

NPI Application Form - Create NPI User ID and Password

Please create a User ID and password for future access to NPI:

* Indicates Required Field

* NPI User ID:

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

* NPI Password:

* Retype NPI Password:

Note: Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

* Select Secret Question 1:

* Answer 1:

* Select Secret Question 2:

* Answer 2:

* Select Secret Question 3:

* Answer 3:

* Select Secret Question 4:

* Answer 4:

* Select Secret Question 5:

* Answer 5:

Basic security questions

Name

Note:

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

Select Type 1

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)

Next >

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

- Application Sections
 - Provider Profile
 - Mailing Address
 - Practice Location
 - Other Identifiers
 - Taxonomy
 - Contact Person
 - Certification

NPI Application Form - Provider Profile

Provider Name Information:

* Indicates Required Field

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

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

Other Name: (if applicable)

Prefix: First: Middle: Last: Suffix:

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

Other Identifying Information:

* Date of Birth: (MM/DD/YYYY) * Social Security Number: (Without Dashes)

State of Birth: (* If U.S.) * Country of Birth: United States

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Next >

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

Fill in your information

social security number



- Application Sections
- > Provider Profile
- > **Mailing Address**
- > Practice Location
- > Other Identifiers
- > Taxonomy
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NPI Application Form - Business Mailing Address

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

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

* Indicates Required Field

Domestic Business Mailing Address Information

* Address Line 1: *(Street Number and Name)*

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

* City: * State: * Zip + 4: -

Country:

Phone Number: Extension: Fax Number:
(Without Dashes) *(Without Dashes)*

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

- Application Sections
- > Provider Profile
- > Mailing Address
- > **Practice Location**
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > Certification

NPI Application Form - Business Practice Location Address

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

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

* Indicates Required Field

Domestic Business Practice Location Address Info **hospital address**

If the Business Practice Location Address is the same as the Business Mailing Address, click here:

If your Business Mailing Address and Business Practice Location Address differ, please fill out the following:

* Address Line 1: (Street Number and Name)

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

* City: * State: * Zip + 4: -

Country:

* Phone Number: Extension: Fax Number:
(Without Dashes) (Without Dashes)

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



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
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< Previous Next > Delete

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

- Application Sections
- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > **Taxonomy**
- > Contact Person
- > Certification

NPI Application Form - Taxonomy / License Information

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.

*Primary Taxonomy	*Selected Taxonomy	State	License Number	
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Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Taxonomy Page1 - Windows Internet Explorer

https://nppes.cms.hhs.gov/NPPES/AppPage6.do

File Edit View Favorites Tools Help

Taxonomy Page1

Logoff Help

NPPES

National Plan & Provider Enumeration System

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy**
- Contact Person
- Certification

NPI Application Form 1 of 2

Please Select Provider Type Code:

- 18 Pharmacy Service Providers
- 36 Physician Assistants & Advanced Practice Nursing Providers
- 21 Podiatric Medicine & Surgery Service Providers
- 22 Respiratory, Developmental, Rehabilitative and Restorative Service Providers
- 23 Speech, Language and Hearing Service Providers
- 39 Student Health Care**
- 24 Technologists, Technicians & Other Technical Service Providers

< Previous Next >

Note:

1. The Provider Type Code is the first two digits of the taxonomy number.
2. A complete listing of provider taxonomy codes can be obtained from <http://www.wpc-edi.com/codes/taxonomy>.
3. Please use the Previous and Next buttons to navigate between the pages in the application.

when you hit add taxonomy , select student health care as the type code

Taxonomy Page2 - Windows Internet Explorer

https://nppes.cms.hhs.gov/NPPES/AppPage6.pg1.do

File Edit View Favorites Tools Help

Taxonomy Page2

NPPES

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy**
- > Contact Person
- > Certification

NPI Application Form - Taxonomy / License Information

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.

*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"/>

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

click to select



- Application Sections
- > Provider Profile
- > Mailing Address
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- > 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.