How to Apply for your NPI Number

- Go to the National Plan and Provider Enumeration System at https://nppes.cms.hhs.gov/NPPES

- Select Create a Login to begin application process

- Select OK to be redirected to the CMS website
- Please read the terms and conditions
- Press **Accept** to continue

- Enter and confirm your email address
- Enter security text from image
- Press **Submit** to continue
- Enter a unique user name based on the criteria provided by CMS
- Enter and confirm a unique password based on the criteria provide by CMS
- Select and answer 5 security questions
- Select Continue

- Enter required fields: First and Last Name, Date of Birth, SSN, Gender, Sole Proprietorship
- Enter Other Name if you have used another name with your credentials
- Enter credentials
- Select Next to continue
- After hitting **NEXT** this will take you to the Business Mailing Address page
- If you have a foreign Address please click the **Foreign Address button** at the top of the page
- If you have a military address please click the **Military Address button** at the top of the page
- If you have a regular mailing address please enter your business mailing address, but make sure to spell out all street abbreviations (Courts, Lane, Drives, etc.)
- You can also enter your phone number, extension and fax
- Then select **NEXT**
- After hitting next, depending upon the address previously entered, you may see a screen like the one below. This could indicate that it does not recognize the address as a mailing address
- You can “accept standardized address”, “use input address” or “revalidate address”
Enter your Business Practice location address if it is DIFFERENT than your Business Mailing address, then select NEXT
If the addresses are the same, select Same as Business Mailing Address to continue

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On the Other Identification Numbers page enter any other NPI numbers for Medicare, EMT or another medical profession.
- Please click Add Identifier and enter all necessary information
- If you do not have another Identification Number, select NEXT
On the Taxonomy/License Information Form, select Add Taxonomy

Select the appropriate Provider Type Code: 22 Respiratory, Developmental, Rehabilitative and Restorative Service Providers

Then select NEXT
For the Selection of Classification page select:
  o 2255A2300X-Specialist/Technologist-Athletic Trainer

You will then enter your State License Number and the State that you carry that license

Select SAVE

After selecting SAVE, you will be redirected back the Taxonomy/License Information page

Please select the Primary Taxonomy you just entered

Then select NEXT
On the Contact Person Information page, you can enter contact information for an alternative contact person.

If you prefer to use yourself as the contact person, then click the **Same As Provider** button at the top of the page and it will enter the information for you.

For the Contact Person Phone Number you can enter a new number or click the **Same As Mailing Phone** button to input the phone number you previously entered.

You will then need to enter your e-mail address.

Once completed, hit **NEXT**.

Please read the Certification Statement and check the box at top of page.

Select **SUBMIT**
Once you have submitted your NPI number information you will be directed to the confirmation page.

Please print this page to keep for your records.

Once completed, please log off.

You are done!