

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:**

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

One account to access multiple systems

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



Use this system to register for Medicare or update your current enrollment information.



Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use

You must first click here to create an account to access CMS

* 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 NPES.
- 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:**

* **Question 2:**

* **Question 3:**

* **Question 4:**

* **Question 5:**

* **Answer 1:**

* **Answer 2:**

* **Answer 3:**

* **Answer 4:**

* **Answer 5:**

Follow the onscreen instructions to create a username, password, and security questions

User Registration - User Information

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

Please provide the details below. They will be used to verify your identity. [Back to Previous Page](#)

* indicates required field(s)

<p>* First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/></p> <p>* Business Phone Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>* Date of Birth: (MM/DD/YYYY) <input type="text"/></p> <p>* SSN: <input type="text"/></p>	<p>* Personal Phone Number: <input type="text"/></p> <p>* Home Address Line 1: <input type="text"/></p> <p>Home Address Line 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* Country: United States</p> <p>* State/ Province/ Territory: SE - Select One</p> <p>* Postal/ZIP Code: <input type="text"/></p>
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Fill out required information and select a multi-factor authentication method(s). The website will use a selected multi-factor authentication method for each time you log in to the CMS website.

Identity & Access Management System

User Registration - Multi-Factor Authentication (MFA) Setup

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

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

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.

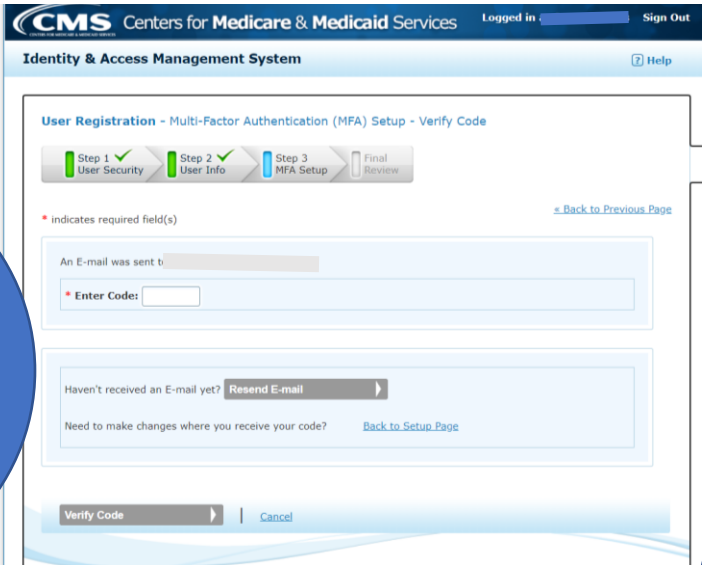
Please note the following Text/SMS and Voice Call Details:

- 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.

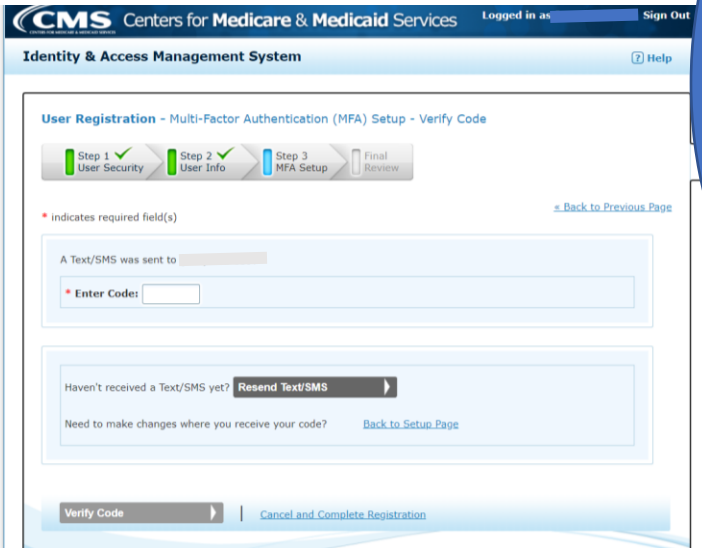
Please select a Multi-Factor Authentication Method:

* **Authentication Method:**
Select Primary Authentication Method

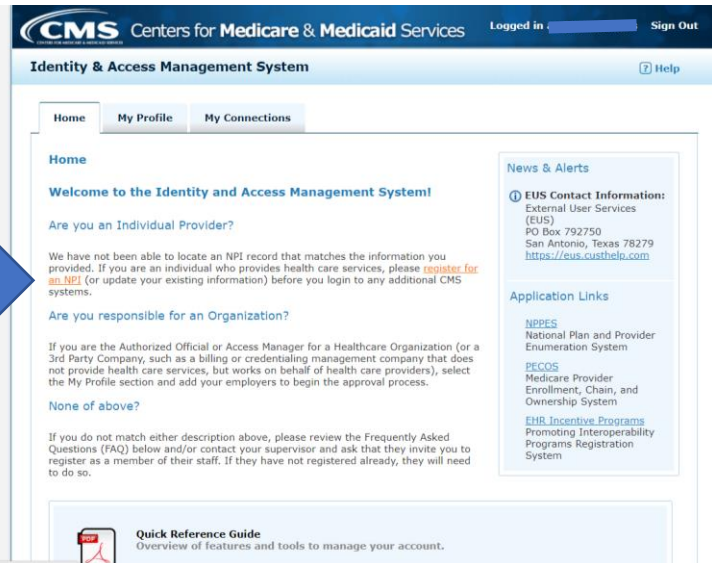
A code will be sent to verify your multi-factor authentication method(s). The website will use a selected method for each time you log in.



The multi-factor authentication code can be sent to an email address to a phone number (as a text or call)



Once you've created an account you are now ready to register for an NPI (click here).



Multi-Factor Authentication (MFA)

* Indicates Required fields.

* Select where you wish to receive your verification code:

Primary Authentication Method: Email Address:
 Alternative Authentication Method: Phone Number Text

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

* Are you logging in to the system on a Public or Private device?

Public Device
 Private Device

* Enter Code:

Haven't received the code yet or need a new code? [SEND NEW CODE](#)


[CANCEL](#) [VERIFY CODE](#)

You will need to use the login information you just created and verify your login with the multi-factor authentication (they will send a code to the email/phone you provided)

MAIN PAGE


National Provider System Main Page

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.




INDIVIDUAL PROVIDER

[Apply for an NPI for myself](#)




EMPLOYEE OR SURROGATE

[Apply for an NPI for another individual](#)



EMPLOYEE OR SURROGATE

[Apply for an NPI for an Organization](#)

Manage Provider Information
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with need to select the  icon to expand the provider and view all NPIs associated with the provider.

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

Click here to apply for your personal NPI number

- MAIN PAGE
- PROVIDER
 - Provider Profile**
 - Address
 - Health Information Exchange
 - Other Identifiers
 - Taxonomy
 - Contact Information
 - Error Check
 - Submission



Provider Profile

* Indicates Required fields.
Note: Fields with 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:

Add the required personal and work information. Hit NEXT at the bottom of the page to proceed.

- PROVIDER
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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](#)

[PREVIOUS](#) [NEXT](#)

NOTE: your corresponding address will be accessible to anyone searching for your NPI (use your workplace address if possible)

- Provider Profile
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ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION 69% application complete

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

* Is the Endpoint affiliated to another organization? Yes No * Endpoint Location: [Add New Endpoint Location](#)

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared for information exchange purposes.

These two sections are optional. You can leave them blank (no need to accept the terms and conditions) and proceed to the next page.

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ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO

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: (DO NOT ENTER SSN, ITIN OR EIN) 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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ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION 69% application complete

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 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 dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

* Classification Name/Specialization: License Number: State Issued: [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...	Choose Taxonomy
	175M0000X - Midwife, Lay
	175T0000X - Peer Specialist
	176B0000X - Midwife
	176P0000X - Funeral Director
	18350000X - Pharmacist
	18350205X - Pharmacist - Critical Care
	1835G0303X - Pharmacist - Geriatric
	1835N0905X - Pharmacist - Nuclear
	1835N1203X - Pharmacist - Nutrition Support
	1835P0018X - Pharmacist - Pharmacist Clinician (PhC) / Clinical Pharmacy Specialist
	1835P0200X - Pharmacist - Pediatrics
	1835P1200X - Pharmacist - Pharmacotherapy
	1835P1300X - Pharmacist - Psychiatric
	1835P221X - Pharmacist - Ambulatory Care
	1835X0200X - Pharmacist - Oncology
	18370000X - Pharmacy Technician
	202C0000X - Independent Medical Examiner
	202K0000X - Phlebotomy
	204C0000X - Neuromusculoskeletal Medicine, Sports Medicine
	204Z0000X - Neuromusculoskeletal Medicine, Physical Therapy

Select "Pharmacist" (or Pharmacy specialty) as your taxonomy

MAIN PAGE

PROVIDER

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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.

Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email	Actions
<input checked="" type="checkbox"/>			Pharmacist			

Add in your own personal contact information (you can/should be the primary contact for your own NPI). You may also add managers, supervisors, etc if you wish.

- Address
- Health Information Exchange
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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 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 43 CFR § 160.103.

Accept the terms and conditions and SUBMIT!

You should receive your NPI number within the hour!
You can then lookup your NPI the same as you would for any other provider!