

NATIONAL PROVIDER IDENTIFIER

A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). All residents/fellows are required to apply for and receive a NPI number at the time of training.

You must have an NPI before starting training at UConn with the appropriate taxonomy and program address. Failure to comply with this requirement could result in you not being able to begin training, employment and benefits. The University of Connecticut School of Medicine will not be responsible for any loss of privileges or fines as the result of your failure to comply with the above mandate.

Do not put your home address/personal phone number on the NPI registration form.

This information is provided online to the public.

You should use your program office address/phone or the GME office address/phone for all addresses/phones requested on the application.

Make sure to have this information available before you start the application.

How to apply:

- **Yes, I have a US Social Security Number:**
Complete your application online at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. Attached are some screenshots that will help you complete your NPI registration.
- **No, I do not have a US Social Security Number:**
Complete the paper application found at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf>. You must mail the original signed copy of the application to the GME office so we can submit for you. NPI does not accept scanned/photocopied signatures – it must be original signatures

If you have any questions or need any help, please contact the GME office at 860-679-2147 or gmeoffice@uchc.edu

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.



Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.



Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

Choose "Create Account Now"

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**



Then enter your email and click "submit". Make sure you are using your UConn email and not your Med School one, which you may lose access to in the future.

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](#)

Create a user ID and password and make your security questions

* indicates required field(s)

*** User ID:**

*** Password:**

*** Confirm Password:**

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 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.

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

*** Question 1:**

Select One ▾

*** Answer 1:**

*** Question 2:**

Select One ▾

*** Answer 2:**

*** Question 3:**

Select One ▾

*** Answer 3:**

*** Question 4:**

Select One ▾

*** Answer 4:**

*** Question 5:**

Select One ▾

*** Answer 5:**

Continue ▶

| [Cancel](#)

Fill out the info on the next page. Since this info is not publicly posted, you may enter your personal phone number and home address. For business phone number, enter your program phone number or the GME office phone number (860) 679-2147

Please provide the details below. They will be used to verify your identity.

[« Back to Previous Page](#)

* indicates required field(s)

*** First Name:**

Middle Name:

*** Last Name:**

Suffix:

*** Business Phone Number:**

Fax Number:

*** Date of Birth: (MM/DD/YYYY)**

*** SSN:**

Primary E-mail Address:
gmeoffice@uchc.edu

*** Personal Phone Number:**

*** Home Address Line 1:**

Home Address Line 2:

*** City:**

*** Country:**

*** State/ Province/ Territory:**

*** Postal/ZIP Code:**

Continue ▶

| [Cancel](#)

Once your account has been created, click “continue to homepage”

 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 a Delegated Official, 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 will need to ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

Continue To Homepage 

Once on the homepage, click the “register for an NPI” link



Identity & Access Management System

Home

My Profile

My Connections

Home

Welcome to the Identity and Access Management System!

Are you an Individual Provider?

We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.

Login under the “Registered User Sign In” section on the right using the user ID and password you just created



Registered User Sign In

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

User ID 

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

Choose “apply for an NPI for myself”

Apply for a National Provider Identifier (NPI)

Apply for a Type 1 Individual Provider NPI or Type 2 Or multiple NPIs.



Apply for an NPI for myself



Fill out provider info

- Is provider a sole proprietor – choose “NO”

* Is the Provider a Sole Proprietor? 

Yes

No

Click “Next” when all information is filled in

On the next page, enter addresses and phones. **Do NOT put your home address or cell phone, as this information is publicly available.**

Add a business mailing address. This should be the GME office address/phone at:
263 Farmington Avenue
Farmington, CT 06030-1921
Phone: (860) 679-2147
Fax: (860) 679-4624

Add a practice location. This should be your program address or clinic address.



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 (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](#)

Click “next” when finished

Under "other identifiers" and "endpoint", there will be nothing to add. Scroll to the bottom of the page and click "next"



Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

* Indicates Required fields.

Enter All Other Provider Identifiers

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 Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

* Issuer:

* Identification Number:

State Issued: (if applicable)

CLEAR

SAVE

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

Filter...

Issuer	Other Issuer	State Issued	Identification Number	Actions
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Endpoint (optional)

Associating an Endpoint with your NPI is optional. If you wish to enter an Endpoint, please fill in the required data.

To Learn more about Endpoint [click here](#). To Learn more about Direct Address [click here](#).

* Endpoint Type:

* Endpoint:

* Is provider affiliated to another organization?

Yes No

CLEAR

SAVE

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

Filter...

Endpoint Type	Endpoint	Affiliation Y/N	Affiliation Type	Affiliation Id	Actions
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On the taxonomy page, go to the “choose taxonomy” drop-down and choose “390200000X – Student in an Organized Health Care Education/Training Program”. No need to enter a license number or state.

Choose Taxonomy Filter: * Choose Taxonomy:

Filter by Taxonomy name or Taxonomy code. 390200000X - Student in an Organized Health Care ▾

* Classification Name/Specialization:

390200000X - Student in an Organized Health Care

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

Filter...

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input checked="" type="checkbox"/>	390200000X	Student in an Organized Health Care Education/Training				

CLEAR SAVE

Once chosen, click “save” and then check the box to make this your primary taxonomy

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

Filter...

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input checked="" type="checkbox"/>	390200000X	Student in an Organized Health Care Education/Training				

Click “next” at the bottom of the page

On the next page, enter contact info, which can be you, your coordinator, or Melissa Demetro in the GME office. When finished, click “next”



Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Person is same as Myself(Jordan Albano)

Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.) Title/ Position:

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:

◀ PREVIOUS

NEXT ▶

SAVE & RETURN TO MAIN PAGE

On the next page, everything should be completed, so scroll down and click “next”

 **ERROR CHECK**

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

Step 1: Provider Profile

✓ COMPLETED: Profile
No Errors Found [REVIEW](#)

Step 2: Address

✓ COMPLETED: Address
No Errors Found [REVIEW](#)

Step 3: Other Identifiers

✓ COMPLETED: Other Identifiers
No Errors Found [REVIEW](#)

Step 4: Taxonomy

✓ COMPLETED: Taxonomy
No Errors Found [REVIEW](#)

Step 5: Contact Information

✓ COMPLETED: Contact Information
No Errors Found [REVIEW](#)

◀ PREVIOUS

NEXT ▶

SAVE & RETURN TO MAIN PAGE

On the next page, click the certification box towards the bottom and then click “submit”. Once submitted, your will receive confirmation that your NPI application is being processed.



Submission Certification

* 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 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](#).

← PREVIOUS

SUBMIT

SAVE & RETURN TO MAIN PAGE