When submitting the OWCP-1168 Provider Enrollment Application, via mail / fax or DDE, Providers can elect to not be included in the online provider search list commonly used by Claimants to locate a Provider. This quick reference guide shows the steps of how to opt-out of being included in the online provider search list using the paper enrollment form and via DDE.

Note: Existing Providers, who are currently a part of the search feature but no longer want to be included, must submit a new form and follow the steps shown below to opt-out.

Submitting the OWCP- 1168 Enrollment Application via mail / fax

1. Go to https://owcpmed.dol.gov
2. Select **Resources**
3. Select **Forms & References**
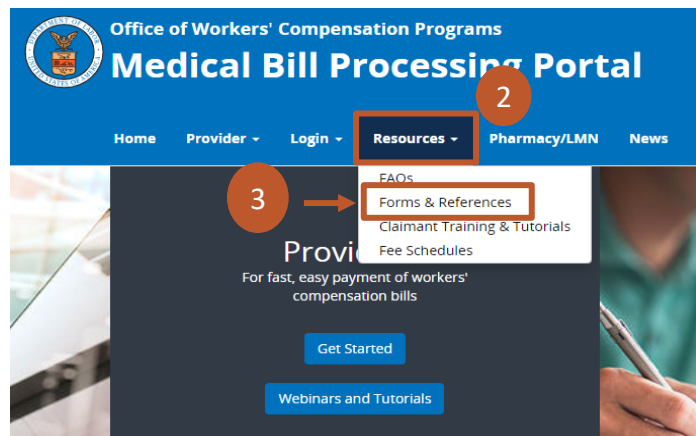
4. Select Provider Enrollment Application (OWCP-1168).

5. The OWCP-1168 form opens. The application includes a cover page providing important information about OWCP and Provider enrollment.

|	
6. Fill in the information.	
7. In Part A, box 10 has a statement that reads : **"I do not wish to be included in an online searchable list of OWCP providers."** 8. Put an **"X"** in the checkbox for **10** if you **do not** wish to be included in the online OWCP Providers search. 9. Provide a reason in box **10a** if you checked the checkbox in **10**. The reason for opting-out in box 10a is required.	
10. Complete the remainder of the form, **print, sign and submit** the paper form via mail or fax. Note: All Providers (New and Existing) will need to submit the entire application along with the signature page.	**Submit paper form via mail to:** **Provider Enrollment Department of Labor OWCP** P.O. Box 8312 London, KY 40742-8312 **Submit paper form via fax to:** 888-444-5335

Note:

If the OWCP-1168 Provider Enrollment form is approved, then the Provider information will **NOT** be added to the Provider search list. The request to opt-out of the Provider search list will remain in effect until the Provider requests otherwise.

Submitting the OWCP-1168 Enrollment Application online (DDE)

Note: Providers will need to first register with OWCP Connect before starting a new enrollment or accessing the new system. OWCP Connect is the mechanism by which all users are authenticated.
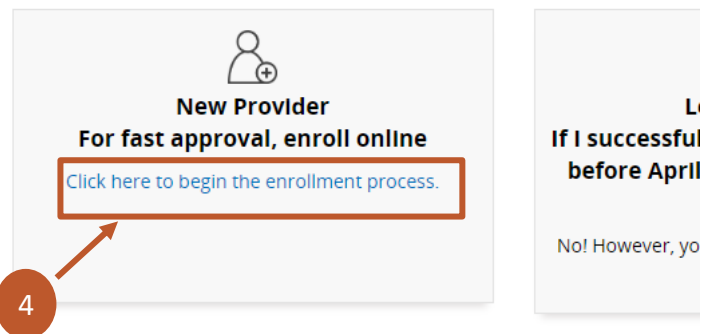
1. Go to https://owcpmed.dol.gov
2. Select **Provider**
3. Select **Get Started**
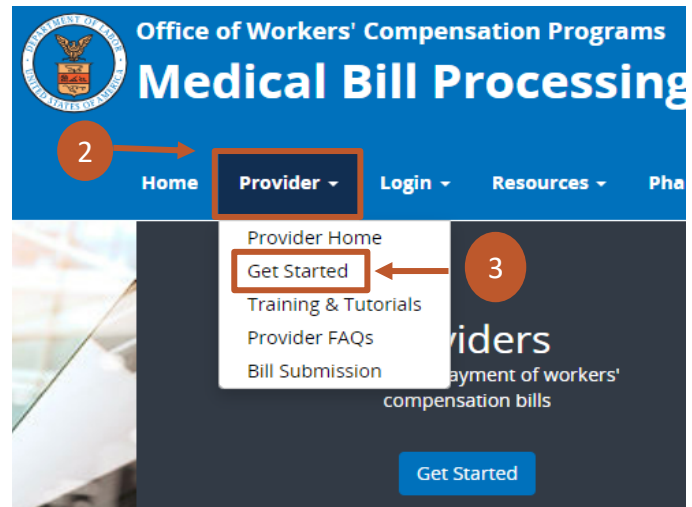
4. Select the **"Click here to begin the enrollment process"** hyperlink.

5. Select the **"here"** link to begin the OWCP Connect Registration
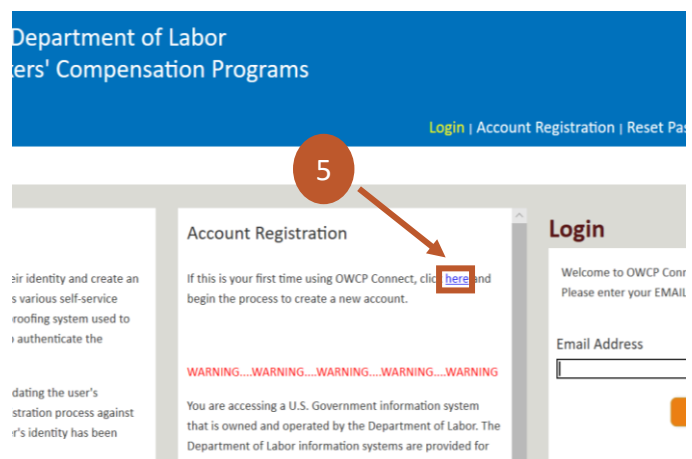
6. Follow steps to register your OWCP Connect account.	**Account Registration** Enter the below information to create the account First Name* Jane Last Name* Doe Middle Initial Email* janedoe@yahoo.com *Consider using an email address that is not associated with your current employment.*
System creates an account and a link to activate the account is sent to your email address used in registration. **Note:** The account must be activated within 24 hours. Look for an email from: support@dol.gov 7. Select link that says **"here."**	**New message** support@dol.gov — Tue, Oct 8, 9:53 PM (11 hours ago) — to me Thank you for registering with us. Your account has been successfully created, but it must be activated within the next 24 hours. First Name: John Last Name: Doe MI: Email: John.Doe@medicaldrs.com Please click **here** to activate your account. If the link has expired, you can have the email resent by navigating to the Login page, entering your email address in the Login field provided and clicking LOGIN. The system will recognize that your email exists without an active account and will resend the account activation email. -- OWCP Connect US Department of Labor Office of Worker's Compensation Programs (OWCP)
8. **Log in** 9. Select **Enrollment Type** 10. Select **Submit**	**Login** Welcome to OWCP Connect Please enter your EMAIL ADDRESS to start. **Email Address** [ ] LOGIN **Enrollment Type** Please select the applicable Enrollment Type ◉ Individual ○ Group Practice ○ Billing Agent/Clearinghouse ○ Facility/Agency/Organization/Institution ○ Special Considerations ← 9 Close	Submit ← 10 **Enrollment Type Definition** Individual - • Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES). Providers eligible to receive an NPI are those who deliver medical or health services, as defined under Section 1861(s) of the Social Security Act; 42 U.S.C. 1395(s). • Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.

11. Under the Basic Information section, a statement will read : **"I do not wish to be included in an online searchable list of OWCP providers."**

12. Select the **checkbox** if you **do not** wish to be included in an online searchable list of OWCP providers.

13. Provide a **reason** if you checked the checkbox.

14. Select Finish.

Note:
If the OWCP-1168 Provider Enrollment form is approved, then the Provider information will **NOT** be added to the Provider search list. The request to opt-out of the Provider search list will remain in effect until the Provider requests otherwise.