665 Mainstream Drive, 2nd FloorNashville, TN 37243(615) 532-3202 local or 1-800-778-4123 nationwide

## Applying for an National Provider Identifier Number (NPI)

All healthcare providers should have a unique identifier, known as a National Provider Identifier (NPI). Once you have a valid APRN/PA Tennessee license number, you may apply for an NPI. Go to this site to apply: <u>https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart</u> They will send your NPI number via email within 1-2 days. Please save this email copy for your records and send a copy to Vanderbilt Credentialing Services.

# National Plan & Provider Enumeration System (NPPES)

The VMG Business Office – NPPES Process for Providers

NPPES: (https://nppes.cms.hhs.gov/#/)

To access NPPES website **Click** on the link above.

Login using your username and password. Then **Select** Sign In.

(If it has been awhile since you have logged on to your NPPES account, it may divert you to the CMS I&A system to update your information. If it does, you will need to update your password and complete your profile, if required. You do not need to answer any question beyond that. Once your information is updated you will logout and then log back into NPPES.)

Rational Rins & Provider Enumeration System	Q SEARCH NPI REGISTRY	ELP
Registered User Sign In Log in to view/update your National Provider Identifier (NPI) record. User ID March User ID, used to access NPPES, EHR & PECOS Password SIGN IN FORGOT USER ID OR PASSWORD?	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><image/><image/><image/><image/><text><text><text><text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	
*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information		
ANNOUNCEMENTS Welcome to the New NPPESI	C. A. C.	>

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The first screen it brings you to is the provider's personal information, confirm it is completed correctly and that the Sole Proprietor is marked No. Then **Click** Next.

Rational Plan & Provider Enumeration System								<b>Q</b> SEAR	Allison N Adams	( 🚯 HI
	Prefic: First:		Middle:		Last:		Suffix:			
	- 🖌				<b>m</b>			~		
	Type of Other Name:	Credential(s):(M	1D, DO, etc.)							
	Former Name									
	Other Identifying Information:									
	* Date of Birth: 🔒	* TIN Type:		* Tax Identifica	ation Number(TIN): 🔒					
		SSN	~							
	* State of Birth:(If U.S.) 🔒		Country of Birt	h: 🔒						
		$\checkmark$	US - United St	tates	$\checkmark$					
	* Gender:		OMale	Female						
	* Is the Provider a Sole Proprietor?		OYes	No						
	Ethnicity: 🔒			R	ace: 🔒					
	ONo, not of Hispanic, Latino/a or Spanish	Origin		C	White					
	OYes, Hispanic, Latino/a or Spanish Origin	1		C	Black or African American					
				0	American Indian or Alaska Native Asian					
				C	Native Hawaiian or other Pacific Islander					
	Primary Language Spoken: ک English Arabic/ الجربية Armenian (عیپائر) Bengali/ यारमा				Secondary Language(s) Spoken: (Multiple La English Arabic/ Հայում Armenian/ Auglphblu Bengali/ বাংগা	inguage	s can be se	elected) 🔒		
		NE	EXT >					SAVE	& RETURN TO MAIN F	PAGE



On next screen is the mailing and practice information. Please confirm that both are Vanderbilt addresses. If not please update accordingly

Business Mailing Address: Select Edit Mailing Address

								100% application com	pleted
1									
1	Address								
rmati	on will be used to cor	ntact the provider if we	have questions	about the NPI application.					
Bus	iness Mailing	Address (Corres	pondence	Address)					
This	is the address where v	we can contact you dir	ectly to resolve a	any issues that may arise du	uring our rev	view of your application	on.		
3601	The Vanderbilt Clinic								
3601 Nash	The Vanderbilt Clinic ville, TN 37232 - 5100								
3601 Nash Unite	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States								
3601 Nash Unite Phon	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ee: (615) 322-3000								
3601 Nash Unite Phor	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ee: (615) 322-3000								
3601 Nash Unite Phon	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ee: (615) 322-3000	ADDRESS							
3601 Nash Unite Phon	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ne: (615) 322-3000 IT BUSINESS MAILING	ADDRESS							
3601 Nash Unite Phon	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ie: (615) 322-3000	ADDRESS							
3601 Nash Unite Phon	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ee: (615) 322-3000 THE BUSINESS MAILING CTICE LOCATION	ADDRESS (only one requi	red)						
3601 Nash Unite Phon ED Pra This i	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States re: (615) 322-3000 THE BUSINESS MAILING CTICE LOCATION is the physical addres	ADDRESS (only one requi	red)	ervices are rendered. Multi	ple location	is can be entered, but	only the primary location is r	equired.	
3601 Nash Unite Phon ED Pra This i	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States re: (615) 322-3000 T BUSINESS MAILING Ctice Location is the physical addres	ADDRESS (only one requi	red) fice Box) where s	iervices are rendered. Multi	ple location	is can be entered, but	only the primary location is r	equired.	
3601 Nash Unite Phon ED	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ie: (615) 322-3000 (© TT BUSINESS MAILING ctice Location is the physical addres T Filter	ADDRESS (only one requi ss (cannot be a Post Of	r <b>ed)</b> fice Box) where ≤	services are rendered. Multi	ple location	is can be entered, but	only the primary location is r	equired.	
3601 Nash Unite Phon ED	The Vanderbilt Clinic ville, TN 37232 - 5100 ed States ie: (615) 322-3000 (1) THE BUSINESS MAILING CTICE LOCATION is the physical addres Filter Primary Locatio	ADDRESS (only one requi ss (cannot be a Post Off	red) fice Box) where s	services are rendered. Multi State/Province/Regio	ple location	s can be entered, but Office Hours	only the primary location is re	equired.	

Update the address to: 719 Thompson Lane, Suite 30330 Nashville, TN 37204, 615-322-3000

## Click Save

22

			×
Business Mailing Add	lress (Corresponden	ce Address)	
This is the address where we can	contact you directly to resolve a	ny issues that may arise dur	ing our review of your application
* Indicates Required fields.			
Select Type of Address:			
● US Domestic ○ Military ○ Outside US / Fo	reign		
This is my home address			
* Mailing Address Line 1: (Street Number and Na	ime)		
719 Thompson Lane			
Malling Address Line 2: (e.g. Suite Number)			
Suite 30330			
* City: * Stat	e:	* Zip Code:	Zip Ext:
Nashville TN -	TENNESSEE	37204	
Telephone Number:	Extension:	Fax Number:	
(615) 322-3000	00000	(000) 000-0000	
			CANCEL

After updating the information, you may receive this next screen. If you do, **Select** "Accept Standardized Address" or "Use Input Address".

Your input address:   * Address Line 1: (Street Number and Name)   719 Thompson Lane   Address Line 2: (e.g. Suite Number)   Suite 30330   * City:   * State:   TN - TENNESSEE   37232   5100   * Comments - Tell us why do you want to use input address:	2. Reject 3. Modify	the standardized address and your input in the boxes below	d keep your input a w and submit for re	as is. evalidation.	
<ul> <li>Address Line 1: (Street Number and Name)</li> <li>719 Thompson Lane</li> <li>Address Line 2: (e.g. Suite Number)</li> <li>Suite 30330</li> <li>* City: * State: * Zip Code: Zip Ext:</li> <li>Nashville TN - TENNESSEE 3723 5100</li> <li>* Comments - Tell us why do you want to use input address:</li> </ul>	Your input ad	dress:			Your standardized address:
719 Thompson Lane   Address Line 2: (e.g. Suite Number)   Suite 30330   * City: * State:   * Zip Code: Zip Ext:   Nashville   TN - TENNESSEE   37232   5100	* Address Line 1:	: (Street Number and Name)			719 Thompson Ln Ste 30330
Address Line 2: (e.g. Suite Number) Suite 30330 * City: * State: * Zip Code: Zip Ext: Nashville TN - TENNESSEE  37232 5100 * Comments - Tell us why do you want to use input address:	719 Thompson	Lane			Nashville, TN 37232-5100
Suite 30330  * City: * State: * Zip Code: Zip Ext: Nashville TN - TENNESSEE 37232 5100  * Comments - Tell us why do you want to use input address:	Address Line 2: (e	e.g. Suite Number)			ACCEPT STANDARDIZED ADDRESS
* City:       * State:       * Zip Code:       Zip Ext:         Nashville       TN - TENNESSEE       37232       5100         * Comments - Tell us why do you want to use input address:	Suite 30330				
Nashville     TN - TENNESSEE     37232     5100       * Comments - Tell us why do you want to use input address:	* City:	* State:	* Zip Code:	Zip Ext:	
* Comments - Tell us why do you want to use input address:	Nashville	TN - TENNESSEE	37232	5100	
	* Comments - Te	ell us why do you want to use inp	ut address:		

# Practice Location: Select the Pencil 🧷

<b>Business Mailing</b>	Address (Corres	pondence /	Address)				
This is the address where	we can contact you dire	ectly to resolve	any issues that may arise du	uring our rev	view of your application	on.	
3601 The Vanderbilt Clinic	2						
Nashville, TN 37232 - 5100	J						
United States							
Phone: (615) 377-3000, (8)							
1101101 (010) 022-00000							
- Honer (010) 522-5000 (0							
EDIT BUSINESS MAILING	ADDRESS						
EDIT BUSINESS MAILING	ADDRESS						
EDIT BUSINESS MAILING	ADDRESS						
EDIT BUSINESS MAILING	ADDRESS	b					
EDIT BUSINESS MAILING Practice Location	ADDRESS (only one require	red)					
EDIT BUSINESS MAILING Practice Location This is the physical addres	ADDRESS (only one requi	<b>red)</b> fice Box) where s	services are rendered. Multij	ple location	is can be entered, but	only the primary location is r	equired.
EDIT BUSINESS MAILING Practice Location This is the physical addres	ADDRESS (only one requi	red)	services are rendered. Multi	ple location	is can be entered, but	only the primary location is r	equired.
EDIT BUSINESS MAILING Practice Location This is the physical addres	ADDRESS (only one requires (cannot be a Post Off	<b>red)</b> fice Box) where s	services are rendered. Multi	ple location	is can be entered, but	only the primary location is re	equired.
Practice Location This is the physical addres This filter	(only one requires s (cannot be a Post Off	<b>red)</b> fice Box) where s	services are rendered. Multi	ple location	is can be entered, but	only the primary location is re	equired.
EDIT BUSINESS MAILING Practice Location This is the physical addres           This is the physical addres           Primary Locatio	ADDRESS (only one requi ss (cannot be a Post Off ( Address	red) fice Box) where s	services are rendered. Multi	ple location	is can be entered, but Office Hours	only the primary location is re Languages Spoken	equired.

Update the address to: 3601 The Vanderbilt Clinic, Nashville, TN 37232, 615-322-3000

\*\*\*Note\*\*\* Please make sure at least one of your addresses is the 3601 TVC address above, you may add additional locations as needed\*\*\*

Click Save

Business Pract	tice Locatio	n				×
This address(es) is whe	re services are rend	dered. If the provide	er has more than one practice loca	ation, one must be id	dentified as the primary pra	ctice
* Indicates Required fields.						
Select Type of Address:      US Do	mestic O Military 🤇	Outside US / Fore	eign			
Same as mailing address						
This is my home address						
Primary practice location						
* Address Line 1: (Street Number and	l Name)		* Telephone Number:	Extension:	Fax Number:	~
3601 The Vanderbilt Clinic			(615) 322-3000	00000	(000)-000-0000	
Address Line 2: (e.g. Suite Number)						
			Languages Spoken: (Multiple)	languages can be sel	lected) 🕍	
* City:			Arabic/ العربية	~		
Nashville			Armenian/ Յայերեն			
* State:	* Zip Code:	Zip Ext:	Bengali/ 데이 Chinese/ 中文	~		
TN - TENNESSEE	37232	5100				
Office Hours: 🔒						$\sim$
						E

(If you need to add an additional location you would select "Add Another Practice Location" otherwise

once complete Click Next

▼ Filter	0						
Primary Locatio	Address	City	State/Province/Regio	Country	Office Hours	Languages Spoken	Actions
V	3601 The Vanderbilt Clinic	Nashville	TN	US	8		<u>/</u>

PREVIOUS
 NEXT >

SAVE & RETURN TO MAIN PAGE

Next Screen is Other Identifiers. You may add your Medicare and Medicaid # here but you don't have to. **Click** Next.

<b>~</b>	<b>~</b>	3	-4	5	6	7
FILE	ADDRESS	OTHER IDENTIFIERS	TAXONOMY	CONTACT INFO	ERROR CHECK	SUBMISSION
						100% application completed
Ot	her Identifiers (o	ptional)				
sociating other	provider identifiers with ve	ur NPL is optional				
sociating other	provider identifiers with yo					
Indicates Require	d fields.					
nter All Other F	rovider Identifiers					
lote: These num	bers will be of use in match	ing your NPI record to insurers' re	ecords so you can continu	e to be recognized by insure	s. If you don't have such nu	imbers, you are not required to obtain them
O NOT report th	ne Medicare Numbers, Socia	I Security Number (SSN), IRS Indi	ividual Taxpayer Identifica	tion Number (ITIN) or Emplo	yer Identification Number (	EIN) in this section.
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				OFFIC		
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▼ Filter						
Issuer 🔺	C	Other Issuer	State Issued	Identificat	ion Number	Actions

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ls provider affiliated to a ⊇Yes	another organization?	CLEAR	AVE			
<b>¥</b> Filter						
ndpoint Type 🔺	Endpoint	Affiliation Y/N	Affiliation Type	Affiliation Id	Actions	
C						د

On this screen is the provider's taxonomy code. Please update to include the provider's specialties and confirm that the specialties are entered for the State of TN and that the proper specialty is set as primary.

To find your taxonomy, enter your specialty in the "Choose Taxonomy Filter" and then **Select** the correct taxonomy in the "Choose Taxonomy Box".

ILE	ADDRESS	OTHER IDENTIFIERS	TAXONOMY	CONTACT INFO	ERROR CHECK	SUBMISS	ION
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Jai -							
🏹 Ta	axonomy						
vider's Taxon	omy and License Information	1.					
dicates Requir	ed fields.						
are required	to identify at least one taxo	nomy to associate with your NP	I. If you identify more than one.	vou must identify w	nich one is the primary taxo	nomv. Provider Taxor	nomy codes and
				,			
cription can	be found on the Washington	Publishing Company's web pag	je.				
cription can	be found on the Washington	Publishing Company's web pag	je.				
enter a taxor	be found on the Washington	Publishing Company's web pag either the taxonomy code, class	ge. ification code, or specialty in th	e search box. All taxe	phomies containing the data	you enter will displa	y allowing you to
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For example, if your Specialty is Pediatric Cardiology:

<b>O</b>	<b>e</b>	<b></b>	4	5	6	7
OFICE	ADDRESS	OTHERIDENTIFIERS	TAXONOMY	CONTACTINEO	ERROR CHECK	SUBMISSION 100% application completed
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💦 Та	axonomy					
Provider's Taxor	nomy and License Information	ı.				
* Indicates Requi	red fields.					
You are require description can	d to identify at least one taxor be found on the Washington	nomy to associate with your NPI Publishing Company's web page	. If you identify more that e.	n one, you must identify whicl	h one is the primary taxono	my. Provider Taxonomy codes and their
To optor a taxo	nomy code, start by entering a	other the taxonomy code, classi	fication code, or specialt	in the search boy. All tayone	mice containing the data w	ou optor will display allowing you to
select the appro	opriate one. Once you have se	elected the appropriate Taxonon	ny code, the correspondi	ng fields next to the search bo	x will be populated. Compl	ete your taxonomy code entry by
entering the Lic	ense and State information.					
Choose Taxonor	ny Filter: Q			Choose Taxonomy:		
Pediatric Cardio	blogy			Choose Taxonomy		
* Classification N	lame/Specialization:		1	2080P0202X - Pediatrics - Pediatr icense Number:	ric Cardiology State Issued:	

# Also update the License and State; then Select Save

DFILE	ADDRESS	OTHER IDENTIFIERS	4 TAXONOMY	5 CONTACT INFO	ERROR CHECK	7 SUBMISSION
						100% application completed
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Indicates Requir ou are required	ed fields. I to identify at least one taxo be found on the Washington	nomy to associate with your NPI Publishing Company's web pag	I. If you identify more that e.	n one, you must identify whic	h one is the primary taxonon	ıy. Provider Taxonomy codes and thei
o enter a taxor elect the appro entering the Lice	nomy code, start by entering opriate one. Once you have se ense and State information.	either the taxonomy code, classi elected the appropriate Taxonor	ification code, or specialt ny code, the correspondii	y in the search box. All taxono ng fields next to the search bo	omies containing the data yo ox will be populated. Comple	u enter will display allowing you to te your taxonomy code entry by
Choose Taxonom	ny Filter: Q			Choose Taxonomy: 2080P0202X - Pediatrics - Pediat	ric Cardiology	
* Classification N	ame/Specialization:			License Number:	* State Issued:	
2080P0202X - Pe	ediatrics - Pediatric Cardiology				TN - TENNESSEE	
						CLEAR SAVE

#### Choose your Primary Taxonomy:

Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
20800000X	Pediatrics		54434	TN	Ť.
207R00000X	Internal Medicine		54434	TN	Û
2080P0202X	Pediatrics - Pediatric		MD54434	TN	Π
	Taxonomy Code           208000000X           207R00000X           2080P0202X	Taxonomy Code         Taxonomy Type           20800000X         Pediatrics           207R00000X         Internal Medicine           2080P0202X         Pediatrics - Pediatric	Taxonomy Code         Taxonomy Type         Group Type           208000000X         Pediatrics         207R00000X         Internal Medicine           207R00000X         Internal Medicine         2080P0202X         Pediatrics - Pediatric	Taxonomy Code         Taxonomy Type         Group Type         License Number           20800000X         Pediatrics         54434           207R00000X         Internal Medicine         54434           2080P0202X         Pediatrics - Pediatric         MD54434	Taxonomy Code         Taxonomy Type         Group Type         License Number         State           20800000X         Pediatrics         54434         TN           207R00000X         Internal Medicine         54434         TN           2080P0202X         Pediatrics - Pediatric         MD54434         TN

#### Select Next

	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions	
	208000000X	Pediatrics		54434	TN	Ū	~
$\checkmark$	207R00000X	Internal Medicine		54434	TN	Û	
							>

On this screen is the Contact Persons information. Please update with the providers information or you may put Marian Burlison (Manger, 615-936-2000, payer.enrollment@vanderbilt.edu) information, she is the manager of Payer enrollment. **Click** Next.

# VUMC Advanced Practice 2019

Look application comple	Indicates Required fields.     Contact Person is same as Provider     Contact Person is same as Myself     * First:     Middle:     * Last:   Suffix:     * First:     Middle:     * Last:     Suffix:     * Itelephone Number:     Extension:        * Contact Person Email:     (a)0000     pager.enrollment@vanderbilt.edu	Le ADDRESS	OTHER IDENTI	FIERS TAXONOMY	CONTACT INFO	ERROR CHECK	SUBMISSION
IPI notifications will be sent to the Contact Person Email provided on this page.     Indicates Required fields.     Indit Position:     Indicates Required	IPI notifications will be sent to the Contact Person Email provided on this page.     Indicates Required fields.     Image:     Im	Contact Info	rmation				100% application completed
ndicates Required fields. Contact Person is same as Provider Contact Person is same as Myself fix: * First: Middle: * Last: Suffix: rs. Middle: * Contact Person Email: 19 936-2000 0000 payer.enrollment@vanderbilt.edu	Indicates Required fields.  Contact Person is same as Provider  fix: *First: Middle: *Last: Suffix:  frs: Middle: *Last: Suffix:  frs: Middle: *Last:   edential(s):(MD, DO, etc.) Title/ Position:  edential(s):(MD, DO, etc.) Title/ Position:  edential(s):(MD, DO, etc.) *Contact Person Email:  fig: 936-2000 page-enrollment@vanderbitt.edu	IPI notifications will be sent to	the Contact Person Email provi	ided on this page.			
Contact Person is same as Provider     Contact Person is same as Myself     fix:     * First:     Middle:   * Last:     Suffix:     rs.     Middle:   * Last:     Suffix:     R     Burlison           rtitle/Position:                  elephone Number:   Extension:   * Contact Person Email:        pager.enrollment@vanderbilt.edu	Contact Person is same as Provider	ndicates Requir <mark>e</mark> d fields.					
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effix:     * First:     Middle:     * Last:     Suffix:       Marian     R     Burlison      ✓       edential(s):(MD, DO, etc.)     Title/ Position:      ✓       Manager     Manager     Manager      ✓       Felephone Number:     Extension:     * Contact Person Email:      ✓       15) 936-2000     00000     pager.enrollment@vanderbilt.edu      ✓	effic: * First: Middle: * Last: Suffix:   dential(s):(MD, DO, etc.) R Burlison   edential(s):(MD, DO, etc.) Title/ Position:   felephone Number: Extension: * Contact Person Email:   s151 936-2000 00000 pager.enrollment@vanderbit.edu	Contact Person is same as Pro	ovider				
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Verify that all information is complete if it's not then Select Review and complete the information, as needed.

PROFILE	ADDRESS	OTHER IDENTIFIERS	TAXONOMY	CONTACT INFO	6 EBROR CHECK	
						100% application completed
	ERROR CHECK					
Note: Please	click the NEXT button to submit	your application.				
Step 1: Prov	ider Profile					
-	COMPLETED: Profile No Errors Found					REVIEW
Step 2: Addr	ess					
-	COMPLETED: Address No Errors Found					REVIEW
Step 3: Othe	r Identifiers					2
-	COMPLETED: Other Identifie No Errors Found	ers				REVIEW
Step 4: Taxo	nomy					
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You will receive a confirmation number and you will Click Sign Out.

Submission Confirmation	
Thank you. Your application will be processed. Your Tracking number is: 06252012018106	
You have successfully submitted your Change Request to the NPI application. An Email confirmation has been sent to the contact person listed on this application. Please be sure to check the "junk" folder. If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu. If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.	
Provider Name: Internet CARDNER Contact Person: MARIAN GARDNER Primary Practice Location Address: 1215 21st Ave S Suite 5200, Nashville, TN 37232-0014 SSNE XXX-XX Date Submitted: May-22-2017 Contact Email: PAYER.ENROLLMENT@VANDERBILT.EDU	
To print this page for your reference, click: PRINT THIS PAGE	
Please Note: This page printout may contain sensitive information. To View or print this application click: VIEW PRINTER FRIENOLY VERSION OF APPLICATION	
NPI Enumerator Contact Information By phone: 1.800-465-3203_{U_0} (NPI Toll-Free) 1.800-692-2326(NPI TTY)	

# Select Yes

<b>O</b> Sign Out Confirmation	
Are you sure you want to sign out ?	
	NO YES

## **Registration for a Drug Enforcement Administration (DEA) Number**

All healthcare providers prescribing controlled substances are required to carry a valid DEA. You may go to this site to register: <u>https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin.jsp</u> call 1-800-882-9539. You will receive your DEA within 2-4 weeks of application. Use your home address as the contact address for your DEA. Send a copy of your DEA to Vanderbilt Credentialing Services and to our office. The DEA number must be renewed every 3 years. Save a copy of your proof of payment for reimbursement purposes.

**Once you hold a valid DEA, you must register with the Tennessee Controlled Substance Database**. Go to this link to register: <u>https://www.tncsmd.com</u>