
- Select Create or Manage an Account

- Select OK to the Leaving NPPES Website pop up.
User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.
One account will be created to access multiple systems. Select Create Account Now to proceed.

- Complete the User Registration fields.
  - E-mail Address / Confirm E-mail Address
  - Captcha
  - Submit
Provider View – Initial Application

- Complete the User Registration – User Security fields
  - User ID / Password / Confirm Password

* indicates required field(s)

(User ID Input Field: NPlisCool)

(User Password Input Field: ********)

(User Confirm Password Input Field: ********)

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 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.

Five Security Questions and Answers

* Question 1:
  What is the first and last name of your first boyfriend or girlfriend?
  * Answer 1:
  Smith

* Question 2:
  What is your favorite food?
  * Answer 2:
  Broccoli

* Question 3:
  What was the name of your first pet?
  * Answer 3:
  Dreo

* Question 4:
  What city were you born in?
  * Answer 4:
  Austin

* Question 5:
  What year did you graduate from high school?
  * Answer 5:
  1992
Complete the **User Registration** – User Information fields

- First & Last Name
- Business Phone
- DOB
- SSN
- Personal Phone
- Home Address
- City
- Country
- State / Province / Territory
- Zip Code

- Primary E-mail Address (auto-filled)
Select your address:

- Use Standardized Address
  
  or

- Use the Address I Entered
Multi-Factor Authentication is required to verify the user’s identity via:

- Phone Number Text/SMS
- E-Mail Address
- Phone Number Voice Call
Multi-Factor Authentication is required to verify the user’s identity via:

- Phone Number Text/SMS
- E-Mail Address
- Phone Number Voice Call
Multi-Factor Authentication is required to verify the user’s identity via:

- Phone Number Text/SMS
- E-Mail Address
- Phone Number Voice Call
Once the MFA code is received via the selected route, the user will enter the 6-digit code and select Verify Code.

The MFA code can be resent as needed.
The Begin Alternative Setup option can be used to set up an additional form of MFA or the user can continue with the Complete Registration option.
User Registration – Registration Complete

Congratulation, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Delegated Official associated with your employer to grant you access; or you can ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

The user has now created an account in Identity & Access...this is only the first step!

- Sign Out of Identity and Access and return to NPPES.
The next time a User signs into I&A, they will be asked where to send the verification code and about the device.

- Public Device – MFA code will only verify access for that **ONE** session.
- Private Device – the system will install a cookie on the device, & the MFA is good for **24 hours**.
Once back at https://nppes.cms.hhs.gov, the user will sign in under Registered User Sign In to begin the initial NPI application.
The user will be presented a page detailing MFA requirements for NPPES.

- Since the MFA is set up in I&A, the MFA page prompts the user to send/receive the verification code to the location initially selected during set up.
- If the user needs to make changes to where the code is sent, they can select the link to make edits to their MFA set up.
- After the code is sent, the user must select the device type.
- **VERIFY CODE** is selected.

**Public Device** – MFA code will only verify access for that **ONE** session.

**Private Device** – the system will install a cookie on the device, & the MFA is good for **24 hours**.
Initial Application for Myself – Type 1
Upon logging in with the I&A established User ID and password, the user can select **Apply for an NPI for myself**.
Choose YES for Sole Proprietor
**Provider Profile – Optional Information**

**Tip:** Once a radio button is selected, it can be changed; however the selection cannot be removed completely.
Applications are not required to be completed in one sitting. Users can save information and come back to it at a later point.

On any page, the \textcolor{green}{SAVE & RETURN TO MAIN PAGE} button may be utilized to save the application progress.
To return in an application that is in progress, select the pencil icon to return to the page that was last completed in that application.
Initial Application - Address

- Users must provide both a **Business Mailing Address** and, at minimum, one **Practice Location**.

**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.

ADD A BUSINESS MAILING ADDRESS

**Practice Location (only one required)**
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

ADD A PRACTICE LOCATION

Business & practice address can reflect your home address.
Users must select the type of address that will populate the required fields for the Business Mailing Address.

- **US Domestic**
- **Military**
- **Outside US / Foreign**

Additional checkbox to indicate: 
"This is my home address"
Business Mailing Address Verification

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)
  - 300 45th St S
- Address Line 2: (e.g., Apartment/Suite Number)
- City: Fargo
- State: ND - NORTH DAKOTA
- Zip Code: 58103

Tell us why you don’t want to use the standardized address (shown to your right)

Select
- Incorrect Street address (e.g: Street instead of BLVD)
- Incorrect City
- Incorrect State
- Incorrect Zip Code
- Incorrect PO Box
- Other: This will allow users to enter comments

Your standardized address:
- 300 45th St S
- Fargo, ND 58103-1189

Accept Standardized Address – Accepts what is listed in the box on the right / Information may be different than was input.

Use Input Address – Leaves the information that was input / Comments are required if using Input Address.

Revalidate Address – Allows the user to modify information and NPPES will provide an address to accept.
## 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**

<table>
<thead>
<tr>
<th><em>Address Line 1: (Street Number and Name)</em></th>
<th><em>Telephone Number:</em></th>
<th><em>Extension:</em></th>
<th><em>Fax Number:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(000)-000-0000</td>
<td>00000</td>
<td>(000)-000-0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Line 2: (e.g. Suite Number)</th>
<th>* City:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* State:</th>
<th>* Zip Code:</th>
<th>Zip Ext:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Organization Name (Optional):**

**Office Hours:**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Office Hours" /></td>
<td><img src="image" alt="Office Hours" /></td>
<td><img src="image" alt="Office Hours" /></td>
<td><img src="image" alt="Office Hours" /></td>
<td><img src="image" alt="Office Hours" /></td>
<td><img src="image" alt="Office Hours" /></td>
<td><img src="image" alt="Office Hours" /></td>
</tr>
</tbody>
</table>

**Languages Spoken:**
- English
- Arabic
- Armenian
- Bengali
- Chinese

Is this office accessible to individuals with mobility disabilities?  ○ Yes ☐ No

Does this office have exam rooms accessible to individuals with mobility disabilities?  ○ Yes ☐ No

Does this office have medical equipment accessible to individuals with mobility disabilities?  ○ Yes ☐ No

[CANCEL] [SAVE]
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)
  - 100 Universal City Plaza

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

- City: Universal City
- State: CA - CALIFORNIA
- Zip Code: 91608
- Zip Ext: __

**Organization Name (Optional):**

- *Tell us why you don’t want to use the standardized address (shown to your right)*

  Select

**Your standardized address:**

- 100 Universal City Plz
- Universal City, CA 91608-1002

**Buttons:**

- Accept Standardized Address
- Use Input Address
- Revalidate Address

- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than was input.

- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.

- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.
Once additional practice location(s) are added, the user must select one practice location as a **Primary Location**.

### Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) 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.

<table>
<thead>
<tr>
<th>Primary Location...</th>
<th>Address</th>
<th>City</th>
<th>State/Province/Region</th>
<th>Country</th>
<th>Office Hours</th>
<th>Languages Spoken</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>300 45th St S Ste 318</td>
<td>Fargo</td>
<td>ND</td>
<td>US</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>350 5th Ave</td>
<td>New York</td>
<td>NY</td>
<td>US</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>233 S Wacker Dr</td>
<td>Chicago</td>
<td>IL</td>
<td>US</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>100 Universal City Plz</td>
<td>Universal City</td>
<td>CA</td>
<td>US</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The pencil or trash can be utilized at any point to edit or delete information that has been entered on the application.
Endpoints may be associated with an NPI.

- Endpoints provide a simple and secure way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the internet.
- Can be used to exchange health information between health care entities (primary care physicians, specialists, hospitals, labs, etc.).

This step can be skipped. Select NEXT at the bottom of the page.
Other Identifiers (Optional)

- Other Identifiers listed on this page will associate other provider identifiers with the NPI.
  - Medicaid & any non-Medicare numbers

Select issuer type from the **Issuer:** drop-down menu.
- Input the issuer **Identification Number:**
- Input the applicable **State Issued:**

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Other Issuer</th>
<th>State Issued</th>
<th>Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td>DC</td>
<td>236</td>
</tr>
<tr>
<td>Other</td>
<td>BCBS</td>
<td></td>
<td>568946544</td>
</tr>
<tr>
<td>Other</td>
<td>Health Partners</td>
<td></td>
<td>5874</td>
</tr>
</tbody>
</table>
We recommend you choose taxonomy code 3747P1801X, then click SAVE.
At minimum, one Taxonomy Code and License (if applicable) must be entered on this page.

***15 Taxonomy Codes may be listed at MAX***

- All taxonomy codes available within the NPPES system may be found in the Choose Taxonomy dropdown.

The Choose Taxonomy Filter can also be utilized to filter by taxonomy name or taxonomy code.

Select “Not a group”, enter code 3747P1801X in the filter, click SAVE.
Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the **Primary Taxonomy**.

- Select the checkbox to the left of the applicable taxonomy code.

If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the **Primary Taxonomy**.

---

<table>
<thead>
<tr>
<th>Primary Taxonomy ▲</th>
<th>Taxonomy Code</th>
<th>Taxonomy Type</th>
<th>Group Type</th>
<th>License Number</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>103TFD0000X</td>
<td>Psychologist - Family</td>
<td></td>
<td>1234</td>
<td>LA</td>
</tr>
<tr>
<td></td>
<td>101Y00X00X</td>
<td>Counselor</td>
<td></td>
<td></td>
<td>LA</td>
</tr>
<tr>
<td></td>
<td>103TSO200X</td>
<td>Psychologist - School</td>
<td></td>
<td></td>
<td>AL</td>
</tr>
</tbody>
</table>

**Examples ONLY**

We recommend you choose taxonomy code 3747P1801X,
Contact Information

- Contact Person Information can be:
  - **Provider** – *info will auto-fill from Provider Profile page*
  - **2nd individual** – *should be knowledgeable of NPPES/NPI*

- This is where the NPI will be sent when it is enumerated & also who will be contacted if verification is needed when processing the application.

- Information is hidden from the NPI Registry.
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 (Henry Jones)

Prefix: Miss ▼ Miss
First: Mary
Middle: 
Last: Shelly
Suffix: ▼

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

Title/Position: Office Assistant

* Telephone Number: (654) 897-4521
Extension: 

* Contact Person Email: Mary.Shelly@email.com
* Confirm Contact Person Email: Mary.Shelly@email.com

CANCEL ► SAVE
Multiple Contact People can be added by selecting the **ADD ANOTHER CONTACT** button on the Contact Information page.

- One Contact Person must be selected as the **Primary Contact**.

Adding an additional contact person is **NOT** required.
### Error Check – No Errors

**Note:** Please click the NEXT button to submit your application.

#### Step 1: Provider Profile
- **Completed:** Profile
- No Errors Found

#### Step 2: Address
- **Completed:** Address
- No Errors Found

#### Step 3: Health Information Exchange
- **Completed:** Health Information Exchange
- No Errors Found

#### Step 4: Other Identifiers
- **Completed:** Other Identifiers
- No Errors Found

#### Step 5: Taxonomy
- **Completed:** Taxonomy
- No Errors Found

#### Step 6: Contact Information
- **Completed:** Contact Information
- No Errors Found
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 NPPES Enumerator of this fact immediately.

- I authorize the NPPES 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 NPPES 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.
Thank you. Your application will be processed. Your Tracking number is: 04082019910234

You have successfully submitted your NPI application.
An email confirmation has been sent to the contact person listed on this application. Please be sure to check the ‘junk’ folder.
If you have any questions regarding this application or if the designated contact person doesn’t receive the provider’s NPI via email within 15 working days, please refer to the FAQ Menu.
If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Provider Name: Henry Jones
Contact Person: Mary Shelly
Primary Practice Location Address: 100 Universal City Plz, Universal City, CA 91608-1002, US
SSN: XXX-XX-3214
Date Submitted: Apr-08-2019
Contact Email: Mary.Shelly@email.com

To View or print this application click:

[VIEW PRINTER FRIENDLY VERSION OF APPLICATION]

NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2328 (NPI TTY)

By e-mail: customerservice@npienumerator.com

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

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to https://nppes.cms.hhs.gov. Your NPI number was listed as the contact person. This is to inform you that the request was successfully submitted and the following tracking ID has been assigned to the request: 091320199979603

If the submitted NPI application or change request requires no verifications, the enumeration or changes may be effective within the next 24 hours. If verification is required, processing may take up to 30 days.

Provider Name: Kelly Smith
Primary Contact Person: Mary Shelly
Primary Practice Location Address: 100 Universal City Plz Universal City, CA 91608-1002 United States
SSN: XXX-XX-0047
Date Submitted: Sep-13-2019

If you have any questions regarding this application or if the designated contact person doesn’t receive the provider’s NPI via email within 15 working days, please refer to the FAQ Menu at https://nppes.cms.hhs.gov/webhelp/nppeshelp.

NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2328 (NPI TTY)

By e-mail: customerservice@npienumerator.com

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

If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.