser window titled "Other ID - Microsoft Internet Explorer" displaying the NPPES (National Plan & Provider Enumeration System) application. The address bar shows the URL: <https://nppes.cms.hhs.gov/NPPES/AddressStd.do>. The page header includes the NPPES logo and navigation links for "Logoff" and "Help".

The main content area is titled "NPI Application Form - Other Identification Numbers". It contains the following text:

Please Enter All Other Provider Identifiers (Medicare UPIN, Medicare PIN, Medicare OSCAR/Certification, Medicare NSC, Medicaid, and Other).

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them. DO NOT report the Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) in this section.

Below the text is a green "Add Identifier" button. Underneath is a table with five columns: "Issuer", "Number", "State", "Issuer", and an empty column. Below the table are two buttons: "< Previous" and "Next >".

At the bottom of the form area, there is a note: "Note: Please use the Previous and Next buttons to navigate between the pages in the application."

The browser's taskbar at the bottom shows the Windows Start button, several open applications (including Microsoft Office and Adobe Reader), and the system clock showing 3:45 PM.

NPI Application (page 5):

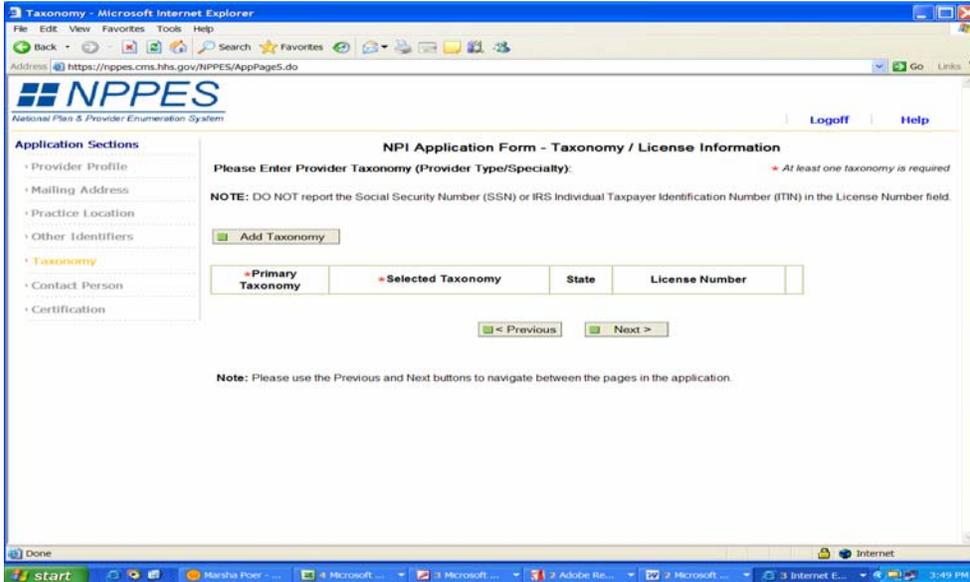
D. Provider Taxonomy Code (Provider Type/Specialty) (Required)

Provide your 10-digit taxonomy code. You must select a primary taxonomy code in order to facilitate aggregate reporting of providers by classification/specialization. If you need additional taxonomy codes to describe your type/classification/specialization, you may select additional codes. Information on taxonomy codes is available at www.wpc-edi.com/taxonomy.

On the screen select:

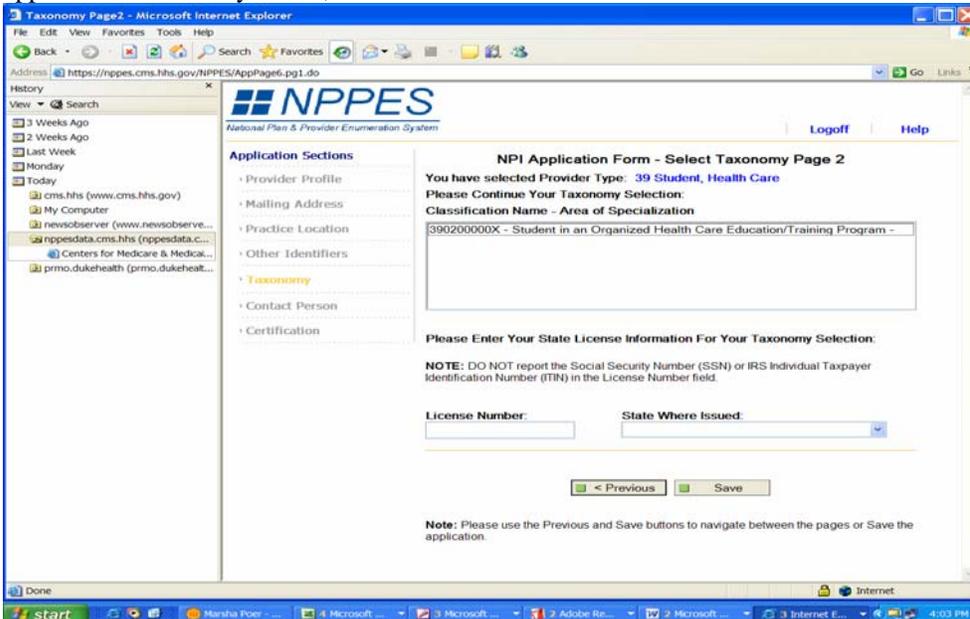
Add Taxonomy

And from the drop down list, residents should select **Provider Type Code 39 – Student, Health Care**.



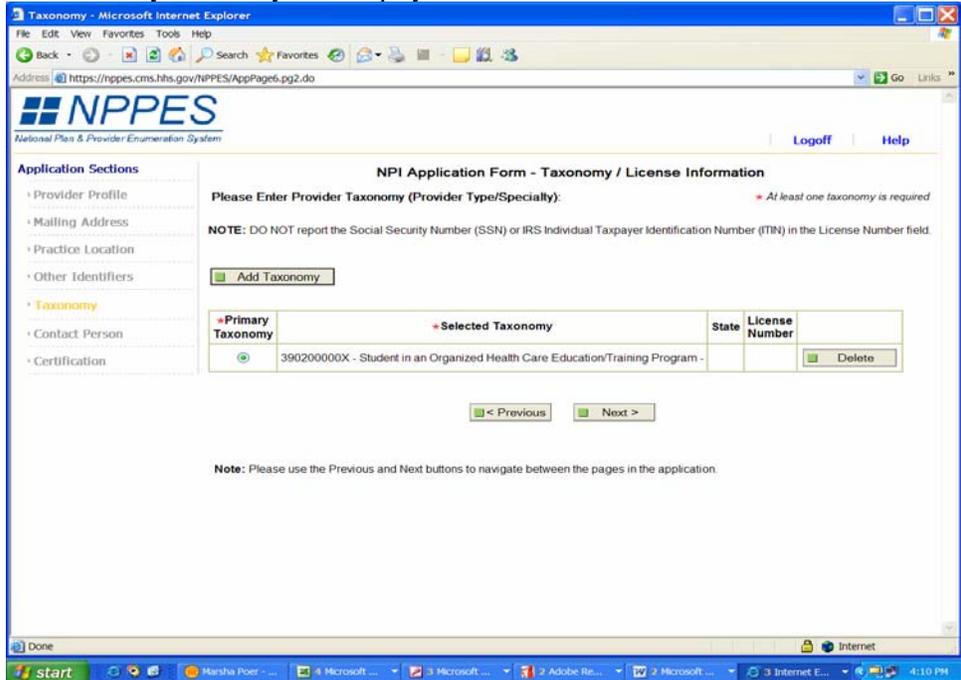
NPI Application (page 6):

Select classification name showing in box and furnish the license, registration or certificate number if applicable. If issued by a state, also show the State that issued the license/certificate. Select **Save**.



Next >

Select Primary Taxonomy code displayed and then select



Contact Person Information Page

The contact person is the person who we will contact if we have any questions regarding your NPI application or change request. This is the person who will be notified of your NPI assignment via e-mail at the e-mail address provided on this page.

1. Select the "Same As..." button if you want your contact person to be the provider (if an individual) or the authorized official (if an organization) named on the Provider Profile Page. You must still enter the phone number and e-mail address for this person.
2. If you do not select the "Same As..." button, you must provide alternate contact person information. Enter the full name, credentials, and title of the contact person as well as the phone number and e-mail address for this person. The First, Middle, Last, Credential(s), and Title fields allow the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters. The e-mail address fields allow the following special characters: "at" sign, hyphen, period, and underscore.

The Phone number and Extension fields only accept digits and alphabet letters (upper and lower