How to Apply for your NPI Number

- Go to the National Plan and Provider Enumeration System at https://nppes.cms.hhs.gov/NPPES

- Select Create a Login to begin application process

- Select OK to be redirected to the CMS website
- Please read the terms and conditions
- Press **Accept** to continue

- Enter and confirm your email address
- Enter security text from image
- Press **Submit** to continue
- Enter a unique user name based on the criteria provided by CMS
- Enter and confirm a unique password based on the criteria provided by CMS
- Select and answer 5 security questions
- Select **Continue**

- Enter required fields: First and Last Name, Date of Birth, SSN, Gender, Sole Proprietorship
- Enter Other Name if you have used another name with your credentials
- Enter credentials
- Select **Next** to continue
After hitting NEXT this will take you to the Business Mailing Address page

If you have a foreign Address please click the Foreign Address button at the top of the page

If you have a military address please click the Military Address button at the top of the page

If you have a regular mailing address please enter your business mailing address, but make sure to spell out all street abbreviations (Courts, Lane, Drives, etc.)

You can also enter your phone number, extension and fax

Then select NEXT

After hitting next, depending upon the address previously entered, you may see a screen like the one below. This could indicate that it does not recognize the address as a mailing address

You can “accept standardized address”, “use input address” or “revalidate address”
If your address is outside the U.S., click here:  □ Foreign Address

If your address is military address, click here:  □ Military Address

Domestic Business Practice Location Address Information

If the Business Practice Location Address is the same as the Business Mailing Address, click here:
□ Same As Business Mailing Address

If your Business Mailing Address and Business Practice Location Address differ, please fill out the following:

Address Line 1: (Street Number and Name)
Address Line 2: (e.g. Suite Number)
City:
State:
Zip + 4:
Country:

Phone Number:
(Without Dashes)
Extension:
Fax Number:
(Without Dashes)

- Enter your Business Practice location address if it is DIFFERENT than your Business Mailing address, then select NEXT
- If the addresses are the same, select Same as Business Mailing Address to continue

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.

□ Add Identifier

☐ Select All  ☐ Clear Selected  ☐ Delete

Issuer  Number  State  Issuer

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

- On the Other Identification Numbers page enter any other NPI numbers for Medicare, EMT or another medical profession.
- Please click Add Identifier and enter all necessary information
- If you do not have another Identification Number, select NEXT
On the Taxonomy/License Information Form, select Add Taxonomy.

Select the appropriate Provider Type Code: 22 Respiratory, Developmental, Rehabilitative and Restorative Service Providers

Then select NEXT.
For the Selection of Classification page select:
  o 2255A2300X-Specialist/Technologist-Athletic Trainer
You will then enter your State License Number and the State that you carry that license
Select SAVE

After selecting SAVE, you will be redirected back the Taxonomy/License Information page
Please select the Primary Taxonomy you just entered
Then select NEXT
On the Contact Person Information page, you can enter contact information for an alternative contact person.

If you prefer to use yourself as the contact person, then click the **Same As Provider** button at the top of the page and it will enter the information for you.

For the Contact Person Phone Number you can enter a new number or click the **Same As Mailing Phone** button to input the phone number you previously entered.

You will then need to enter your e-mail address.

Once completed, hit **NEXT**

Please read the Certification Statement and check the box at top of page.

Select **SUBMIT**
Once you have submitted your NPI number information you will be directed to the confirmation page.

Please print this page to keep for your records.

Once completed, please log off.

You are done!