



PRACTITIONER IDENTIFICATION NUMBER REQUEST FORM

Please select one of the following:

- Physician Assistant NV (Include a W9 for the Individual)
Resident NU
Non-Independent Licensed Clinician NW (Include license)
QBHP NT
Certified Behavioral Analyst Paraprofessional BP
Community Support Staff CS
Certified Peer Recovery Support Specialist BH/SU RS
Personal Care Aide NT
Pharmacist RX (Include license)

Practitioner Name (Please print)

NPI (if applicable) Taxonomy Code (if applicable)

Social Security Number Date of Birth

Physical Work Address
Physical Address Line 1
Physical Address Line 2
Physical Address City State ZIP+4
Physical Address County Phone Number (Include area code)

Mail to Address
Mail to Address Line 1
Mail to Address Line 2
Mail to City State ZIP+4
Mail to County Phone Number (Include area code)

Individual Email Address

NU-Residents Only
Place of Residency Effective Date of Residency

By signing, the applicant authorizes the Arkansas Department of Human Services to conduct a State and Federal background check. Results from the background check will determine the provider enrollment status with Arkansas Medicaid.

Practitioner's Signature Date

Submission Notes: It is recommended and preferred to complete the online application through the Arkansas Medicaid Portal. The portal will guide you through the required information for the applied specialty. When submitting through the portal, the paper version is not required. RX & NW specialties will require a submitted license. NV specialties will require a W9 completed in the applicant's name and SSN, signed by the individual provider. NT Personal Care Aides - When submitting online, please select "Yes" to the question "Are you a personal care aide?" NPI should only be listed if registered to the applicant. If the NPI is listed, the taxonomy code is required to be listed.

Paper Submissions: If unable to submit through the preferred Arkansas Medicaid Portal, please type the information using this fillable PDF form when submitting paper applications. Mail the completed form to the address above.