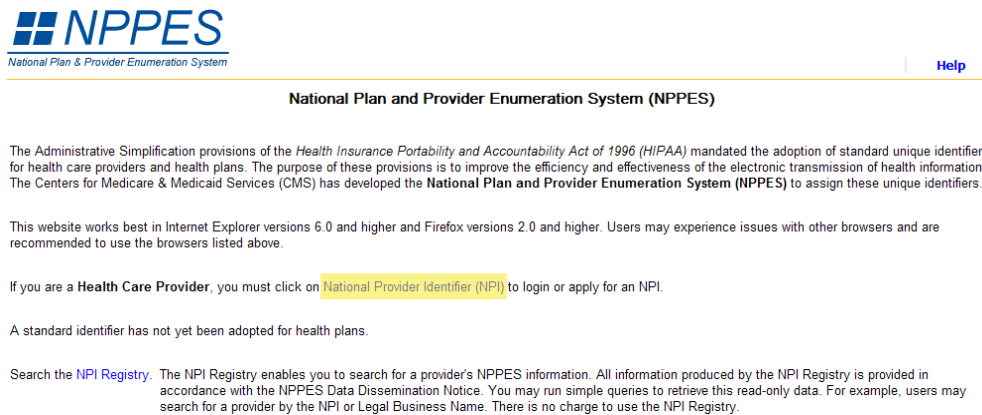


National Provider Identification (NPI) Registration Instructions

The Federal Government now requires all practicing physicians to have a National Provider Identification Number. When you are assigned an NPI number, this will be your number for life. Outside of extenuating circumstances, this number will never change, and you will need to keep your information up-to-date in the National Plan and Provider Enumeration System.

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

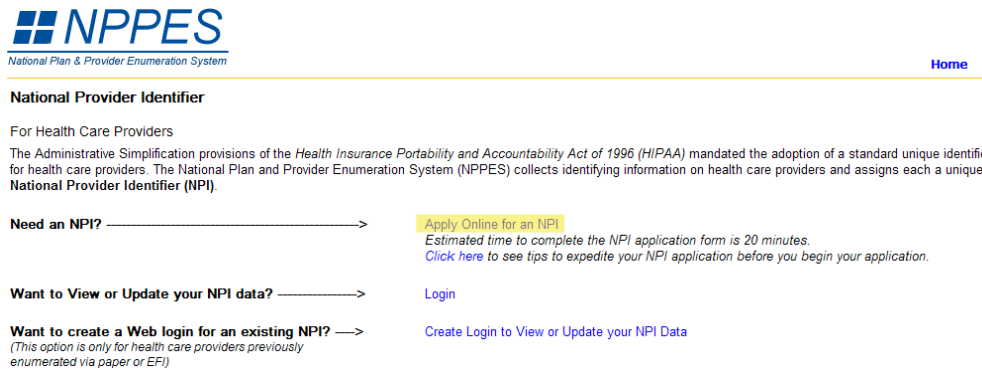
2.



The screenshot shows the NPPES website home page. At the top left is the NPPES logo with the text "National Plan & Provider Enumeration System". At the top right is a "Help" link. Below the logo is the title "National Plan and Provider Enumeration System (NPPES)". The main content area contains several paragraphs of text explaining the purpose of NPPES, browser recommendations, and the NPI Registry. A yellow highlight is placed over the text "National Provider Identifier (NPI)" in the second paragraph.

Click the **National Provider Identifier (NPI)** link

3.



The screenshot shows the "National Provider Identifier" page on the NPPES website. At the top left is the NPPES logo with the text "National Plan & Provider Enumeration System". At the top right is a "Home" link. Below the logo is the title "National Provider Identifier". The main content area contains a heading "For Health Care Providers" and a paragraph explaining the purpose of NPI. Below this are three options with arrows pointing to the right: "Need an NPI?" pointing to "Apply Online for an NPI", "Want to View or Update your NPI data?" pointing to "Login", and "Want to create a Web login for an existing NPI?" pointing to "Create Login to View or Update your NPI Data".

Click **Apply Online for an NPI**

NPI Application Instructions

4.



[Home](#) | [Help](#)

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](#)

Click the **Begin Application Form** button at the bottom of the page

NPI Application Instructions

5.



[Home](#) | [Help](#)

NPI Application Form - Select NPI User ID and Password

* Indicates Required Field

Please create 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. 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 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:

Create an *NPI User ID* (A) and *Password* (B). Make sure to choose a *User ID* and *Password* that you will be able to remember. You will need this information to update your NPI registration during your residency. Choose a *Secret Question* (C) that will allow you to recover your *Password* if you forget it.

Click the **Next >** button.

6.



[Logoff](#) | [Help](#)

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.

Choose *Type 1* and then click the **Next >** button.

NPI Application Instructions

7.

NPPES
National Plan & Provider Enumeration System

Logoff | Help

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:

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Fill out the *Provider Profile* information.

NOTE: This form is a LEGAL APPLICATION being submitted to the Federal Government. The name entered on this form **MUST** be your legal name as it is TODAY. If you will be getting married and changing your name before beginning your residency, you still must use your CURRENT legal name. After legally changing your name, you can come back to the NPPES system to change your name. Also, if you do not have a Social Security Number, you cannot complete this application until you have been assigned an SSN.

Fill out the *First Name* (A) and *Last Name* (B). Do not enter any *Credentials* (C), if you have not yet graduated from Medical School (this can be updated after graduation). Enter your *Date of Birth* (D), *Social Security Number* (E), *State of Birth* (F), *Country of Birth* (G), and *Gender* (H). Select **No** to the question about being a Sole Proprietor (I).

Click the **Next >** button.

NPI Application Instructions

8.

The screenshot shows the 'NPI Application Form - Business Mailing Address' page. On the left is a sidebar with 'Application Sections' including: 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 two checkboxes: 'Foreign Address' and 'Military Address', each with a corresponding instruction: 'If your address is outside the U.S., click here:' and 'If your address is military address, click here:'. A note states '* Indicates Required Field'. Below this is the 'Domestic Business Mailing Address Information' section. It contains: a required field for 'Address Line 1: (Street Number and Name)' with a yellow box containing 'A'; a field for 'Address Line 2: (e.g. Suite Number)'; required fields for 'City:', 'State:', and 'Zip + 4' with yellow boxes; a 'Country:' dropdown menu set to 'United States'; and three fields for 'Phone Number: (Without Dashes)', 'Extension:', and 'Fax Number: (Without Dashes)', with a yellow box containing 'B' in the phone number field. At the bottom are '<Previous' and 'Next>' buttons.

Enter your current home mailing address (A). If you will be moving prior to beginning your residency, you should update this address after completing your move. Also, some residency programs may require you to use a specific mailing address, so you may need to update this information to satisfy their requirements.

While not required, it is recommended that you enter a *Phone Number* (B). If there is a problem with your NPI application, they will attempt to contact you by phone to resolve the problem.

NPI Application Instructions

9.



[Logoff](#) | [Help](#)

Application Sections

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

NPI Application Form - Business Mailing Address Standardization

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

Your standardized address is:

12345 Main St. A
New Orleans, LA 70001-1234

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)

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

* **City, State, Zip:** LA - LOUISIANA

C **D** **E**

If the *Standardized Address* (A) is correct, click the **Accept Standardized Address** button (C). If the *Standardized Address* is NOT correct, make corrections to the address (B) and click the **Revalidate Address** (E) button. If the new *Standardized Address* still isn't correct, make any necessary changes to the address (A) and click the **Use Input Address** button (D).

NPI Application Instructions

10.

NPI Application Form - Business Practice Location Address

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

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

** Indicates Required Field*

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

Click the **Same as Business Mailing Address** button, and then click the **Next >** button. Once you begin your residency, you will need to update this address to the location where you are practicing the most.

11.

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.

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

Click the **Next >** button. You do not currently have any other identification numbers. Once you begin your residency, you will begin to be assigned other identification numbers, such as a Medicaid Provider Number. You will need to update your NPI registration with those numbers as they are issued to you.

NPI Application Instructions

12.

The screenshot shows the NPPES NPI Application Form - Taxonomy / License Information page. The left sidebar contains 'Application Sections' with 'Taxonomy' selected. The main content area has a header 'NPI Application Form - Taxonomy / License Information' and a sub-header 'Please Enter Provider Taxonomy (Provider Type/Specialty):'. A note states 'NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.' Below this is a table with four columns: '*Primary Taxonomy', '*Selected Taxonomy', 'State', and 'License Number'. A yellow 'Add Taxonomy' button is highlighted. At the bottom are '< Previous' and 'Next >' buttons.

Click the **Add Taxonomy** button.

13.

The screenshot shows the NPPES NPI Application Form - Select Individual Taxonomy Page 1 of 2. The left sidebar has 'Taxonomy' selected. The main content area has a header 'NPI Application Form - Select Individual Taxonomy Page 1 of 2' and a sub-header 'Please Select Provider Type Code:'. A list of provider types is shown in a scrollable box, with '39 Student, Health Care' highlighted. Below the list are '< Previous' and 'Next >' buttons.

Choose **39 Student, Health Care** from the list and then click the **Next >** button.

14.

The screenshot shows the NPPES NPI Application Form - Select Taxonomy Page 2. The left sidebar has 'Taxonomy' selected. The main content area has a header 'NPI Application Form - Select Taxonomy Page 2' and a sub-header 'You have selected Provider Type: 39 Student, Health Care'. Below this is a section 'Please Continue Your Taxonomy Selection:' with a sub-header 'Classification Name - Area of Specialization'. A list of classification names is shown in a scrollable box, with '390200000X - Student in an Organized Health Care Education/Training Program -' highlighted. Below this is a section 'Please Enter Your State License Information For Your Taxonomy Selection:'. A note states 'NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.' Below the note are two input fields: 'License Number:' and 'State Where Issued:'. At the bottom are '< Previous', 'Save & Add Another', and 'Save' buttons.

Choose **390200000X – Student in an Organized Health Care Education / Training Program**. Leave the *License Number* and *State Where Issued* fields blank. Click the **Save** button.

NPI Application Instructions

Note: LSU's current understanding of the NPPE regulations is that a resident should use the Student taxonomy code until a full, unrestricted medical license has been granted. Some non-LSU residency programs may ask that you choose a different taxonomy code. Use whatever instructions your residency program dictates.

15.

The screenshot shows the NPPES application interface. On the left is a sidebar with 'Application Sections' including Provider Profile, Mailing Address, Practice Location, Other Identifiers, Taxonomy (highlighted), Contact Person, and Certification. The main content area is titled 'NPI Application Form - Taxonomy / License Information'. It contains a 'Please Enter Provider Taxonomy (Provider Type/Specialty):' field with a note: '* At least one taxonomy is required'. Below this is a 'NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (TIN) in the License Number field.' and an 'Add Taxonomy' button. A table lists the entered taxonomy:

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

At the bottom are '< Previous' and 'Next >' buttons.

Select the radio button next to the student taxonomy and then click the **Next >** button.

16.

The screenshot shows the 'NPI Application Form - Contact Person Information' page. The sidebar highlights 'Contact Person'. The main content area includes a 'Contact Person Name:' field with a note '* Indicates Required Field'. Below it is a 'Same As Provider' button. A section for designating an alternate contact person includes fields for Prefix, First, Middle, Last, and Suffix, along with Credential(s) and Title fields. Further down, there are 'Same As Mailing Phone' and 'Same As Practice Phone' buttons. Fields for Contact Person Phone Number (Without Dashes) and Extension are present, along with Contact Person E-mail and Retype Contact Person E-mail fields. A note states: 'NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.' At the bottom are '< Previous' and 'Next >' buttons.

Click the **Same as Provider** button to use yourself as the contact for this NPI registration. Click the **Same as Mailing Phone** button to use your phone number as the contact phone number. Enter your email address in the *Contact Person E-Mail* fields, and then click the **Next >** button.

NPI Application Instructions

17.



[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.

Click the checkbox and then click the Submit button to complete and submit your NPI Application.

NOTE: Please read the certification statement carefully. There can be serious repercussions for willingly submitting false information.

18.

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: [Redacted]

Your tracking number is: [Redacted]

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)

By e-mail at: customerservice@npienumerator.com

By mail at: NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

When your application is complete, you will be issued a tracking number. This number is NOT your NPI number. You will receive your NPI number via email in several days. If you do not receive your NPI number after 15 days, you can contact the NPI Enumerator with the contact info provided on the page. It is recommended that you print a copy of the confirmation page, as well as a copy of your completed application (by clicking the **View Printer Friendly Application** button).