General NPI Application Form Instructions

1. On page one, select “Apply Online for an NPI”.
2. Read instructions on the NPI Application Instruction Sheet and click on ‘Begin Application Form’.
3. Select Entity Type: 1. an individual who renders healthcare.
4. Create a NPI User Name and Password. You must remember your password.
5. Complete Provider Profile, select “NO” for Sole Proprietor, hit ‘Next’.
6. Business Mailing Address: 3000 Arlington Avenue, Graduate Medical Education, MS 1050, Toledo, Ohio 43614. Phone # 4193834244; Fax# 4193833108
7. Select, “Accept Standardized Address”, click on ‘Next’.
8. For Business Practice Location Address, click on “Same as Business Mailing Address” and click ‘Next’.
9. Other Identification Numbers – Do not complete, hit “Next”.
10. Taxonomy / License Information – click on “Add Taxonomy” and select “Next”.
11. Please Select Provider Type Code:
	1. If you have a temporary training certificate select: 39 Student Health Care and select “Save”.
	2. If you have a permanent license select: 20 Permanent License, and select “Save”.
12. The contact person should be the resident/fellow unless instructed differently by the Program.

If you have any questions, please contact the GME Office at (419) 383-4244. Thank you.