

OPRA Instructions – Required for SPEECH providers only

The application is located at <https://www.emedny.org/info/ProviderEnrollment/ther/Option2.aspx>

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/436901_OPRA_FORM_Ord-Presc-Ref-AttendOnlyEnrlForm.pdf

Save the application on your computer prior to completing the application on line to avoid losing your data.

Complete the following fields on the application:

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- **Category of Service:** Enter **0623** (Speech)
- Check **New Enrollment**
- **Applicant Name Section**– complete **ALL** fields. Applicant name needs to match **EXACTLY** how it appears on the NYS Office of Professions **AND** NPPEs
- **Correspondence Address** – complete all fields, address should be the mailing address of the applicant
- **Service Address** – list main district address. If you work with multiple districts or agencies list all

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SECTION 1:

- Disclosing Entity/Applicant – fill in all fields
- Ownership in Applicant – fill in all fields. % of Ownership is **100**. Familial Relationship is **“none”**

SECTION 2:

- Ownership in Other Disclosing Entities (ODE) – fill in **N/A**

SECTION 3:

- Ownership in Subcontractors – fill in **N/A**

SECTION 4:

- Familial Relationship in Subcontractors – fill in **N/A**

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SECTION 5:

- Agents and Managing Employees – fill in **“None”** under Name for all three. All other fields leave blank.

SECTION 6:

- Questions #1-5 – all should be answered “no” (except the 2nd part of question 5 – this is NA is answered no on 5).

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- Sign and date form.

NOTES

- **REQUIRED: You MUST Submit a copy of your current license with the application**
- The applicant name MUST match name on NPI file. If changes are needed, complete them PRIOR to sending in the application. <https://nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html>
- Applicant email address is also extremely important. If there are any errors on your application, they will contact you at this address. Please make sure you check this address regularly.
- Mail the completed application AND copy of NYS License to: eMedNY, PO BOX 4603, Rensselaer, NY 12144-4603
- Revalidation is required approximately every 5 years from your enrollment date. Make sure to keep your address up to date with provider enrollment.