



Individual Nurse Provider (INP) Application Requirements

- Legal Name
- Contact Person's Name, E-mail Address, and Telephone Number
- Proof of National Provider Identifier (NPI): NPPES NPI Registry Confirmation Printout
- [Department of Consumer Affairs](#) (DCA) License Printout
- Valid State Issued ID or Driver's License
- Valid CPR Certification
- Professional Liability (Malpractice) Insurance Coverage
- Resume:
 - Describe training and experience providing nursing care to patients
 - Include a breakdown of hours worked for each position, i.e. 40 hours per week x 52 weeks per year = total number of hours worked per year
- For Licensed Vocational Nurse (LVN) applicants only:
 - LVN's knowledge and skills must be validated by a Registered Nurse (RN) who is currently enrolled as an INP. If the applicant needs to seek out an RN-INP, the Department can provide a list of approved providers.
 - Provide name of RN, RN license number, and RN's NPI
 - RN must provide supporting documentation by completion of the LVN Skills and Assessment and Training Form (optional) or another format acceptable to DHCS



WILL LIGHTBOURNE
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



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- Complete the following Medi-Cal forms (notarization not required):
 - [Medi-Cal Provider Application \(DHCS 6204\)](#)
 - [Medi-Cal Disclosure Statement \(DHCS 6207\)](#)
 - [Medi-Cal Provider Agreement \(DHCS 6208\)](#)

Submit complete application package to:

Department of Health Care Services
Integrated Systems of Care Division
Provider Enrollment Unit
1501 Capitol Avenue, MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437

**PLEASE NOTE: SEND PACKAGE TO THE PROVIDER ENROLLMENT UNIT
DO NOT SEND ANY DOCUMENTS TO THE PROVIDER ENROLLMENT DIVISION**

If you have questions regarding the application requirements,
call 916-552-9105, option 5, then option 2.
Email inquiries can be sent to WaiveProEnroll@dhcs.ca.gov.

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Internet Address: <http://www.DHCS.ca.gov>