

How to Apply for your NPI Number

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



National Provider Identifier

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

How to apply for an NPI

Individual Providers:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

- Create a Login through the Identity & Access Management System (ISA).
- Login to NPPES with your ISA Username and password.
- Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

Healthcare Provider Organizations:

Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.

- Create an NPPES ONLY Username and password for the NPI you are applying for.
- Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

DIFFERENT LOOK, SAME INFORMATION: If you have accessed NPPES before, your existing account information has not changed.

Manage or Apply for your personal NPI Record

An NPI assigned to you, an individual who renders health care services.

User ID:

Password:

[Forgot User ID or Password?](#)

New Individual Provider in need of an NPI or have never accessed NPPES to view/update your NPI record? [Create a Login.](#)

[Manage your Individual Provider Login Account Information.](#)

Manage or Apply for NPI Records for an Organization

NPI associated with your Healthcare Organization

User ID:

Password:

[Forgot Password?](#)

[Create Login for NPPES Only and Apply for an NPI for a Healthcare Organization.](#)

! If you need to access PECOS or HITECH on behalf of your Healthcare Organization, you must [Create a Login](#) in the Identity & Access System (ISA).

If you are an Organizational Provider with an NPI, and you would like to create a Login to access NPPES only, please click [here.](#)

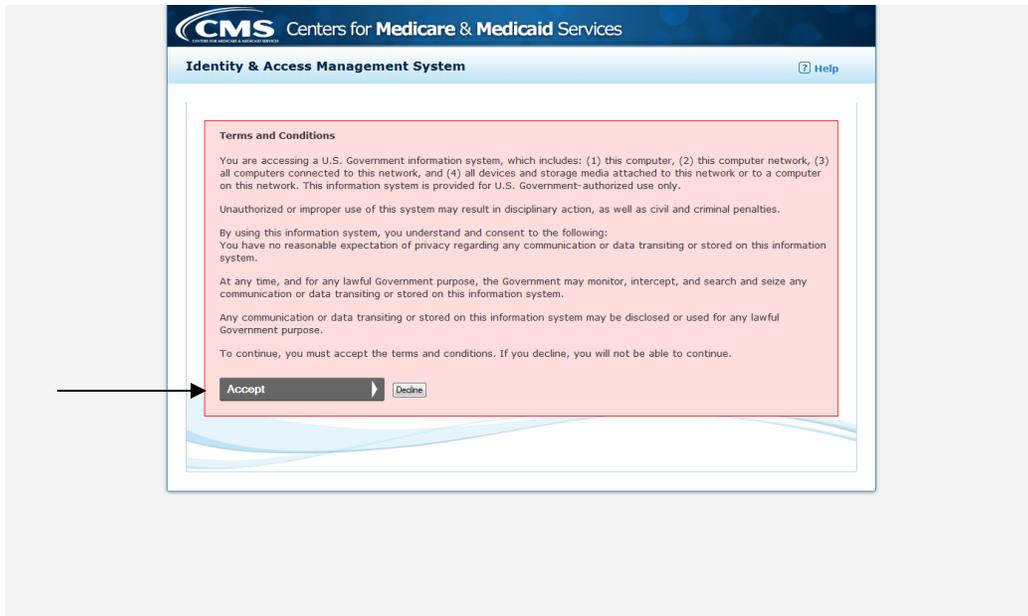
Search the [NPI Registry](#)

The NPI Registry enables you to search for a provider's NPPES information. All information produced by the NPI Registry is provided in accordance with the NPPES Data Dissemination Notice. Information in the NPI Registry is updated daily. You may run simple queries to retrieve this read-only data. For example, users may search for a provider by the NPI or Legal Business Name. There is no charge to use the NPI Registry.

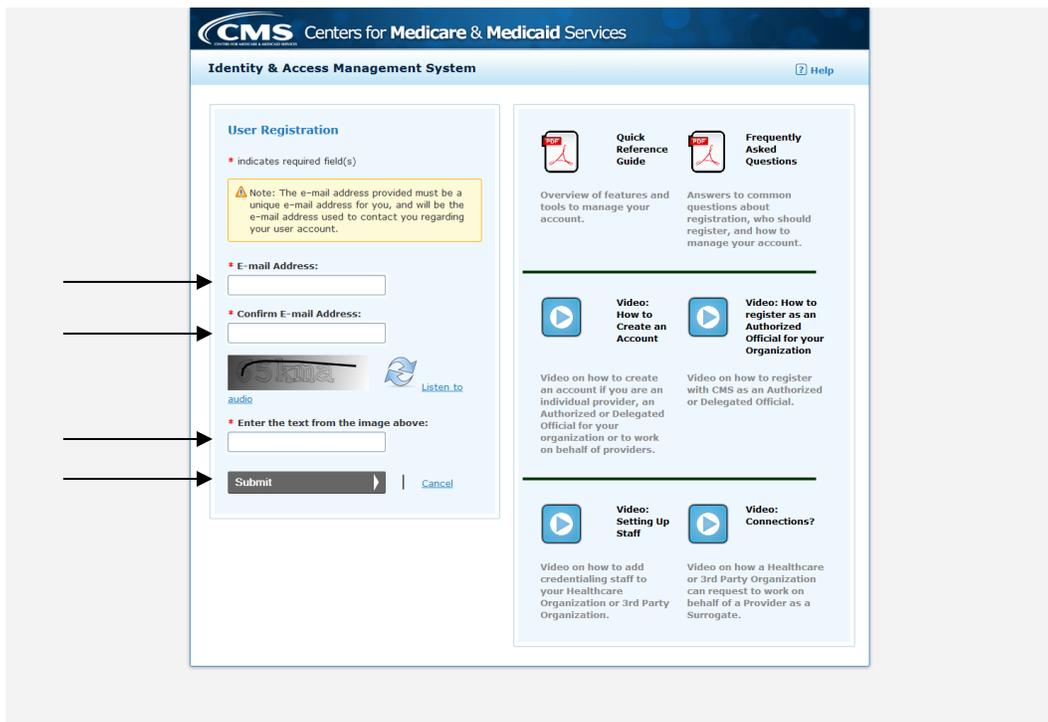
- Select **Create a Login** to begin application process

The screenshot shows the NPPES website interface with a modal dialog box overlaid. The dialog box contains the text: "You are being redirected to ISA to create a User ID and password. When you are done, return to NPPES to log in and apply for your personal NPI record or view/modify your existing personal NPI record." Below the text are "OK" and "Cancel" buttons. An arrow points from the "OK" button to the "Create a Login" link in the background page content.

- 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

Identity & Access Management System Help

User Registration - User Security

Step 1 User Security | Step 2 User Info | Final Review

* indicates required field(s)

User ID

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four digits, nor spaces or special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password

- Must be 8-12 alphanumeric characters.
- Must contain at least one letter and one number.
- May not contain any special characters nor be the same as the User ID.

Please select five different security questions and enter their answers below:

Question 1: Select One | Answer 1: [Text Box]

Question 2: Select One | Answer 2: [Text Box]

Question 3: Select One | Answer 3: [Text Box]

Question 4: Select One | Answer 4: [Text Box]

Question 5: Select One | Answer 5: [Text Box]

Continue | Cancel

- 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**



National Plan & Provider Enumeration System

Logout Help

NPPES
National Plan & Provider Enumeration System

Logout Help

Application Sections

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

NPI Application Form - Provider Profile

Note: The name, date of birth and social security number fields will not be editable until the NPI applications is enumerated. To update these fields, logoff the NPPES system and log in to Identity and Access (IA) Management system to update your profile.

Provider Name Information:

Prefix: First: Middle: * Last: Suffix: [Text Box]

Credential(s): (M.D., D.O., etc.): [Text Box]

Other Name: (if applicable)

Prefix: First: Middle: Last: Suffix: [Text Box]

Credential(s): (M.D., D.O., etc.): [Text Box] Type of Other Name: [Dropdown]

Other Identifying Information:

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

State of Birth: (* # U.S.) [Dropdown] * Country of Birth: [Dropdown]

* 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.

- Enter required fields: First and Last Name, Date of Birth, SSN, Gender, Sole PrYou oprietorship
- Enter Other Name if you have used another name with your credentials
- Enter credentials
- Select **Next** to continue

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

If your address is **military address**, click here: Military Address ←

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:
(Without Dashes)

Extension:

Fax Number:

(Without Dashes)

< Previous

Next >

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

- 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”

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

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

Domestic Business Practice Location Address Information

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

Same As Business Mailing Address ←

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:

United States ▾

* Phone Number:
(Without Dashes)

Extension:

Fax Number:
(Without Dashes)

< Previous

Next >

- 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



National Plan & Provider Enumeration System

[Logoff](#)

[Help](#)

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.

- 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**

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.

- On the Taxonomy/License Information Form, select **Add Taxonomy**

Application Sections

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

NPI Application Form - Select Individual Taxonomy Page 1 of 2

Please Select Provider Type Code:

Individual Provider Type Code	OR	Organization Provider Type Code
18 Pharmacy Service Providers		25 Agencies
36 Physician Assistants & Advanced Practice Nursing Providers		26 Ambulatory Health Care Facilities
21 Podiatric Medicine & Surgery Service Providers		19 Group
22 Respiratory, Developmental, Rehabilitative and Restorative Service Providers		27 Hospital Units
23 Speech, Language and Hearing Service Providers		28 Hospitals
39 Student Health Care		29 Laboratories
24 Technologists, Technicians & Other Technical Service Providers		30 Managed Care Organizations

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.

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

Please Continue Your Taxonomy Selection:

Classification Name - Area of Specialization

- 2279P1004X - Respiratory Therapist, Registered - Pulmonary Diagnostics
- 2279P1006X - Respiratory Therapist, Registered - Pulmonary Function Technologist
- 2279P1005X - Respiratory Therapist, Registered - Pulmonary Rehabilitation
- 2279S1500X - Respiratory Therapist, Registered - SNF/Subacute Care
- 225500000X - Specialist/Technologist -
- 2255A2300X - Specialist/Technologist - Athletic Trainer
- 2255R0406X - Specialist/Technologist - Rehabilitation, Blind

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:

- For the Selection of Classification page select:
 - **2255A2300X-Specialist/Technologist-Athletic Trainer**
- You will then enter your State License Number and the State that you carry that license
- Select **SAVE**

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 type="radio"/>	2255A2300X - Specialist/Technologist - Athletic Trainer	NC	2013	<input type="button" value="Delete"/>

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

- After selecting **SAVE**, you will be redirected back the Taxonomy/License Information page
- Please select the **Primary Taxonomy** you just entered
- Then select **NEXT**

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:

Credential(s): Title:

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: Extension:
(Without Dashes)

* 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.

- 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**



Logoff Help

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.

< Previous

Submit

- Please read the Certification Statement and check the box at top of page
- Select **SUBMIT**

Thank you. Your application will be processed.

Application processing times may vary based on current inventories. If you have any questions regarding this application or if the designated contact person does not receive the provider's NPI via email within 15 working days, please contact the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free).

Provider Name: Harris Smith LAT, ATC
Your tracking number is: 03192012847510

Please provide this tracking number on all correspondence.

Please print this page for your records.



Clicking this button will allow you to view and print the information furnished on your application.
Please Note: This page/printout may contain sensitive information.

NPI Enumerator Contact Information

By phone: 1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

- 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!**