

Step by Step Instructions for Electronic NPI Application

For SCHOOL DISTRICTS ONLY!

Individual applicants DO NOT use these instructions!

Before you begin, get your information together. Here is a list of information that you will need:

- LEA Name
- Employer Identification Number (EIN)
- Authorized Official
- Phone Number of the Authorized Official
- Mailing Address
- Taxonomy - 251300000X
- Contact Person
- Contact Person Phone Number
- Contact Person Email Address

During the NPI application process, it is critical that you record the information that you submit. It is recommended that you print each completed screen for your records.

Step 1:

- Go to <https://nppes.cms.hhs.gov/NPPES/>

Step 2:

- Click on the light blue text in the statement: **“If you are a Health Care Provider”**, the National Provider Identifier (NPI) is your standard unique identifier.'

Step 3:

- Click on Need an NPI?.....Apply Online for an NPI

Step 4:

- Click 'BEGIN APPLICATION FORM' button

Step 5:

- Create a User ID and password,
- Select a secret question, type answer to secret question, (write it down and keep it in case you need to access this information again to make any changes or amendments)

- Click 'NEXT' button

Step 6:

- Select 'Type 2: An organization that renders Health Care Services'
- Click 'NEXT' button

Step 7:

- Enter the LEA name,
- Employer Identification Number (Tax ID number),
- Enter the authorized official's name,
- Enter the authorized official's telephone number
- Click 'NEXT' button

Step 8:

- Enter Mailing Address,
- Click 'NEXT' button;

Step 9:

- Review standardized address,
- Click 'ACCEPT STANDARDIZED ADDRESS'

Step 10:

- Click 'SAME AS MAILING ADDRESS' button, BUT BEFORE YOU DO, enter the LEA's phone number (you must enter the phone number or the system will not let you move on),
- Click 'NEXT' button

Step 11:

- Click 'ACCEPT STANDARDIZED ADDRESS' button

Step 12:

- Click 'ADD IDENTIFIER' button and add your current nine-digit Arkansas Medicaid provider ID number(s)
- Enter each one of your provider numbers and include the program description for each one (Personal Care, Private Duty Nursing, etc.)
- Click 'SAVE' button

Step 14:

- Review information,
- Click 'NEXT' button

Step 15:

- Click 'ADD TAXONOMY' button

Step 16:

- Select provider type code '25 Agencies',
- Click 'NEXT' button

Step 17:

- Select 251300000X - Local Education Agency (LEA)
- Click 'SAVE' button

Step 18:

- Review information,
- Click 'NEXT' button

Step 19:

- Enter contact person information,
- Click 'NEXT' button

Step 20:

- Click on box next to "check this box to indicate that you certify the following" after reading the certification statement

Step 21:

- Click 'SUBMIT' button

Step 22:

- Print page with your tracking number for your records
- Keep it with your user ID and password information and the other application pages that you have printed