



Individual Nurse Provider (INP) Application Requirements

- Complete the following three Medi-Cal forms (notarization not required):
 - [Medi-Cal Provider Application \(DHCS 6204\)](#)
 - [Medi-Cal Disclosure Statement \(DHCS 6207\)](#)
 - [Medi-Cal Provider Agreement \(DHCS 6208\)](#)
- 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.
 - **For LVN applicants only:** Provide the name of the RN who will be providing ongoing supervision, along with the RN's license number.
 - **For RN applicants only:** Include a breakdown of hours worked for each position listed from the last five years, e.g. 40 hours per week x 52 weeks per year = total number of hours worked per year.



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



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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>