



National Provider Identifier Application Instructions for SHARS Providers

National Provider Identifiers (NPIs) are administered by the National Plan & Provider Enumeration System (NPPES). Applying for a NPI takes just minutes and most applications are approved within 24-48 hours, with some being processed in as little as an hour. To apply for a NPI, follow these steps:

1. Log onto your [NPPES](#) account and select **Apply for an NPI for Myself**. (If you do not have an account, see [NPPES Account Creation Procedures](#).)

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.

2. Complete the required fields for the Provider Profile. Required fields are identified with a *. **NOTE:** When applying for a NPI for a district's School Health and Related Services (SHARS) purposes, answer the "Is the Provider a Sole Proprietor?" by selecting "No." When done with Provider Profile, click **NEXT>**.

Provider Profile

* Indicates Required fields.
Note: Fields with icon will NOT 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: * TIN Type: * Tax Identification Number(TIN):

MM/DD/YYYY SSN

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

US - United States

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No



- 3. Complete the Address portion of the application. You will need to provide a Business Mailing Address and Practice Location. You may use the same address for both.

PROFILE 2 ADDRESS 3 HEALTH INFORMATION EXCHANGE 4 OTHER IDENTIFIERS 5 TAXIDOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

31% application completed

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 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 (could 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

- Start with the Business Mailing Address. Enter all required (*) information.

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:

Telephone Number: Extension: Fax Number:

Organization Name (Optional):

CANCEL SAVE


- When applying for SHARS purposes, consider using the district's address as your Business Mailing Address. The address will be used to contact you with any issues related to your application.
- Click **SAVE** once all information has been entered.

- Next, in most cases you will be asked to confirm/validate the address entered. Select **ACCEPT STANDARDIZED ADDRESS** or **USE INPUT ADDRESS**.
 - It is recommended you select **ACCEPT STANDARDIZED ADDRESS**. If you prefer to **USE INPUT ADDRESS** you will need to answer why you prefer to use your address to move forward.

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.

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Your input address:</p> <p>* Address Line 1: (Street Number and Name) 100 Universal City Plaza</p> <p>Address Line 2: (e.g., Apartment/Suite Number) </p> <p>* City: * State: * Zip Code Zip Ext:</p> <p>Universal City CA - CALIFORNIA 91608 </p> <p>Organization Name (Optional): </p> <p>* Tell us why you don't want to use the standardized address(shown to your right) Select ▼</p> <p style="text-align: center;"> <input type="button" value="USE INPUT ADDRESS"/> <input type="button" value="REVALIDATE ADDRESS"/> </p> </div>	<div style="border: 1px solid #ccc; padding: 5px;"> <p>Your standardized address:</p> <p>100 Universal City Plz Universal City, CA 91608-1002</p> <p style="text-align: center;"><input type="button" value="ACCEPT STANDARDIZED ADDRESS"/></p> </div>
--	---



- For the Practice Location, click **ADD A PRACTICE LOCATION** and enter all required (*) information.
 - In most cases you will be asked to confirm/validate the address entered. Select **ACCEPT STANDARDIZED ADDRESS** or **USE INPUT ADDRESS**.
 - It is recommended you select **ACCEPT STANDARDIZED ADDRESS**. If you prefer to **USE INPUT ADDRESS** you will need to answer why you prefer to use your inputted address to move forward.
 - Only one address is required, but you can enter the address of all campuses you provide SHARS services at for a district if you would like.
 - If multiple addresses are entered, you will need to indicate which is the Primary Location for NPPES records.
 - Once all addresses have been entered, click **NEXT>** at the bottom of the page.
4. The next portion of the application, **HEALTH INFORMATION EXCHANGE**, will automatically appear once the Address portion is completed. The information provided is used to create a network that can be used to share and access patient medical information electronically. This section is optional. If applying for a NPI for a school district's SHARS purposes, it is recommended that you skip this section. Click **NEXT>** at the bottom of the page to move forward.
 5. Advancing from the **HEALTH INFORMATION EXCHANGE** triggers the **OTHER IDENTIFIERS** page. This section is also optional. To skip, click **NEXT>** at the bottom of the screen.



- If applying for a NPI for a Texas school district’s SHARS purposes, it is recommended you associate the district’s Texas Provider Identifier (TPI) with your account. To do so:
 - On Issurer, select 05 – Medicaid
 - For Identification Number, enter your district’s TPI and select TX – Texas as the State Issued.
 - Click **SAVE**.
 - TPIs are 9 digit numbers and so will trigger the warning message below.

Warning

You have entered a 9 digit number in the following field(s):

Identification Number

Please verify the data entered is not sensitive data (such as an SSN, ITIN, EIN or Medicare Number) that should not be publicly disseminated.

Select "Review Data Entered" to return to the page to review or change the data you entered.

Select "I Understand" to affirm that the data entered is not sensitive and continue.

Click **I Understand** to proceed. Repeat this process if you work with multiple districts. Once all associated districts have been entered, click **NEXT>** to advance to the next section.

6. Next, complete the Taxonomy section. Taxonomy codes are 10 character codes used to designate your provider classification and specialization.
 - Use the Choose Taxonomy drop-down menu to select the code associated with your position.

Progress bar: PROFILE (✓), ADDRESS (✓), HEALTH INFORMATION EXCHANGE (✓), OTHER IDENTIFIERS (✓), **TAXONOMY (5)**, CONTACT INFO (6), ERROR CHECK (7), SUBMISSION (8). 69% application completed.

Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.
You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).
To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

Choose Taxonomy Filter:

* Choose Taxonomy:

* Classification Name/Specialization:

License Number:

State Issued:



- If you are unsure which code to select, it is recommended you consult the board/agency that issued your licensure/certification.
- Once a code has been selected from the drop-down menu, the Classification Name/Specialization field will be auto-populated. Click **SAVE**.
- If you have multiple certifications/licensures to enter, repeat this process. The maximum that can be entered is 15. One will need to be identified as your Primary Taxonomy to advance. Once all taxonomy codes have been saved, click **NEXT>** to move forward.

7. Complete the Contact Information page. To begin, click **ADD CONTACT INFORMATION**.

- To add yourself as the contact person for your account/application, click the radio box next to Contact Person is same as Myself. This will pre-fill all required fields. Click **SAVE**.
 - To appoint another person as a contact, click **ADD ANOTHER CONTACT** and complete all required fields. Repeat process as often as necessary.
 - If multiple contacts are entered, select one to serve as the Primary.
- Once all contacts have been entered, click **NEXT>** to advance to the Error Check page.



8. Review the Error Check page. If you have completed all steps listed above you should see a check mark for each step, meaning your application is clear to be submitted. If any sections are not check marked you will need to go to that step and make whatever correction is noted on this page. Click **NEXT>** to advance to the Submission page once you see a check mark for each step.

Error Check

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

75% application completed

PREVIOUS NEXT

SAVE & RETURN TO MAIN PAGE

9. Before submitting your application, review the NPPES terms and conditions. If you agree to the terms, certify the application by clicking on the box inside the teal text bar. Then click **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 (S) Enumerator of this fact immediately.
- I authorize the (S) 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 \(S\) 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 makes 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 reports, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or information. 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. 1001 also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specified by the sentencing statute.

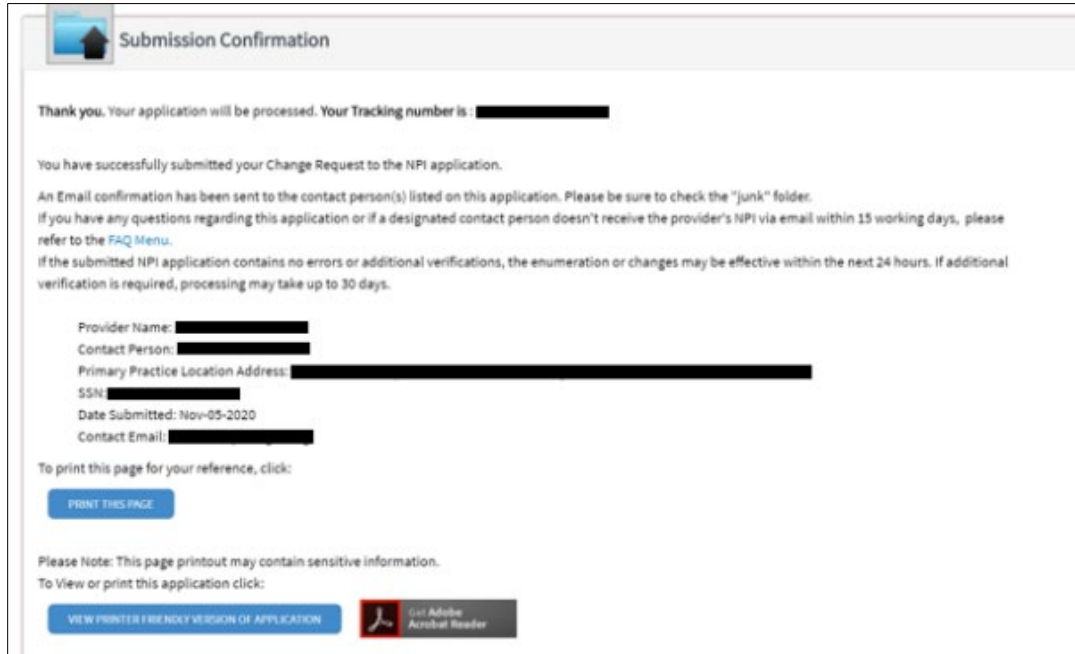
I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 9.349.33

PREVIOUS SUBMIT

SAVE & RETURN TO MAIN PAGE



10. Once submitted you will see a Submission Confirmation. The page will include a tracking number for your application. It is recommended you print a copy of this page for your records or at minimum, make note of the tracking number.



The contact person(s) you listed in the Contacts Info step will also receive this information via email. If you have not received your NPI via email within 15 days, contact NPI Enumerator at 1-800-465-3203 or by email at customerservice@npienumerator.com.

11. Log out of NPPES by clicking **Sign Out** in the top right hand corner of your screen.