

## NPI Application Instructions

**Step 1: Before you begin, make sure you have the following information.**

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

**You will not be able to save your work if you quit before you have completed the application form.**

- **Information Required for Individual Providers**

- Provider Name  
SSN (or ITIN if not eligible for SSN)  
Provider Date of Birth  
Country of Birth  
State of Birth (*if Country of Birth is U.S.*)  
Provider Gender  
Mailing Address  
Practice Location Address and Phone Number  
Taxonomy (Provider Type)  
State License Information \*  
Contact Person Name  
Contact Person Phone Number and Email

- **Information Required for Organizations**

- Organization Name  
Employer Identification Number (EIN)  
Name of Authorized Official for the Organization  
Phone Number of Authorized Official for the Organization  
Organization Mailing Address  
Practice Location Address and Phone Number  
Taxonomy (Provider Type)  
State License Information \*  
Contact Person Name  
Contact Person Phone Number and Email

\* (*required for certain taxonomies only*)