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
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.