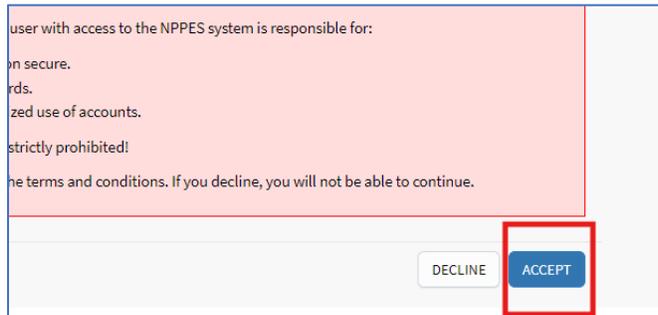


# NPI APPLICATION INSTRUCTIONS

Go to [NPPES Website](#)

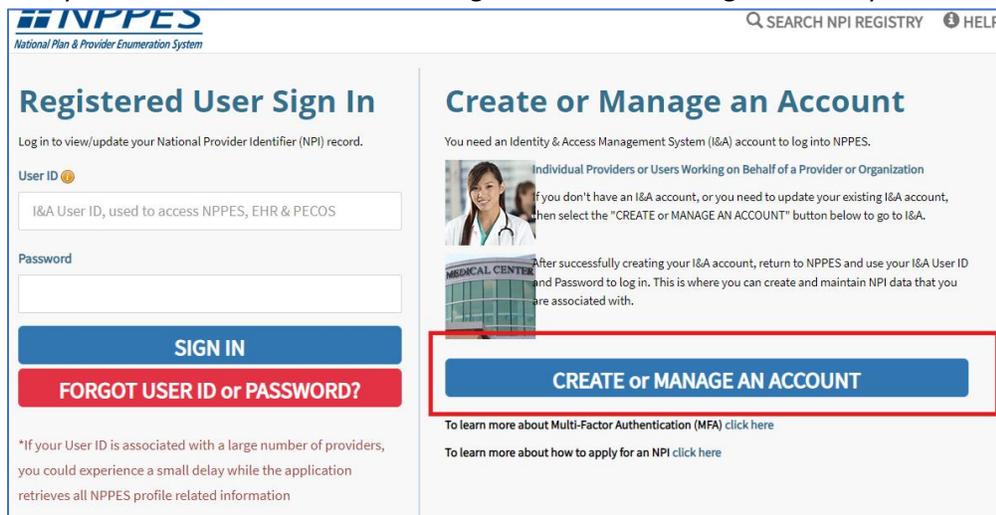
Choose "Accept"



user with access to the NPPES system is responsible for:  
in secure.  
rds.  
zed use of accounts.  
strictly prohibited!  
ne terms and conditions. If you decline, you will not be able to continue.

DECLINE ACCEPT

First you must create an account and logon credentials through the I&A system:



**NPPES**  
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

### Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID

I&A User ID, used to access NPPES, EHR & PECOS

Password

**SIGN IN**

**FORGOT USER ID or PASSWORD?**

\*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

### Create or Manage an Account

You need an Identity & Access Management System (I&A) account to log into NPPES.

Individual Providers or Users Working on Behalf of a Provider or Organization

If you don't have an I&A account, or you need to update your existing I&A account, then select the "CREATE or MANAGE AN ACCOUNT" button below to go to I&A.

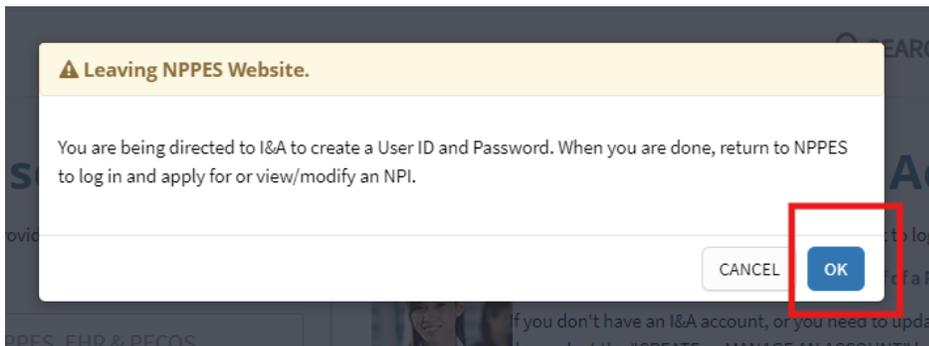
After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log in. This is where you can create and maintain NPI data that you are associated with.

**CREATE or MANAGE AN ACCOUNT**

To learn more about Multi-Factor Authentication (MFA) click here

To learn more about how to apply for an NPI click here

Choose "OK."



**Leaving NPPES Website.**

You are being directed to I&A to create a User ID and Password. When you are done, return to NPPES to log in and apply for or view/modify an NPI.

CANCEL OK

## Choose "Accept."

Government purpose.

- Our system uses Cookies for security purposes to ensure that unauthorized users cannot access your account. The cookies are not storing personally identifiable information. To use our system for Authentication, the cookies are not storing personally identifiable information. To use our system for Authentication, please make sure Cookies are enabled in your browser.

IMPORTANT! - Every individual user with access to the I&A system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited!

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

## Choose "Create Account Now."

**EHR Business Function in I&A**

Starting on January 1, 2023, the Promoting Interoperability Programs (previously known as The Medicare and Medicaid Health Records (EHR) Incentive Programs) website will be decommissioned and current users will no longer be able to access the website. All options to add the EHR business function to staff will be removed in I&A and all pending requests will be rejected.

You are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

**One account to access multiple systems**

Create one account with the Identity & Access Management System to manage access to NPPES and PECOS, manage staff, and authorize others to access your information.

IMPORTANT! - Every individual user with access to the I&A system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited!

Required field(s)

password

create User ID

Enter your email. Individual providers, use your personal email- this is **your** NPI. Provider agencies, use a business email. Choose "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](#)

Complete all fields with an asterisk (\*). Individual providers, use your personal information. Provider agencies, use your business contact information. Choose "Continue."

\* indicates required field(s)

**Personal Information:**

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Business Phone Number:

Fax Number:

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

\* SSN:

Secondary E-mail Address:

Primary E-mail Address: myhaugen1993@gmail.com

**Contact Information:**

\* Contact Phone Number:

\* Contact Address Line 1:

Contact Address Line 2:

\* City:

\* Country:

\* State/ Province/ Territory:

\* Postal/ZIP Code:

[Cancel](#)

Accept standardized address. Choose "Continue."

**⚠ Important Note: Your address has been standardized.**  
Your address has been standardized to USPS standards to ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

**Use Standardized Address:**  
[Redacted]

**Use The Address I Entered:**  
[Redacted]

Create User ID and Password. You will know your Password is acceptable when each requirement displays a green checkmark. Choose and answer all 5 security questions. Choose "Continue."

\* indicates required field(s) [← Back to Previous Page](#)

**\* User ID:**  
[Redacted]

**\* Password:**  
[Redacted]

**\* Confirm Password:**  
[Redacted]

**User ID Compliance:**

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

**Password Compliance:**

- ✓ Must be 8-12 alphanumeric characters.
- ✓ Must not contain your first name or last name.
- ✓ Must contain at least one letter.
- ✓ Must contain at least one number.
- ✓ Must contain at least one [valid special character](#).
- ✓ Must not contain any invalid special characters.
- ✓ Must not start with numeric characters.
- ✓ Must not contain three repeating characters.
- ✓ Must not be the same as your User ID.
- ✓ Password must match Confirm Password.

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

<b>* Question 1:</b> What is your favorite food? ▼	<b>* Answer 1:</b> [Redacted]
<b>* Question 2:</b> What is your county of residence? ▼	<b>* Answer 2:</b> [Redacted]
<b>* Question 3:</b> What is your mother's maiden name? ▼	<b>* Answer 3:</b> [Redacted]
<b>* Question 4:</b> What is your father's middle name? ▼	<b>* Answer 4:</b> [Redacted]
<b>* Question 5:</b> What is your SSN issue state? ▼	<b>* Answer 5:</b> [Redacted]

|

Choose Phone Number/Text, Email Address, or Phone Number Voice Call. Enter phone number or email address. Choose "Send Text/SMS", "Send Email" or "Call."

permission to use the phone number to receive a text/SMS message

- If the same phone number is used for the Text/SMS and the Voice Call, deleting the Text/SMS method will delete the Voice Call method. If different phone numbers are used, deleting one method will not delete the other.

**Please select a Multi-Factor Authentication Method:**

**\* Authentication Method:**  
Phone Number Text/SMS

**\* Phone Number:**  
Enter your 10 digit phone number the way you normally dial it.  
[Redacted]

**Send Text/SMS** | [Cancel](#)

Enter code received via text, email or call. Choose "Verify Code."

\* indicates required field(s)

A Text/SMS was sent to (701) 200-9602

**\* Enter Code:** [Redacted] **Verify Code**

Do not begin alternative setup. Choose "Complete Registration."

**📌 Congratulations, your Phone Number (701) 200-9602 is now verified. You can now use your identity upon logging in.**

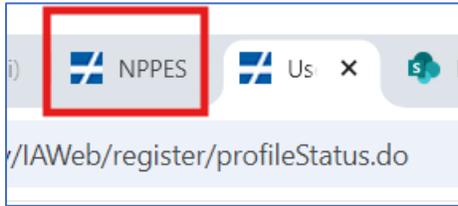
If you wish to set up an Alternative MFA method, please select a method.

**Begin Alternative Setup**

**Complete Registration** | [Cancel](#)

Now you will use your newly created User ID and Password to log on to the NPI Enumerator and begin your NPI request.

Go back to the original NPPES Website tab:



Enter your User ID and Password. Choose "Sign In."

A screenshot of the NPPES login page. On the left, under the heading 'Registered User Sign In', there are input fields for 'User ID' and 'Password'. Below these fields, the 'SIGN IN' button is highlighted with a red box. Below the 'SIGN IN' button is a red button that says 'FORGOT USER ID or PASSWORD?'. On the right, under the heading 'Create or Manage an Account', there is a 'CREATE or MANAGE AN ACCOUNT' button, also highlighted with a red box. The page includes instructions for logging in and creating an account.

Choose "Send Verification Code."

A screenshot of the Multi-Factor Authentication (MFA) page. At the top, there is a shield icon and the heading 'Multi-Factor Authentication (MFA)'. Below this, there are instructions: '\* Indicates Required fields.' and '\* Select where you wish to receive your verification code:'. A radio button is selected for 'Primary Authentication Method: Phone Number Text/SMS: (xxx) xxx-9602'. Below this, there is a link: 'Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)'. At the bottom, there are two buttons: a red 'CANCEL' button and a blue 'SEND VERIFICATION CODE' button, which is highlighted with a red box.

Enter code received via text/email/call (depending on method you chose previously.) Choose “Verify Code.”

\* Are you logging in to the system on a Public or Private device?

Public Device ⓘ

Private Device ⓘ

\* Enter Code:

Haven't received the code yet or need a new code?

Choose “Apply for an NPI for Myself” or “Apply for an NPI for an Organization”, whichever is applicable.

Apply for a National Provider Identifier (NPI)

Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.

 INDIVIDUAL PROVIDER

 EMPLOYEE OR SURROGATE

 EMPLOYEE OR SURROGATE

You will see this list of information you will need to proceed, and also contact information for NPPES (NPI Enumerator) Customer Support. Choose "Next" at the bottom of this page.

This information will be required to complete the NPI Application Form.

Note: Fields WITH  icon will not be publicly available. Fields WITHOUT  icon will be publicly available.

**\* Information Required for Individual Providers:**

- Provider Name
-  SSN
-  Provider Date of Birth
-  Country of Birth
-  State of Birth (if Country of Birth is U.S.)
- Provider Gender
- Mailing Address
- At least one Practice Location Address and Phone Number
- At least one Taxonomy (Provider Type)<sup>1</sup>
- State License Information<sup>2</sup>
-  At least one Contact Person Name
-  At least one Contact Person Phone Number and Email

<sup>1</sup>Provider Taxonomy codes can be obtained from [here](#)

<sup>2</sup>(required for certain taxonomies only)

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**

The NPI Enumerator may be contacted Monday through Friday, 9am to 5pm (Eastern Time)\* as follows:

By Phone:

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with speech difficulties)

**PLEASE NOTE: The NPI Enumerator customer support can assist only with issues encountered while in the NPPES system. For issues with logging in, contact Customer Support for I&A:**

**Whom can I contact for Help?**

If you need help or additional information, please contact the External User Services (EUS) Help Desk at any of the following:

Website: <https://eus.custhelp.com>

By Chat: [Live Chat Launch Page](#)

By E-mail: <mailto:EUSSupport@cgi.com>

By Phone: 1-866-484-8049 (Toll-Free)

1-866-523-4759 (TTY/TDD)

## Complete information fields with an asterisk (\*)



### Provider Profile

\* Indicates Required fields.  
Note: Fields WITH  icon will not be publicly available. Fields WITHOUT  icon will be publicly available.

#### Provider Name Information:

Prefix:  \* First:  Middle:  \* Last:  Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix:  First:  Middle:  Last:  Suffix:

Type of Other Name:  Credential(s):(MD, DO, etc.)

#### Other Identifying Information:

\* Date of Birth:  \* Social Security Number(SSN):

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

ND - NORTH DAKOTA US - United States

\* Gender:  Male  Female  Unspecified or Another Gender Identity  Undisclosed

\* Is the Provider a Sole Proprietor?  Yes  No

## This information is optional. Choose "Next."

Note: The reporting of race and ethnicity data are for Medicare providers only and is optional.

Ethnicity:  No, not of Hispanic, Latino/a or Spanish Origin  
 Yes, Hispanic, Latino/a or Spanish Origin

Race:  White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or other Pacific Islander

Language(s) Spoken (optional)

If more than one language is selected, a primary must be chosen.

Choose Language Filter: Q  
Filter by Language:

Choose Language Spoken:

Select Language:

Primary	Languages Spoken	Actions

1 / 1 items per page

## Choose "Add Business Mailing Address."



### Address

This information will be used to contact the provider if we have questions about the NPI application.

#### Business Mailing Address (Correspondence Address)

This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

**ADD A BUSINESS MAILING ADDRESS**

---

#### Practice Location (only one required)

This is the address where services are rendered. Multiple locations can be entered, but only the primary location is required.

**ADD A PRACTICE LOCATION**

**< PREVIOUS**      **SAVE & EXIT**      **NEXT >**

Individual providers- choose "This is my home address." Enter your home address. Provider Agencies- enter your business address. Choose "Save."



### Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application

\* Indicates Required fields.

Select Type of Address:

US Domestic    Military    Outside US / Foreign

This is my home address

\* Mailing Address Line 1: (Street Number and Name or Post Office Box)

████████████████████

Mailing Address Line 2: (e.g., Apartment/Suite Number)

\_\_\_\_\_

\* City:      \* State:      \* Zip Code:      Zip Ext:

██████████      ND - NORTH DAKOTA      ██████████      \_\_\_\_\_

Telephone Number:      Extension:      Fax Number:

( ) \_ \_ - \_ \_      \_\_\_\_\_      ( ) \_ \_ - \_ \_

Organization Name (Optional): 

\_\_\_\_\_

**CANCEL**      **SAVE**

## Choose "Accept Standardized Address."

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

**Your input address:**

\* Address Line 1: (Street Number and Name)  
[Redacted]

Address Line 2: (e.g., Apartment/Suite Number)  
[Redacted]

\* City: [Redacted]   \* State: ND - NORTH DAKOTA   \* Zip Code: [Redacted]   Zip Ext: [Redacted]

Organization Name(Optional)  
[Redacted]

\* Tell us why you don't want to use the standardized address(shown to your right)  
Select [Redacted]

[USE INPUT ADDRESS](#)   [REVALIDATE ADDRESS](#)

**Your standardized address:**

[Redacted]

[ACCEPT STANDARDIZED ADDRESS](#)

## Choose "Add a Practice Location."

 **Address**

This information will be used to contact the provider if we have questions about the NPI application.

**Business Mailing Address (Correspondence Address)**

This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

105 2nd Ave S  
Casselton, ND 58012 - 3519  
United States

[EDIT BUSINESS MAILING ADDRESS](#)

---

**Practice Location (only one required)**

This is the address where services are rendered. Multiple locations can be entered, but only the primary location is required.

[ADD A PRACTICE LOCATION](#)

[← PREVIOUS](#)   [SAVE & EXIT](#)   [NEXT →](#)

Individual providers- add the nearest office location of the agency you are employed by. Agency providers- add your office location, if different than your mailing address. Choose "Save."

**Business Practice Location**  
This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

\* Indicates Required fields.  
Select Type of Address:  US Domestic  Military  Outside US / Foreign  
 Same as mailing address  
 This is my home address  
 Primary practice location

\* Address Line 1: (Street Number and Name) 1234 2nd St S  
 \* Telephone Number: [REDACTED] Extension: [REDACTED] Fax Number: [REDACTED]  
 Address Line 2: (e.g., Apartment/Suite Number) [REDACTED] Choose Language Filter: [REDACTED] Choose Language Spoken: [REDACTED]  
 Filter by Language: [REDACTED] Select Language: [REDACTED] CLEAR SAVE

\* City: Fargo  
 \* State: ND - NORTH DAKOTA \* Zip Code: 58103 Zip Ext: [REDACTED]  
 Organization Name(Optional): [REDACTED]  
 Office Hours: [REDACTED]

LANGUAGES SPOKEN | ACTIONS  
 [REDACTED]

CANCEL SAVE

Choose "Accept Standardized Address."

as is.  
revalidation.

Your standardized address:  
[REDACTED]

ACCEPT STANDARDIZED ADDRESS

Check this box and choose "Next" at the bottom of the page:

**Address**  
This information will be used to contact the provider if we have questions about the NPI application.

**Business Mailing Address (Correspondence Address)**  
This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.  
 105 2nd Ave S  
 Casselton, ND 58012 - 3519  
 United States  
 EDIT BUSINESS MAILING ADDRESS

**Practice Location (only one required)**  
This is the address where services are rendered. Multiple locations can be entered, but only the primary location is required.  
 Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Actions	Primary Location	Address	City	State/Province/Region	Country	Office Hours
[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	ND	US	[REDACTED]

Skip this step. Choose "Next."



### Endpoint for Exchanging Healthcare Information (optional)

If you are not going to add an Endpoint to this NPI at this time, click the Next button.  
If you are going to add an Endpoint to this NPI, click [here](#).

Skip this step. Choose "Next."



### Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

If you are not going to add an Other Identifier to this NPI at this time, click the Next button.  
If you are going to add an Other Identifier to this NPI, click [here](#).

Individual and Agency providers- add all taxonomies that apply to the services you will provide, one at a time. Refer to the Resources page on the 1915(i) website for the Service Limits and Codes document under the Service Authorizations and Billing tab, which lists all group and individual taxonomies.

Begin typing the taxonomy number here to narrow down the choices in the drop-down below:

Choose Taxonomy Filter:

\* Choose Taxonomy:

\* Classification Name/Specialization:  License Number:  State Issued:

Choose the correct taxonomy from the drop-down and choose "Save."

Choose Taxonomy Filter:

\* Choose Taxonomy:

\* Classification Name/Specialization:  License Number:  State Issued:

Proceed to add any additional taxonomies desired.

Designate one taxonomy as primary by checking the box. It doesn't matter which. Choose "Next" at the bottom of the page.

If you save a taxonomy with a license number, after saving the taxonomy, you may edit the license number using the edit pencil icon in the actions column. If you wish to delete the license number, delete the taxonomy and re-add it. Do not use the edit pencil to delete the license number.

**Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions**

Actions	Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
	<input checked="" type="checkbox"/>	171M00000X	Case Manager/Care Coordinator			
	<input type="checkbox"/>	175T00000X	Peer Specialist			

Choose "Add Contact Information."

**Contact Information**

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

**Contact Information (only one required)**

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

**ADD CONTACT INFORMATION**

Choose "Contact Person Same as Myself." Choose "Save."

**Contact Information**

All NPI notifications will be sent to the Contact Person Email provided on this page.

\* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

Primary Contact Information

Contact Person is same as Myself

Prefix: \* First: Middle: \* Last: Suffix:

Credential(s):(MD, DO, etc.) Title/Position:

\* Telephone Number: Extension: \* Contact Person Email: \* Confirm Contact Person Email:

**CANCEL SAVE**

Check this box. Choose "Next" at the bottom of the page.

Actions	Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email
	<input checked="" type="checkbox"/>					

All green checkmarks/boxes means everything is correct. If any appear red, choose “Review” to revisit the applicable section. Choose “Next” at the bottom of the page.

Step 1: Provider Profile

✓ COMPLETED: Profile  
No Errors Found

REVIEW

Step 2: Address

✓ COMPLETED: Address  
No Errors Found

REVIEW

Step 3: Health Information Exchange

✓ COMPLETED: Health Information Exchange  
No Errors Found

REVIEW

Step 4: Other Identifiers

✓ COMPLETED: Other Identifiers  
No Errors Found

REVIEW

Step 5: Taxonomy

✓ COMPLETED: Taxonomy  
No Errors Found

REVIEW

Step 6: Contact Information

✓ COMPLETED: Contact Information  
No Errors Found

REVIEW

Last step: Check the certification box and choose “Submit.”

### Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click “Submit” to submit your application.

\* Indicates Required fields.

- 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.

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

PREVIOUS      SAVE & EXIT      SUBMIT

If application is properly submitted, you will receive one email indicating your application was submitted, and a second email with your NPI. The approval time can vary, but often it is within minutes.