NPI Application Form - Create NPI User ID and Password

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 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

* Select Secret Question 1: ____________________________
  * Answer 1: ____________________________

* Select Secret Question 2: ____________________________
  * Answer 2: ____________________________

* Select Secret Question 3: ____________________________
  * Answer 3: ____________________________

* Select Secret Question 4: ____________________________
  * Answer 4: ____________________________

* Select Secret Question 5: ____________________________
  * Answer 5: ____________________________

Note:
1. User IDs cannot be changed. Once you have successfully chosen a User ID and secret question/answer combinations and submitted the record, the User ID and secret question/answer combinations will remain tied to your record.
2. Please use the Next button to navigate to the next page in the application.

WARNING: Unauthorized access to this system is
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.
**Application Sections**

**Provider Profile**

**Mailing Address**

**Practice Location**

**Other Identifiers**

**Taxonomy**

**Contact Person**

**Certification**

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**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:**

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**Other Identifying Information:**

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

* Social Security Number: (Without Dashes)

State of Birth: ( * If U.S.)

* Country of Birth:

United States

* Gender:

Ο Male  Ο Female

* Is the Provider a Sole Proprietor?

Ο Yes  Ο No

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**Note:** Please use the Next button to navigate to the next page in the application.

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**Basic Demographic information**

Enter the required data

And click Next >

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This is the first of two addresses you will be asked to provide.

1. Business Address
2. Practice Address

Use the same address for both requests:

200 W. Arbor
MC XXXX
San Diego, CA 92103-1911

Use your program’s phone and fax number

Peds programs: 0984—precedes your Rady mail code

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

Your standardized address is:

200 W Arbor Dr
MC 1234
San Diego CA 92103-9000

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.

This is the next page after you've submitted:

1. Business Address
2. Practice Address

In both instances,

Accept the standardized address shown above.
### 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.

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Number</th>
<th>State</th>
<th>Issuer</th>
</tr>
</thead>
</table>

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

You don't need to enter any information ...just select
The choices are the same in this screen and the next.

In this screen: scroll (if necessary) & select.

Your response is based on whether or not you are licensed.

Licensed Trainees
Select #20 - Allopathic & Osteopathic Physicians

Unlicensed Trainees
Select #39 - Student, Health Care

Make your selection and click
You have selected Provider Type: 39 Student, Health Care

Please Continue Your Taxonomy Selection:

**Classification Name - Area of Specialization**

39020000X - 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.

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The selection showing is for an UNLICENSED PHYSICIAN so all that needs to be done is select

The LICENSED PHYSICIAN will enter the appropriate licensing information where indicated and then
**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.

**Taxonomy**

<table>
<thead>
<tr>
<th>Primary Taxonomy</th>
<th>Selected Taxonomy</th>
<th>State</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>90200000X - Student in an Organized Health Care Education/Training Program -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Delete]

< Previous  Next >

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

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**For both the Licensed and Unlicensed Physician,**

*simply click the radio button and*  

[Next >]
Contact Person Information

Enter Program Coordinator information in the required fields.

Per the NPI, you would be contacted in the event they needed to confirm/verify information provided within any of the previous pages.

You may change this and any other personal information simply by logging into your NPI profile.

Click □ Next > to proceed.
NPI Application Form - Certification Statement

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.

Note: Please use the Submit button to submit the application or the Previous button to navigate between pages in application.

Read and review the Statement,

✓ the box circled at the top of the page and complete the registration process

The next page will display your profile and your NPI number.