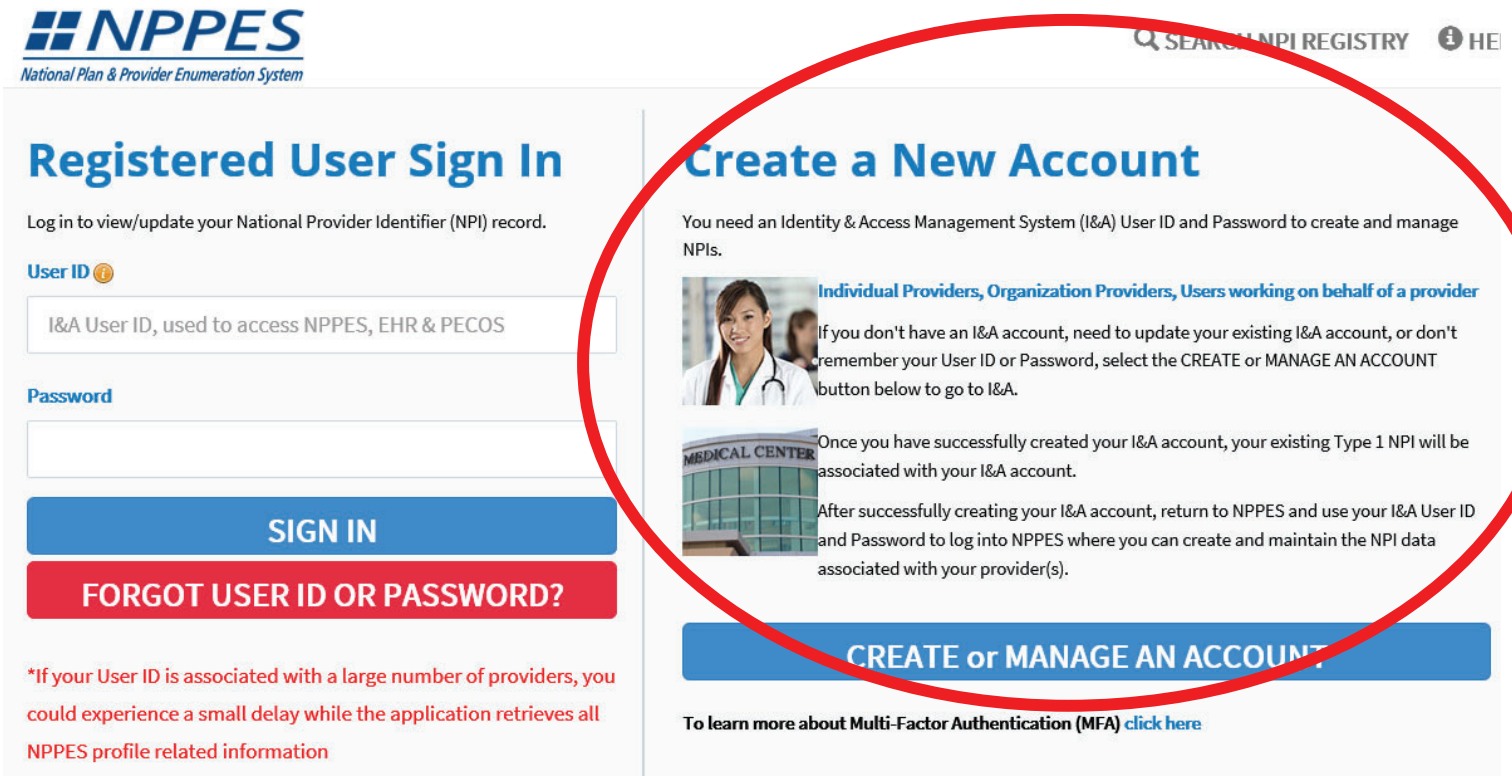


How to Apply for an NPI Number

<https://nppes.cms.hhs.gov/#/>

Before you can register with the NPPES to receive an NPI Number, you must first create a new account in the Identity & Access Management System.



The screenshot shows the NPPES website interface. On the left is the 'Registered User Sign In' section with fields for 'User ID' and 'Password', and buttons for 'SIGN IN' and 'FORGOT USER ID OR PASSWORD?'. On the right is the 'Create a New Account' section, which is circled in red. This section includes a search bar, a heading, a description of the I&A system, a list of user types (Individual Providers, Organization Providers, Users working on behalf of a provider), instructions on what to do if you don't have an account or forgot credentials, and a 'CREATE or MANAGE AN ACCOUNT' button. A note at the bottom of the red circle says 'To learn more about Multi-Factor Authentication (MFA) click here'.

Before beginning the CMS I&A registration process, you will be required to “accept” various screens and complete the ensuing questions necessary to successfully complete your registration.

Following the 5 security question, the NPPES Application displays. The following pages will take you through the process.

If the NPPES dashboard changes, the information within these instructions will still provide the information necessary for the issuance of an NPI number.

IMPORTANT:

When a pharmacy needs to discuss a script you’ve written or one of your patients, they obtain your contact information using your NPI number. Please keep that in mind when providing phone contact.

NPI Application Form - Select Entity Type

Please select the radio button which most applies to you or your organization:

- Type 1:* An individual who renders health care services. (Example: Dentist, Chiropractor, Pharmacist)
- Type 2:* An organization that renders health care services. (Example: Hospital, Nursing Facility, Pharmacy)

Note: Please use the Next button to navigate to the next page in the application.

Application Sections

NPI Application Form - Provider Profile

Provider Profile

Provider Name Information:

* Indicates Required Field

Mailing Address

Prefix: * First: Middle: * Last: Suffix:

Practice Location

Credential(s): (M.D., D.O., etc.)

Other Identifiers

Other Name: (if applicable)

Taxonomy

Prefix: First: Middle: Last: Suffix:

Contact Person

Credential(s): (M.D., D.O., etc.) Type of Other Name:

Certification

Other Identifying Information:

* Date of Birth: (MM/DD/YYYY)

* Social Security Number: (Without Dashes)

State of Birth: (* If U.S.)

* Country of Birth:

* Gender: Male Female

Basic Demographic information

* Is the Provider a Sole Proprietor? Yes No

Enter the required information
Next >
And click

Note: Please use the Next button to navigate to the next page in the application.

Application Sections

NPI Application Form - Business Mailing Address

Provider Profile

If your address is **outside** the U.S., click here:

Foreign Address

Mailing Address

Practice Location

If your address is **military address**, click here:

Military Address

Other Identifiers

* Indicates Required Field

Taxonomy

Domestic Business Mailing Address Information

Contact Person

* Address Line 1: (Street Number and Name)

Certification

Address Line 2: (e.g. Suite Number)

* City:

* State:

* Zip + 4

 -

Country:

Phone Number:
(Without Dashes)

Extension:

Fax Number:
(Without Dashes)

< Previous

Next >

This is the first of two addresses you will be asked to provide.

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

1. Business Address

2. Practice Address

Use the same address for both requests.

Contact your Program Administrator for your Business/Practice Address & phone/fax numbers.

After entering your contact information...click

NOTE: DO NOT PROVIDE ANY PHONE NUMBER YOU HAVE NOT BEEN GIVEN PERMISSION TO USE.

Application Sections

NPI Application Form - Business Practice Location Address Standardization

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

In order to ensure the optimum performance of the National Provider System, we standardize all addresses; for example, we change "Avenue" to "Ave." This makes it easier to find your information again in the future and to ensure that we do not have duplicate entries where they should not occur.

Your standardized address is:

200 W Arbor Dr
MC 1234
San Diego CA 92103 - 9000

Please do one of the following:

- 1) Accept the standardized address.
- 2) Reject the standardized address and keep your input as is.
Note: Rejecting standardized address will delay enumeration
- 3) Modify your input in the boxes below and submit for revalidation.

* Indicates Required Field

* Address Line 1: (Street Number and Name)

200 West Arbor

Address Line 2: (e.g. Suite Number)

MC 1234

* City, State, Zip:

San Diego

CA - CALIFORNIA

92103

1911

Accept Standardized Address

Use Input Address

Revalidate Address

This is the page after you've submitted

1. Business Address

2. Practice Address

In Both instances,

Accept the Standardized Address

shown above.

Application Sections

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

NPI Application Form - Other Identification Numbers

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.

Add Identifier

Select All Clear Selected Delete

Issuer	Number	State	Issuer
--------	--------	-------	--------

< Previous Next > Delete

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

You don't need to enter any information ...just select

Next >

Application Sections

NPI Application Form - Select Individual Taxonomy Page 1 of 2

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

Please Select Provider Type Code:

- 20 Allopathic & Osteopathic Physicians
- 10 Behavioral Health & Social Service Providers
- 11 Chiropractic Providers
- 12 Dental Providers
- 13 Dietary & Nutritional Service Providers
- 14 Emergency Medical Service Providers
- 15 Eye and Vision Services Providers

20 = Licensed Physicians
39 = Unlicensed; Student

< Previous

Next >

The choices are the same in this screen and the next.

In this screen: scroll (if necessary) & select.

If Licensed

Select #20 – Allopathic & Osteopathic Physicians

If Unlicensed

Select #39 – Student, Health Care

Make your selection and click

Next >

Application Sections

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

NPI Application Form - Select Taxonomy Page 2

You have selected Provider Type: **39 Student, Health Care**

Please Continue Your Taxonomy Selection:

Classification Name - Area of Specialization

390200000X - Student in an Organized Health Care Education/Training Program -

Please Enter Your State License Information For Your Taxonomy Selection:

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

License Number:

State Where Issued:

Note: Please use the Previous and Save buttons to navigate between the pages or save the application.

The selection showing is for an UNLICENSED PHYSICIAN so all that needs to be done is select

LICENSED PHYSICIANS will enter

Provider Type Code "20" & Licensing Information

Then...



Application Sections

NPI Application Form - Taxonomy / License Information

- Provider Profile
- Mailing Address
- Practice Location

Please Enter Provider Taxonomy (Provider Type/Specialty): ** At least one taxonomy is required*

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

Other Identifiers

Add Taxonomy

Taxonomy

- Contact Person
- Certification

Primary Taxonomy	*Selected Taxonomy	State	License Number	
<input checked="" type="radio"/>	390200000X - Student in an Organized Health Care Education/Training Program -			<input type="button" value="Delete"/>

< Previous Next >

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

For both the Licensed and Unlicensed Physician,
 No entry needed... click


[Logoff](#)
[Help](#)
Application Sections
[Provider Profile](#)
[Mailing Address](#)
[Practice Location](#)
[Other Identifiers](#)
[Taxonomy](#)
[Contact Person](#)
[Certification](#)
NPI Application Form - Contact Person Information

* Indicates Required Field

Contact Person Name:

 If you would like to use the Provider as the contact person, click here Same As Provider

If you would like to designate an alternate contact person, please fill out the following:

Prefix:	* First:	Middle:	* Last:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credential(s):	Title:			
<input type="text"/>	<input type="text"/>			

Please Complete The Following Additional Information For The Contact Person:

To use the mailing phone or practice phone for the contact, click one of the following:

 Same As Mailing Phone Same As Practice Phone

* Contact Person Phone Number:

(Without Dashes)

Extension:

* Contact Person E-mail:

* Retype Contact Person E-mail:

NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.

Contact Person Information

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Enter Program Coordinator information in the required fields.

Per the NPI, you would be contacted in the event they needed to confirm/verify information provided within any of the previous pages.

You may change this and any other personal information simply by logging into your NPI profile.
Click to proceed.

Application Sections

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

NPI Application Form - Certification Statement

Check this box to indicate that you certify to the following:

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 of this fact 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 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

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.

Note: Please use the Submit button to submit the application or the Previous button to navigate between pages in application.

*Read and review the Statement,
✓ the box circled at the top of the page and
to complete the registration process
The next page will display your profile and your NPI number.*