

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.

News & Announcements

Try the new NPI Registry at:
<https://npiregistry.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
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<https://nppes.cms.hhs.gov/IAWeb/register/startRegistration.do>

2. Click “Accept” Terms and Conditions.

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.

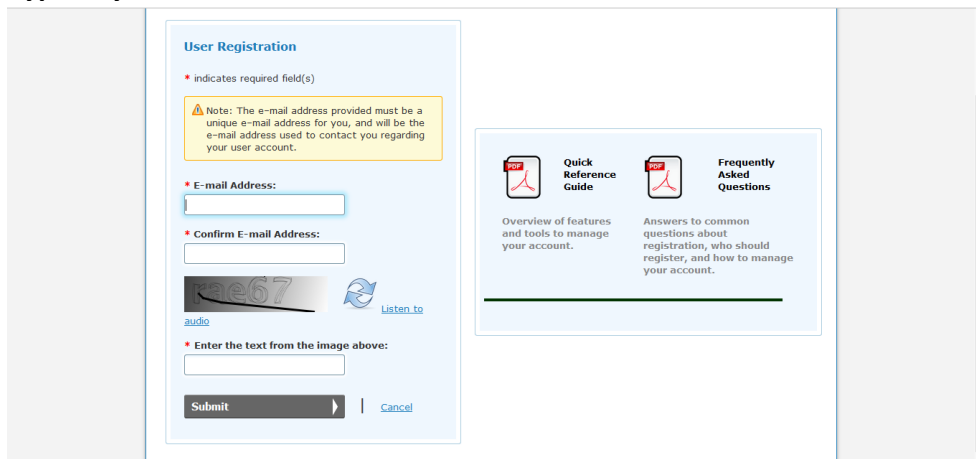
By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

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.



The 'User Registration' form includes a note about email uniqueness, input fields for email and its confirmation, a CAPTCHA image with the text 'ae67', and a 'Submit' button. To the right, there are links for a 'Quick Reference Guide' and 'Frequently Asked Questions'.

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:

ae67 Listen to audio

* Enter the text from the image above:

Submit | Cancel

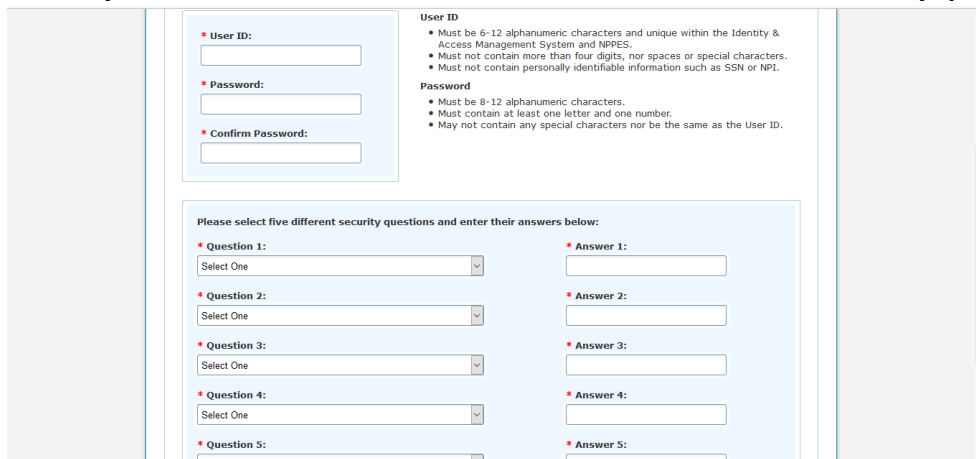
Quick Reference Guide

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.



This section contains input fields for 'User ID', 'Password', and 'Confirm Password'. It also lists requirements for each. Below this, there are five sets of security questions, each with a dropdown menu for the question and a text input for the answer.

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: Select One Answer 1:

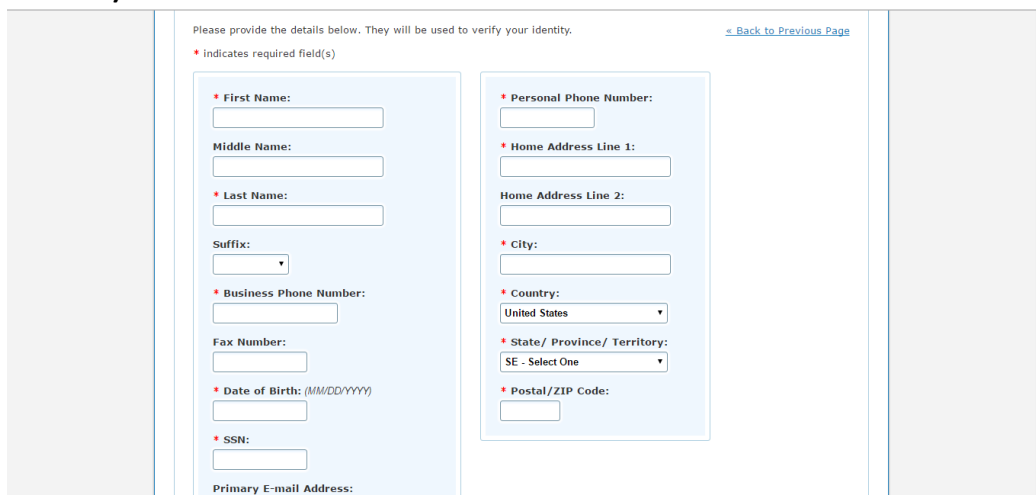
* Question 2: Select One Answer 2:

* Question 3: Select One Answer 3:

* Question 4: Select One Answer 4:

* Question 5: Select One Answer 5:

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



The 'Personal information' form includes a 'Back to Previous Page' link and input fields for first, middle, and last names, suffix, business and fax numbers, date of birth, SSN, primary email address, personal phone number, home address lines, city, country, state/province/territory, and postal/ZIP code.

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

* indicates required field(s)

* First Name:

Middle Name:

* Last Name:

Suffix:

* Business Phone Number:

Fax Number:

* Date of Birth: (MM/DD/YYYY)

* SSN:

Primary E-mail Address:

* Personal Phone Number:

* Home Address Line 1:

Home Address Line 2:

* City:

* Country:

United States

* State/ Province/ Territory:

SE - Select One

* Postal/ZIP Code:

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.

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.

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.

User ID:
Password:
Login

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:
Login

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 (I&A).

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

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

¹ (required for certain taxonomies only)
² SSN or TIN information should only be reported in the SSN or TIN field
³ Do not report an SSN or IRS TIN in the EIN field
⁴ Provider Taxonomy codes can be obtained from <http://www.wpc-edi.com/codes/taxonomy>

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: Certification Statement: Read and Certify.

☒ I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

- 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 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 Application / 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.

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

NPPES
National Plan & Provider Enumeration System

Welcome to the National Provider System

User Name: Lindsey Biggs

You do not have an individual (Type 1) NPI. Click the Submit New NPI Application button to begin the process.

NPI Options: Submit new NPI. Generate NPI Assignment Notification and View the NPI record in a single page view.

Apply for an NPI

Send NPI Assignment Notification to the Contact Person e-mail address

View the NPI record in a single page

Account Options: Update your account in the Identity & Access (I&A) Management System. You will be navigated to the I&A Management System, which will require you to sign in with I&A User ID and password. Upon successful login, you will be navigated to the appropriate page.

Manage your Profile

Update the Password

Update the Security Questions and Answers

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 is a sidebar with 'Application Sections' including Provider Profile, Mailing Address, Practice Location, Other Identifiers, Taxonomy, Contact Person, and Certification. The main content area has a title bar with 'Logoff' and 'Help' links. Below the title is a note about editing fields. The form is divided into sections: 'Provider Name Information' with fields for Prefix, First, Middle, Last, and Suffix; 'Other Name' with similar fields; 'Other Identifying Information' with fields for Date of Birth, Social Security Number, State of Birth, and Country of Birth; and a 'Gender' section with radio buttons for Male and Female. At the bottom, there is a question 'Is the Provider a Sole Proprietor?' with radio buttons for Yes and 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' and a main content area with 'Logoff' and 'Help' links. The form has a title bar and a note about address types. It includes sections for 'Domestic Business Mailing Address Information' with fields for Address Line 1, Address Line 2, City, State, Zip + 4, Country, Phone Number, Extension, and Fax Number. There are also buttons for 'Foreign Address' and 'Military Address'.

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. It features a sidebar with 'Application Sections' and a main content area with 'Logoff' and 'Help' links. The form has a title bar and a note about entering provider identifiers. It includes a table with columns for Issuer, Number, State, and Issuer. There are buttons for 'Add Identifier', 'Select All', 'Clear Selected', 'Delete', 'Previous', 'Next', and 'Delete'.

12. Click “Add Taxonomy”

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.

*Primary Taxonomy	*Selected Taxonomy	State	License Number

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.

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:

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

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.vppc-ed.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.

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: 39 Student, Health Care

Please Continue Your Taxonomy Selection:

Classification Name - Area of Specialization

390200000X - Student in an Organized Health Care Education/Training Program

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:

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:
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-edl.com/codes/taxonomy>.
3. 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
2255R1406X - 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):

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
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 bar and a sidebar with a red asterisk indicating required fields. The form includes sections for 'Contact Person Name' with a checkbox for 'Same As Provider', a section for alternate contact person information with fields for Prefix, First, Middle, Last, Suffix, Credential(s), and Title, and a section for 'Additional Information' with checkboxes for 'Same As Mailing Phone' and 'Same As Practice Phone'. It also has fields for 'Contact Person Phone Number' (with an extension field) and 'Contact Person E-mail' (with a retype field). A note at the bottom states: 'NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.' 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 identical to the previous page, with 'Certification' highlighted. The main content area has a title bar and a sidebar with a red asterisk indicating required fields. The form includes a section for 'Certification Statement' with a checkbox for 'I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.' and a list of statements to be certified. Below this is a section for 'Penalties for Falsifying Information' with a detailed paragraph about criminal penalties. Navigation buttons for '< Previous' and 'Submit' are at the bottom. A note at the bottom states: '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 390200000X-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.