



GUIDE TO COMPLETING TYPE 2 NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION USING THE NATIONAL PLAN & PROVIDER ENUMERATION SYSTEM (NPPES)

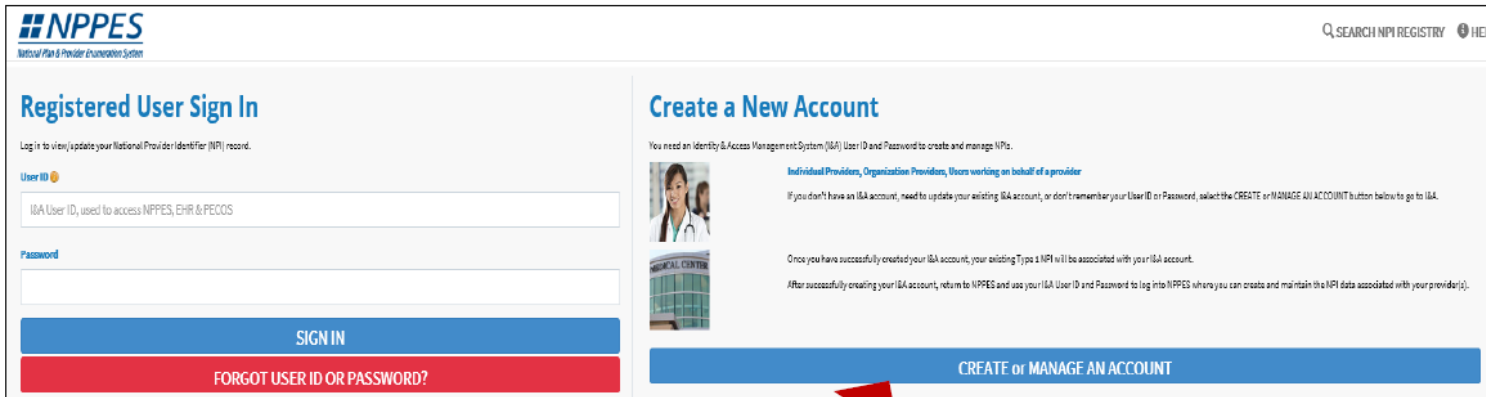
Last Updated: July 8, 2026

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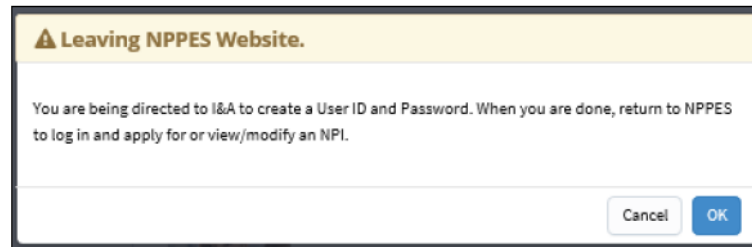
BEGINNING INSTRUCTIONS

This guide outlines the steps of creating an account in NPPES and proceeding with completion of a Type 2 NPI application for a CHW agency. Access <https://nppes.cms.hhs.gov> to sign in as a registered user or follow the instructions to create a new account.



The screenshot shows the NPPES (National Plan & Provider Enumeration System) homepage. On the left, the 'Registered User Sign In' section includes fields for 'User ID' and 'Password', a 'SIGN IN' button, and a 'FORGOT USER ID OR PASSWORD?' link. On the right, the 'Create a New Account' section provides instructions for new users and a 'CREATE or MANAGE AN ACCOUNT' button. A red arrow points to this button.

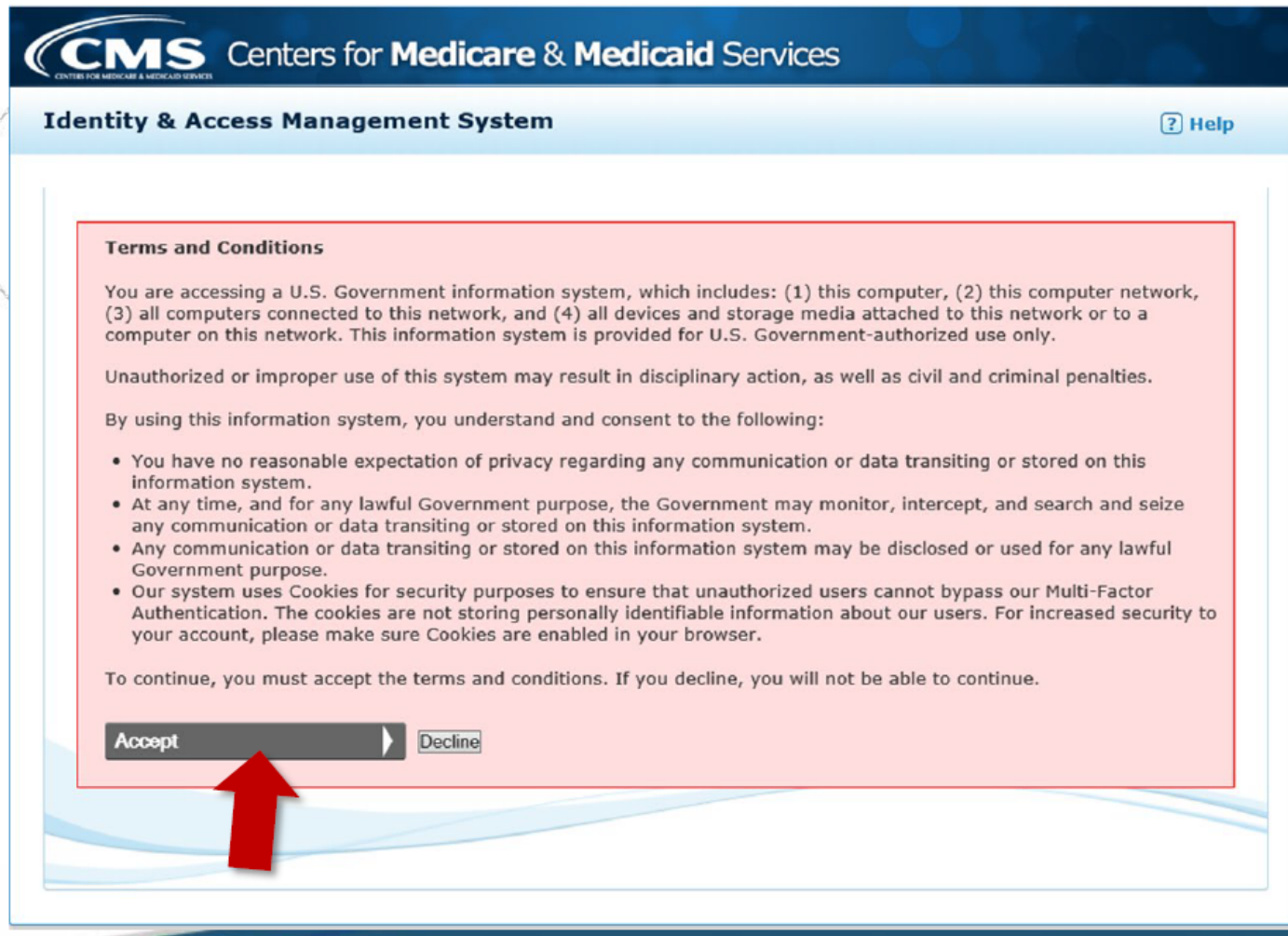
- Select **Create or Manage an Account**



The screenshot shows a yellow 'Leaving NPPES Website' pop-up dialog box. It contains the text: '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.' At the bottom right, there are 'Cancel' and 'OK' buttons. A red arrow points to the 'OK' button.

- Select **OK** on the **Leaving NPPES Website** pop up.

- User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.



The screenshot shows the CMS (Centers for Medicare & Medicaid Services) Identity & Access Management System interface. The header includes the CMS logo and the text "Centers for Medicare & Medicaid Services". Below the header, the title "Identity & Access Management System" is displayed, along with a "Help" link. The main content area is titled "Terms and Conditions" and contains the following text:

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
- At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.
- Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your account, please make sure Cookies are enabled in your browser.

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

At the bottom of the terms and conditions box, there are two buttons: "Accept" and "Decline". A large red arrow points to the "Accept" button.

- One account will be created to access multiple systems. Select **Create Account Now** to proceed.

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

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

[Delegated Official Role Title Change to Access Manager in I&A](#)

Starting June 8, 2020, the Identity and Access Management System (I&A) will change the title of the Delegated Official (DO) role to Access Manager (AM) throughout the I&A System. There will not be any changes to the functions, access or privileges held by the Delegated Official role, this is simply a title change to Access Manager. We are making this change to avoid confusion between the Delegated Official in the Provider Enrollment, Chain, and Ownership System (PECOS) and the Delegated Official in the I&A System. The change has no impact on the Delegated Officials listed in PECOS or their titles. PECOS will remain unchanged. The title, requirements and functionality for the Authorized Official (AO) role in I&A will remain the same. There is no impact to users in I&A as a result of this change except for the title change mentioned above and no additional action is required.

Sign In

* indicates required field(s)

* User ID:

* Password:

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your information. [Create Account Now](#)

- Complete the User Registration fields.
 - E-mail Address / Confirm E-mail Address
 - Captcha
 - Submit

Identity & Access Management System

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:

[Submit](#) | [Cancel](#)

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

* indicates required field(s)

*** User ID:**

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:**

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.

*** Confirm Password:**

Valid Special Characters: @ # &) (- _ ' " . , * ; : / \$!

- Five Security Questions and Answers

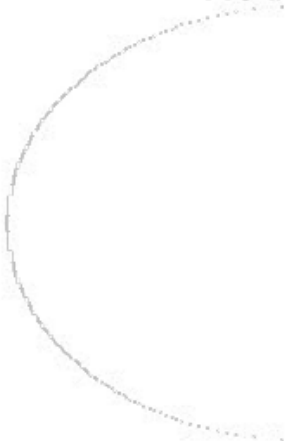
Please select five different security questions and enter their answers below:

* 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: Oreo
* 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)

* First Name: Henry Middle Name: Alan * Last Name: Jones Suffix: ▼ * Business Phone Number: (701)-433-0037 Fax Number: * Date of Birth: (MM/DD/YYYY) * SSN: Primary E-mail Address: henry.jones@email.com	* Personal Phone Number: (701)-654-9852 * Home Address Line 1: 300 45th St S Home Address Line 2: Suite 218 * City: Fargo * Country: United States ▼ * State/ Province/ Territory: ND - NORTH DAKOTA ▼ * Postal/ZIP Code: 58103
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- Select your address:
 - Use Standardized Address
 - or*
 - Use the Address I Entered



Select your address

 **Important Note: Your address has been standardized.**
Your address has been standardized to USPS standards to your 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:**
300 45th St S Ste 218
Fargo, ND 58103-1189
United States

☐ **Use The Address I Entered:**
300 45th St S
Suite 218
Fargo, ND 58103
United States

Continue

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call

Continue | Cancel



- Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address

or

Phone Number Voice Call



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.

(555) 123-4567 x

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 MFA Setup Final Review

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

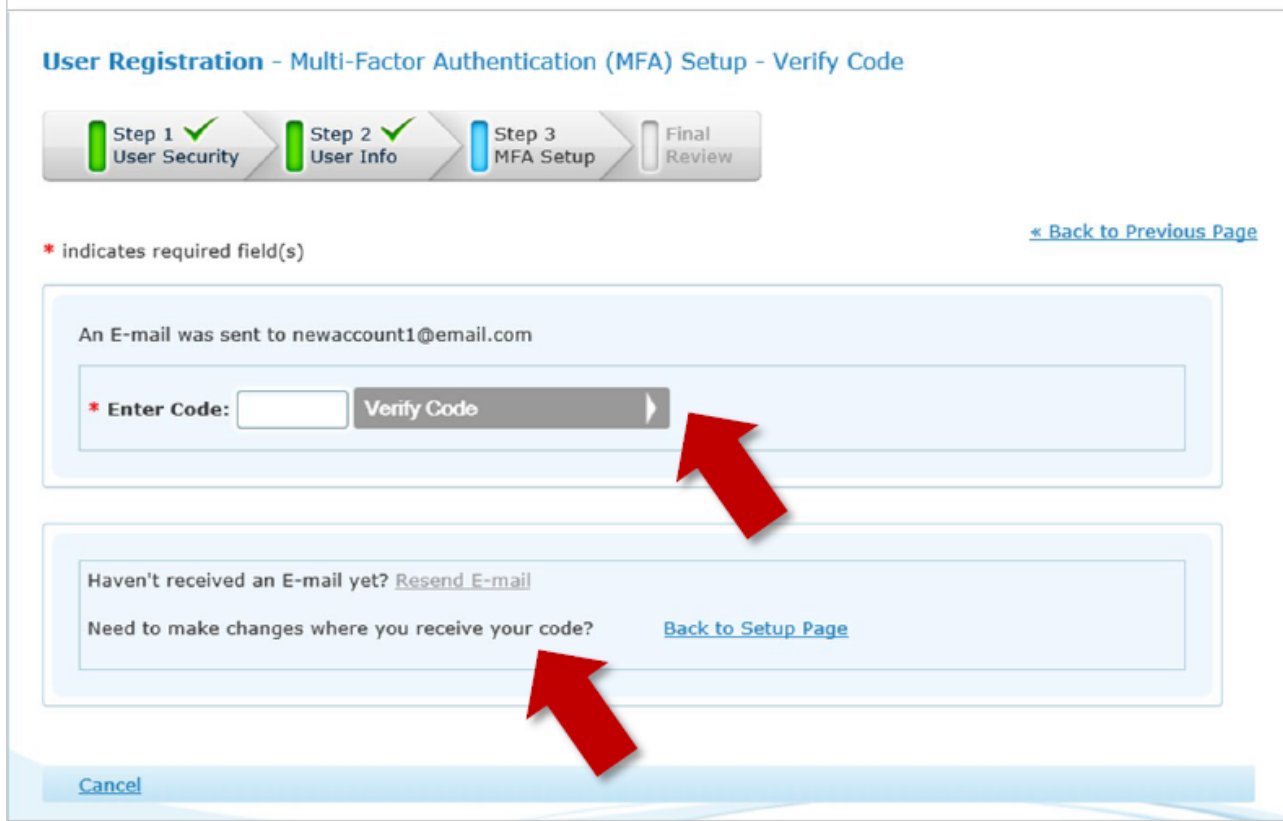
An E-mail was sent to newaccount1@email.com

* Enter Code: [Verify Code](#)

Haven't received an E-mail yet? [Resend E-mail](#)

Need to make changes where you receive your code? [Back to Setup Page](#)

[Cancel](#)



- 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.

User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 MFA Setup Final Review

❗ Congratulations, your E-mail testnew@test.com was successfully verified! This will be used to verify your identity upon logging in.

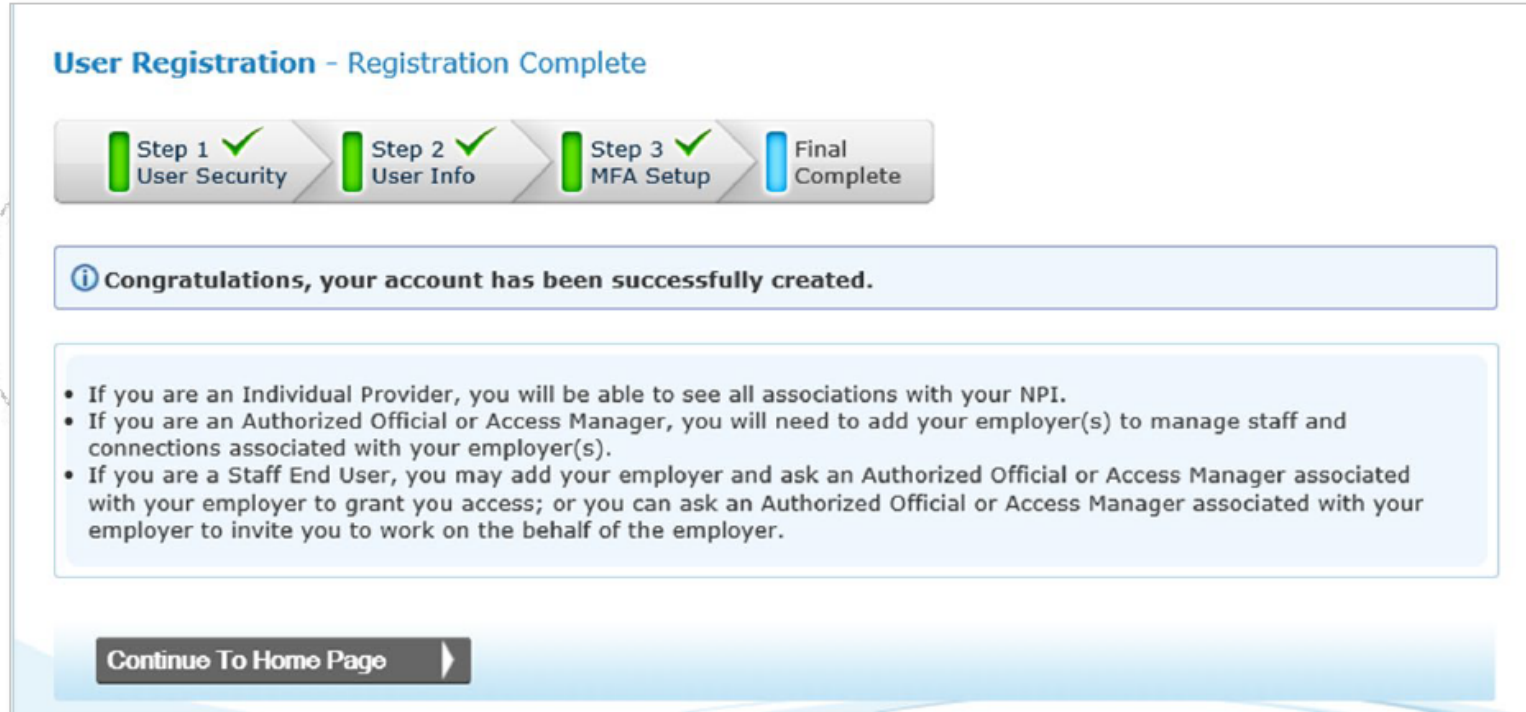
If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.

Begin Alternative Setup ▶

Complete Registration ▶ | [Cancel](#)

- 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



User Registration – Registration Complete

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 ✓ MFA Setup Final Complete

i Congratulations, 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 Access Manager, 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 Access Manager associated with your employer to grant you access; or you can ask an Authorized Official or Access Manager associated with your employer to invite you to work on the behalf of the employer.

[Continue To Home Page](#)

- 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.



- Once back at <https://nppes.cms.hhs.gov>, the user will sign in under **Registered User Sign In** to begin the initial NPI application.



NPPES
National Plan & Provider Enumeration System

Registered User Sign In

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

User ID ⓘ

NPlisCool

Password

.....

SIGN IN

FORGOT USER ID OR PASSWORD?

- 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.

NPPES
National Plan & Provider Enumeration System

 **Multi-Factor Authentication (MFA)**

* Indicates Required fields.

* Select where you wish to receive your verification code:

☒ Primary Authentication Method: Email Address: m*****@tpgsi.com

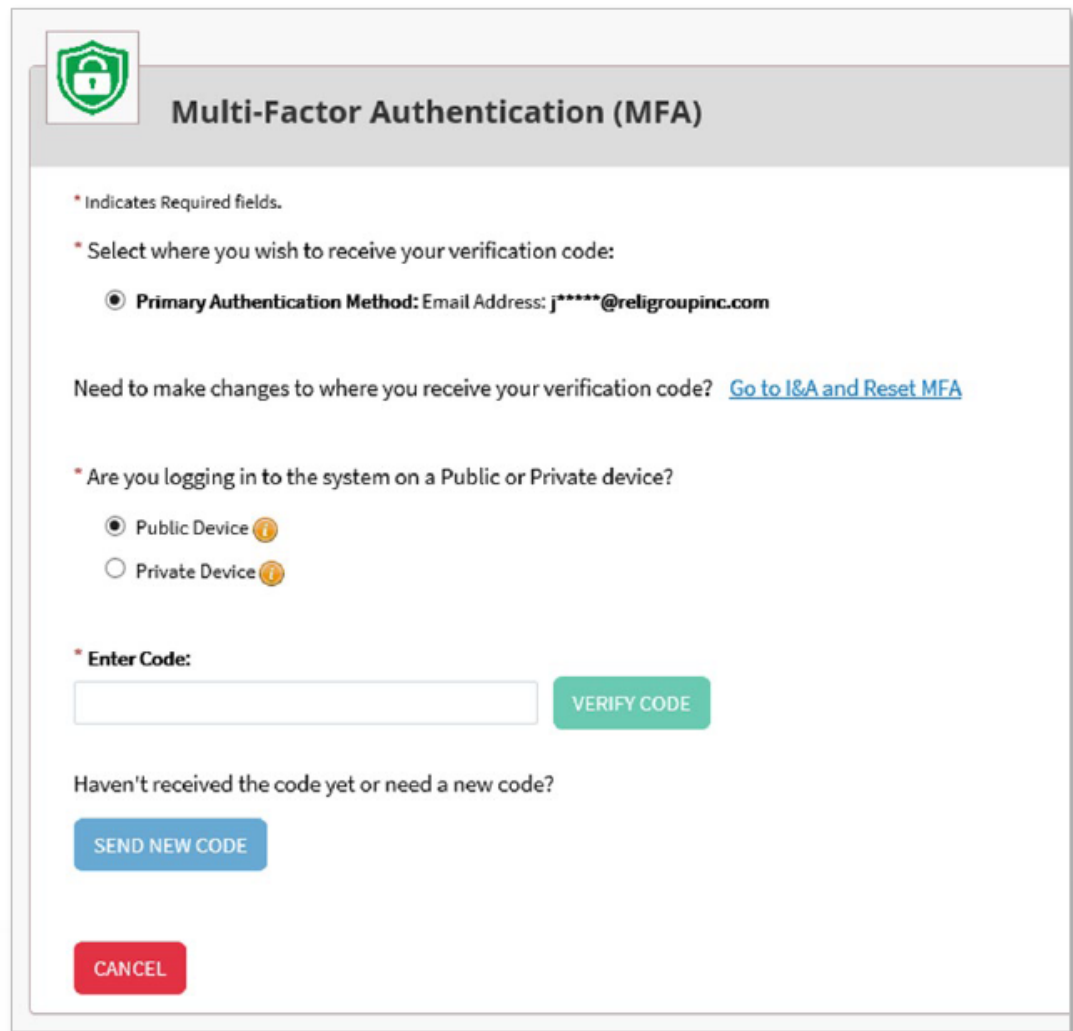
Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)

CANCEL **SEND VERIFICATION CODE**

- 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.

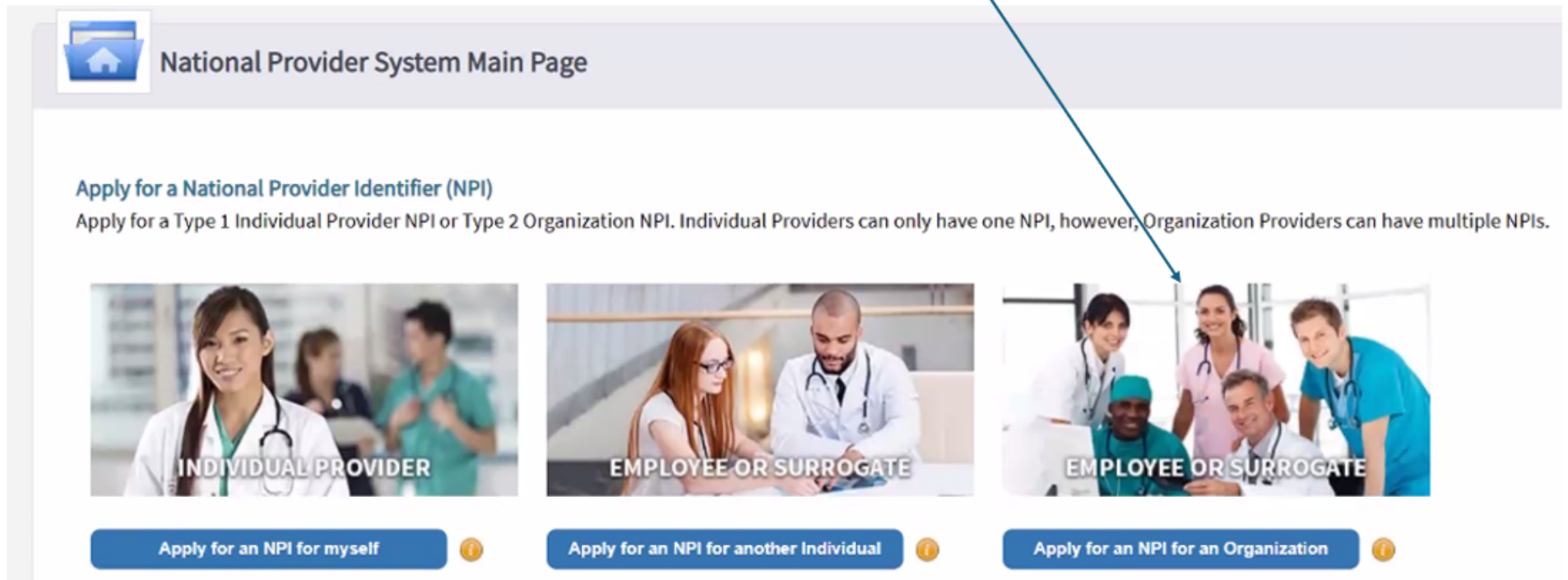
Private Device – the system will install a cookie on the device, & the MFA is good for **24 hours**.



The screenshot shows a web-based Multi-Factor Authentication (MFA) interface. At the top, there is a green shield icon with a lock and the title "Multi-Factor Authentication (MFA)". Below the title, there are several sections:

- A note: "* Indicates Required fields."
- A section titled "* Select where you wish to receive your verification code:" with a radio button selected for "Primary Authentication Method: Email Address: j*****@religroupinc.com".
- A link: "Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)".
- A section titled "* Are you logging in to the system on a Public or Private device?" with two radio buttons: "Public Device" (selected) and "Private Device".
- A section titled "* Enter Code:" with a text input field and a green button labeled "VERIFY CODE".
- A section titled "Haven't received the code yet or need a new code?" with a blue button labeled "SEND NEW CODE".
- A red button labeled "CANCEL" at the bottom.

- Select “Apply for an NPI for an Organization”

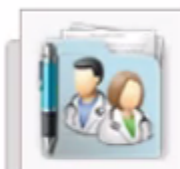


The screenshot shows the 'National Provider System Main Page'. At the top, there is a header with a home icon and the text 'National Provider System Main Page'. Below this, a section titled 'Apply for a National Provider Identifier (NPI)' provides instructions: 'Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.' There are three main options, each with a representative image and a button:

- INDIVIDUAL PROVIDER**: Image of a female doctor. Button: 'Apply for an NPI for myself'.
- EMPLOYEE OR SURROGATE**: Image of a female doctor and a male doctor. Button: 'Apply for an NPI for another Individual'.
- EMPLOYEE OR SURROGATE**: Image of a group of healthcare professionals. Button: 'Apply for an NPI for an Organization'.

A blue arrow points from the text 'Apply for an NPI for an Organization' in the list above to the corresponding button on the page.

■ Complete Organization Profile



Organization Profile

* Indicates Required fields.

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

* Employer Identification Number (EIN): 

* Organization Name: (Legal Business Name)

* Is the organization a subpart? 

☐ Yes

☐ No

Other Name:(If applicable)

Type of Other Name:

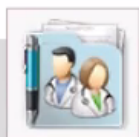
Organization Other Name:

CLEAR

SAVE

■ Enter Authorized Official Information

- If you have an existing NPI, you can search for your organization's information on the NPPES registry. This will show your NPI type, primary address, and primary taxonomy. Click on the NPI number and it will show more information, including when the number was established and the Authorized Official.
<https://npiregistry.cms.hhs.gov/search>
- An authorized official is an appointed official with the legal authority to make changes and/or updates to the organization provider's status (e.g., change of address, etc.) and to commit the organization provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, or direct owner of 5 percent or more of the organization provider being enumerated or must hold a position of similar status and authority within the organization.
- Anyone that is a direct employee can apply to become an authorized official through NPPES. The signature of the currently authorized person is not required.
- If you have any questions, please contact the External User Services (EUS) Help Desk:
 - 1-866-484-8049
 - EUSsupport@cgi.com



Authorized Official For The Organization

Prefix:	* First:	Middle:	* Last:	Suffix:
Credential(s):(MD, DO, etc.)	* Title/Position:			
* Phone Number:	Extension:			

■ Enter Address & 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.

[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 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)

701 E. 8th St

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

* City:

Sioux Falls

* State:

SD - SOUTH DAKOTA

* Zip Code:

Zip Ext:

Organization Name(Optional):

Office Hours:

* Telephone Number:

() - -

Extension:

Fax Number:

() - -

Choose Language Filter: Q

Filter by Language.

Choose Language Spoken: 

Select Language

[CLEAR](#) [SAVE](#)

Languages Spoken ▲	Actions

1 / 1 5 items per page

[CANCEL](#) [SAVE](#)

- Add Endpoint for Exchanging Healthcare Information (optional) or click “Next” to continue



61% application completed



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](#).

◀ PREVIOUS

SAVE & EXIT

NEXT >

- Add Other Identifiers (optional) or click “Next” to continue



61% application completed



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](#).

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

- Complete Taxonomy Information
 - Choose Practice Type (must be either Multi-Specialty or Single Specialty)
 - Choose Taxonomy (must be 172V00000X Community Health Worker)



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 [National Uniform Claim Committee Website](#).

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.

* Practice Type:

☐ Not a Group ☐ 193200000X-Multi-Specialty ☒ 193400000X-Single Specialty

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:

Choose Taxonomy

* Classification: Choose Taxonomy select dropdown. Required

CLEAR

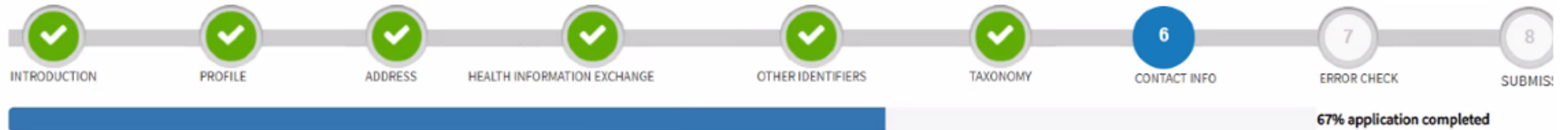
SAVE

- Click on the Primary Taxonomy box

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

Filter... 				
Actions	Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type
	☐	172V00000X	Community Health Worker	193400000X-Single Specialty

■ Enter 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.

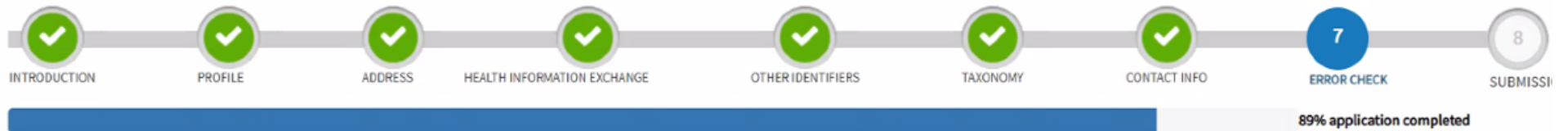
[ADD CONTACT INFORMATION](#)

[< PREVIOUS](#)

[SAVE & EXIT](#)

[NEXT >](#)

■ Complete Error Check



Error Check

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

New Please click the VIEW button to review which details of this information will be public after you submit. [VIEW](#)

Step 1: Provider Profile

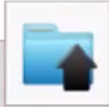


COMPLETED: Profile
No Errors Found

[REVIEW](#)

Step 2: Address

■ Submission Certification



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

■ Submission Certification – check the box and click “Submit”

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](#).

■ Submission Confirmation



Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is :** 11042024772452

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if a 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.