How to obtain an NPI without a SSN

All incoming resident's/fellow physicians need to obtain a National Provider Identifier (NPI) by July 1st. **We strongly advise that you apply for the NPI number no later than April 15th to ensure that you receive a number before July 1st.**

A US issued Social Security Number (SSN) or US issued Individual Taxpayer Identification Number (ITIN) is usually required to obtain an NPI. However, most incoming international trainee with not have an SSN or ITIN because these documents are issued only to persons present in the USA and/or under specific visa circumstances. International trainees apply for a SSN once they have evidence of employment authorization (EAD, H-1B, etc) and proof of legal presence in the USA.

CMS has granted an exception for international residents to apply for the NPI before they obtain the required US issued identification and/or US issued TIN (e.g., SSN or ITIN). Below are the steps that the international residents will need to follow in order to obtain the NPI.

An international resident without an SSN will have to provide CMS with these documents:

1. the completed, signed and dated NPI Application/Update Form (CMS-10114);
2. a copy of two acceptable proofs of identification (e.g., birth certificate, passport – the identifying page, US issued drivers, or US issued State identification); and
3. a brief letter explaining why the applicant has no SSN. A sample Letter of Explanation is below.

The letter, completed application form and a copy of two proofs of identification must be mailed to the NPI Enumerator at the mailing address below:
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

I. Completing the NPI Application/Update Form (CMS-10114)

Please note: Sections 2B and 4B are for organizations and should not be completed by providers applying as individual providers. All other sections are applicable to individual providers and sections marked as required must be completed.

Finally, please remember to sign and date your application. The NPI Enumerator will return all applications that are not signed, dated or properly completed.

II. Two Proofs of Identification (in lieu of the SSN):

US-issued identification is typically required as one of proofs of identification; however, an exception is being made for international residents and fellows. The Letter of Explanation will assist the NPI Enumerator with identifying those providers who have been granted the exception.

If the international resident does not have an SSN or ITIN, then a copy of two proofs of identification must accompany the NPI Application/Update form. Below are the acceptable proofs of identification:

- birth certificate*
- passport biographical data page* (the page with your photo and personal information)
- US driver's license (if one has been issued)
- US issued State identification card (if one has been issued)

* Please provide an English translation of all documents that are not in the English language.

III. Letter of Explanation

The Letter of Explanation should include a brief description of the residency program and the anticipated start and end dates of the program. The letter must also include an acknowledgement of the fact that the provider understands that the resident/applicant will need to keep the NPI Enumerator informed of any changes to the information provided within 30 days from the effective date of the change. A sample Letter of Explanation is below.

IV. Paper Application Tips (*Tips for Expediting NPI Issuance*)

- Remember to select an entity type:
  a. Entity type 1, health care providers who are individuals, need to complete sections 2A, 3, 4A, and 5.
  b. Entity type 2, health care providers who are organizations or subparts, need to complete sections 2B, 3, 4B, and 5.
- Do not staple the application pages together.
- Remember to print legibly or type your application.
- Include an original signature of the health care provider and a telephone number on the application. Do not send a photocopy of the signature or an application with a stamped signature. The name in the signature must match the name of the provider.
- If you do not submit your social security number on a paper application, you must submit a photocopy of two of the following documents with your application: driver's license, State-issued ID, identifying page of your passport, or a birth certificate.

Letter of explanation

The Letter of Explanation should include your anticipated program start and end dates and a brief description of the residency program you are participating in. The letter must also include an acknowledgment that the provider understands that they must keep the NPI Enumerator informed of any changes to the information provided within 30 days from the effective date of the change.

A sample Letter of Explanation can be found below. In the sample letter, delete any text before sending it.

[INTERNATIONAL PHYSICIAN NAME]
[INTERNATIONAL PHYSICIAN ADDRESS]
[CURRENT DATE]

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

RE: REQUEST FOR NPI NUMBER FOR PHYSICIAN WITHOUT SSN
[NAME OF INTERNATIONAL MEDICAL GRADUATE]

Dear NPI Enumerator:
I am requesting an NPI number. My completed CMS-10114 application with all supporting documents is attached for your review. Please note that I do not have a U.S. Social Security Number as I have not yet met the immigration requirements needed to obtain one.

[CHOOSE ONE OPTION BELOW AND DELETE THE OTHER TWO OPTIONS]

- I will not meet those requirements until I am admitted into the United States by U.S. Customs & Border Protection, and I intend to arrive in the USA on *[date of arrival]*.
- I have applied for an SSN and am still awaiting a Social Security Administration response regarding my application.
- I am in the USA but cannot apply for an SSN until I obtain employment authorization from USCIS. I expect to have employment authorization by *[insert date]* but must have an NPI number by that date to properly begin my residency program.
- I will be a Resident with *[NAME OF RESIDENCY/FELLOWSHIP PROGRAM]*. The program will begin [insert date] and end on *[insert date]*. A brief description of the residency program follows:

[ADD BRIEF DESCRIPTION OF RESIDENCY/FELLOWSHIP PROGRAM HERE]

As a provider, I fully understand that I will need to keep the NPI Enumerator informed of any changes to the information provided on the NPI Application within 30 days of the date the changes take effect. I also understand that I must provide the NPI Enumerator with my SSN within 30 days of the date it is received.
Thank you for your favorable review of my NPI application and supporting documents. Please feel free to contact me should you have additional questions or concerns.

Sincerely yours,
INSERT SIGNATURE
[FIRST NAME] [LAST NAME]