

# NPI Registration Directions for Students:

1. Go to <https://nppes.cms.hhs.gov/NPPES/> Click on “Create a Login” on left side and you will be redirected to another page.

The screenshot shows the NPPES website with a green banner for "News & Announcements" and a link to the new NPI Registry. Below this is a paragraph explaining the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The main content is titled "How to apply for an NPI" and is divided into two sections: "Individual Providers" and "Healthcare Provider Organizations". Each section has a list of steps to follow. At the bottom, there are two colored boxes: a blue one for "Manage or Apply for your personal NPI Record" and an orange one for "Manage or Apply for NPI Records for an Organization".

**News & Announcements**  
Try the new NPI Registry at:  
<https://npregistry.cms.hhs.gov/>

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.

1. [Create a Login](#) through the Identity & Access Management System (I&A).
2. Login to NPPES with your I&A Username and password.
3. 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.

1. [Create an NPPES ONLY Username and password](#) for the NPI you are applying for.
2. 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.

**Manage or Apply for NPI Records for an Organization**  
NPI associated with your Healthcare Organization

<https://nppes.cms.hhs.gov/IAWeb/register/startRegistration.do>

2. Click “Accept” Terms and Conditions.

The screenshot shows the Identity & Access Management System interface. At the top, there is a CMS logo and the text "Centers for Medicare & Medicaid Services". Below this is the title "Identity & Access Management System" and a "Help" link. The main content is a "Terms and Conditions" dialog box with a red border. It contains several paragraphs of text regarding system access, privacy, and consent. At the bottom of the dialog box, there are two buttons: "Accept" and "Decline".

**CMS** Centers for Medicare & Medicaid Services

**Identity & Access Management System** [Help](#)

**Terms and Conditions**

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:  
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

3. Type in your email address and click submit.

**User Registration**

\* indicates required field(s)

**Note:** The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

\* E-mail Address:

\* Confirm E-mail Address:

[Listen to audio](#)

\* Enter the text from the image above:

| [Cancel](#)

**Quick Reference Guide**  
Overview of features and tools to manage your account.

**Frequently Asked Questions**  
Answers to common questions about registration, who should register, and how to manage your account.

4. Create your User ID and Password and select and answer five security questions.

**User ID**

- \* Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPDES.
- \* 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: <input type="text" value="Select One"/>	* Answer 1: <input type="text"/>
* Question 2: <input type="text" value="Select One"/>	* Answer 2: <input type="text"/>
* Question 3: <input type="text" value="Select One"/>	* Answer 3: <input type="text"/>
* Question 4: <input type="text" value="Select One"/>	* Answer 4: <input type="text"/>
* Question 5: <input type="text" value="Select One"/>	* Answer 5: <input type="text"/>

5. Fill out your personal information (business phone number can be your own phone number).

Please provide the details below. They will be used to verify your identity. [Back to Previous Page](#)

\* indicates required field(s)

* First Name: <input type="text"/>	* Personal Phone Number: <input type="text"/>
Middle Name: <input type="text"/>	* Home Address Line 1: <input type="text"/>
* Last Name: <input type="text"/>	Home Address Line 2: <input type="text"/>
Suffix: <input type="text"/>	* City: <input type="text"/>
* Business Phone Number: <input type="text"/>	* Country: <input type="text" value="United States"/>
Fax Number: <input type="text"/>	* State/ Province/ Territory: <input type="text" value="SE - Select One"/>
* Date of Birth: (MM/DD/YYYY) <input type="text"/>	* Postal/ZIP Code: <input type="text"/>
* SSN: <input type="text"/>	

Primary E-mail Address:

6. After creating your profile, go to the original tab you were on (<https://nppes.cms.hhs.gov/NPPES/>) and type in your User ID and Password in the blue box on the left side.

7. Check the box under Step 2 that says, “I certify...” and then scroll to the bottom and click “Submit New NPI Application”

8. Click New NPI Application in the gray box on the left side.

9. Fill out all of your personal information and check “no” where it asks “Is the Provider a Sole Proprietor?”.

The screenshot shows the 'NPI Application Form - Provider Profile' page. On the left, there is a sidebar with 'Application Sections' including Provider Profile, Mailing Address, Practice Location, Other Identifiers, Taxonomy, Contact Person, and Certification. The main content area contains a note about editing fields and a section for 'Provider Name Information' with fields for Prefix, First, Middle, Last, and Suffix. Below this is 'Other Name' information and 'Other identifying information' including Date of Birth, Social Security Number, State of Birth, and Country of Birth. At the bottom, there are radio buttons for Gender (Male/Female) and 'Is the Provider a Sole Proprietor?' (Yes/No).

10. Make the business mailing address your own personal address. (Select Standardized address if applicable)

The screenshot shows the 'NPI Application Form - Business Mailing Address' page. It features a sidebar with 'Application Sections' where 'Mailing Address' is highlighted. The main content area includes instructions for foreign or military addresses, followed by 'Domestic Business Mailing Address Information' with fields for Address Line 1, Address Line 2, City, State, Zip + 4, and Country. There are also fields for Phone Number, Extension, and Fax Number. Navigation buttons for '< Previous' and 'Next >' are visible at the bottom.

11. You will then need to skip over the “Other Identification Numbers” page and click next.

The screenshot shows the 'NPI Application Form - Other Identification Numbers' page. The sidebar highlights 'Other Identifiers'. The main content area contains a note about entering provider identifiers and a table with columns for Issuer, Number, State, and Issuer. There are buttons for 'Add Identifier', 'Select All', 'Clear Selected', and 'Delete'. Navigation buttons for '< Previous', 'Next >', and 'Delete' are at the bottom. A note at the very bottom states: 'Note: Please use the Previous and Next buttons to navigate between the pages in the application.'

## 12. Click "Add Taxonomy"

The screenshot shows the NPPES NPI Application Form for Taxonomy / License Information. 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 has the title 'NPI Application Form - Taxonomy / License Information' and a note: 'Please Enter Provider Taxonomy (Provider Type/Specialty):' with a red asterisk and 'At least one taxonomy is required'. Below this is another note: 'NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (TIN) in the License Number field.' An 'Add Taxonomy' button is present. A table with columns for Primary Taxonomy, Selected Taxonomy, State, and License Number is shown. Navigation buttons '< Previous' and 'Next >' are at the bottom. A final note says: 'Note: Please use the Previous and Next buttons to navigate between the pages in the application.'

## 13. You will first need to add "39 Student Health Care" and click next.

The screenshot shows the 'NPI Application Form - Select Individual Taxonomy Page 1 of 2'. The sidebar is the same as in step 12. The main content area has the title 'NPI Application Form - Select Individual Taxonomy Page 1 of 2' and the instruction 'Please Select Provider Type Code:'. A dropdown menu is open, showing a list of provider type codes: 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 (highlighted), and 24 Technologists, Technicians & Other Technical Service Providers. Navigation buttons '< Previous' and 'Next >' are at the bottom. A note at the bottom reads: '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.'

## 14. You will need to select 39 in the box and then click save and add another.

The screenshot shows the 'NPI Application Form - Select Taxonomy Page 2'. The sidebar is the same. The main content area has the title 'NPI Application Form - Select Taxonomy Page 2' and the instruction 'You have selected Provider Type: 39 Student, Health Care'. Below this is 'Please Continue Your Taxonomy Selection:' and 'Classification Name - Area of Specialization:'. A dropdown menu is open, showing '39020000X - Student in an Organized Health Care Education/Training Program' (highlighted). Below this is 'Please Enter Your State License Information For Your Taxonomy Selection:'. A note says: 'NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (TIN) in the License Number field.' There are input fields for 'License Number:' and 'State Where Issued:'. Navigation buttons '< Previous', 'Save & Add Another', and 'Save' are at the bottom. A final note says: 'Note: Please use the Previous and Save buttons to navigate between the pages or save the application.'

**15. You will then need to add “22 Respiratory, Developmental, Rehabilitative, and Restorative Service Providers” and then click next.**

**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 - Select Individual Taxonomy Page 1 of 2**

Please Select Provider Type Code:

- 17 Other Service Providers
- 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

< Previous    Next >

Next

**Note:**

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

**16. When selecting provider type, scroll all the way to the bottom and select “2255A2300X Specialist/Technologist-Athletic Trainer” and then click save.**

**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 - 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
- 2279P1005X - 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**
- 2255R1400X - 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: \_\_\_\_\_

< Previous    Save & Add Another    Save

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

**17. Select “39 Student in an Organized Health Care Education Training Program” as your Primary Taxonomy and then click next.**

**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 - 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.

Add Taxonomy

*Primary Taxonomy	* Selected Taxonomy	State	License Number	
+	390200000X - Student in an Organized Health Care Education/Training Program -			Delete
o	Selected Taxonomies Specialist/Technologist - Athletic Trainer			Delete

< Previous    Next >

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

## 18. Fill out contact person form. (Make the contact person yourself)

The screenshot shows the 'NPI Application Form - Contact Person Information' page. On the left is a sidebar with 'Application Sections' including Provider Profile, Mailing Address, Practice Location, Other Identifiers, Taxonomy, Contact Person (highlighted), and Certification. The main content area has a title 'NPI Application Form - Contact Person Information' and a note '\* Indicates Required Field'. It contains several sections: 'Contact Person Name' with a 'Same As Provider' button; a section for alternate contact persons with fields for Prefix, First, Middle, Last, and Suffix; 'Credential(s)' and 'Title' fields; a section for phone numbers with 'Same As Mailing Phone' and 'Same As Practice Phone' buttons; and 'Contact Person Phone Number' and 'Contact Person E-mail' fields with a 'Retype Contact Person E-mail' field. A 'NOTE' states that all notifications will be sent to the provided email. Navigation buttons for '< Previous' and 'Next >' are at the bottom.

19. Check the box that says, “I certify...” and click submit at the bottom and you will receive an email providing you with your NPI number.

The screenshot shows the 'NPI Application Form - Certification Statement' page. The sidebar on the left is similar to the previous page, with 'Certification' highlighted. The main content area has a title 'NPI Application Form - Certification Statement' and a 'Logoff Help' link. It features a certification statement with a checkbox:  I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103. Below this are three bullet points: '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.'; and 'I have read and understand the Privacy Act Statement.' A section titled 'Penalties for Falsifying Information' follows, with a note: '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.' Navigation buttons for '< Previous' and 'Submit' are at the bottom. A note at the very bottom says: 'Note: Please use the Submit button to submit the application or the Previous button to navigate between pages in application.'

➤ Upon graduation and the receipt of your certification (and state licensure if applicable), log into your NPPES account and remove the 39020000X-Student taxonomy code and set your primary code as “2255A2300X-Athletic Trainer”. In addition, update any demographic changes such as address, email, phone, etc. and be sure to maintain accurate information just as you will for certification and licensure.