Before you can update your license via the Provider Portal, you must first register. Follow the following steps to register and update your license via the Provider Portal.

1. Use the following link to access the WCMBP Portal https://owcpmed.dol.gov.
2. Select the Provider menu drop-down.
3. Select the Get Started link.

4. On the Get Started page, select the Register for online access blue drop-down box.
5. Select the Begin registration link.

**Note:** This registration link will begin the OWCP Connect registration process. This registration process is required before first accessing the Provider Portal.

6. On the OWCP Connect home page, select the here hyperlink to begin the OWCP Connect Account Registration process.

7. Complete the required fields and steps of the Account Registration process.
8. After completing the OWCP Connect Account Registration, you will use the credentials you created during the account registration to Login through OWCP Connect. **Note:** You will not be required to go through the registration process on future logins.

9. After logging in for the first time, you will be taken to the Provider Portal Registration page.

10. Enter the required information, including the OWCP Provider ID, Temporary ID, Temporary Key, and SSN/Tax ID. **Note:** You can find your OWCP Provider ID and Temporary ID in your Welcome Letter. The Temporary Key will be included in your Registration Instruction Letter. *DO NOT INCLUDE THE DOT AFTER THE PROVIDER ID, TEMP ID, AND TEMP KEY FROM YOUR LETTER. YOU WILL ALSO NEED TO BE MINDFUL OF LETTERS THAT MAY APPEAR AS NUMBERS OR NUMBERS THAT MAY APPEAR AS LETTERS (EX. CAPITAL LETTER “I” MAY BE MISTAKEN FOR THE NUMBER “1” OR THE NUMBER “1” MAY BE MISTAKEN FOR THE CAPITAL LETTER “I”) FOR THE TEMP KEY.*

11. Select the Login button. **Note:** You will not be required to enter all of the required information here on subsequent logins.

12. Select the Provider ID from the Available Provider IDs drop-down.

13. Select the Go button.
1. Select the **EXT Provider File Maintenance** profile from the **Profile** drop-down.
2. Select the **Go** button.

You will then be taken into the Provider Portal.

3. Select the **Provider Re-Enrollment** hyperlink to navigate to the View/Update Provider Data screen.

If this is your first time accessing the Provider Portal as a Legacy Provider, each of the steps will show an **Incomplete** status. While you may not need to update information in each step, you will need to go into each **Required** step, in order, and select the **OK** button to change the status from Incomplete to Complete.
4. Select **Step 1: Basic Information** hyperlink.

5. Review the information in this step and if everything looks fine, select the **OK** button to mark this step as “Complete.”

6. Select **Step 2: Location**.
7. Select the **Location Name** blue hyperlink to review the Physical and Mailing addresses.

8. In addition to reviewing your Physical and Mailing addresses, you will be required to enter a **Contact Last Name**, **First Name**, and **Phone Number**.

9. If you need to change your mailing or physical address, you will select the hyperlinked **Address Type** at the bottom of the Location Details page.

10. Select the **+ Address** button at the bottom of the Location Address screen.

11. Enter the new street address in the first line and second or third, if needed.
12. Enter the zip code of the new address.
13. Select the **Validate Address** button.
   **Note:** If the address is valid, the city/town, State/Province, County, and Country should auto-populate.
14. After the system has validated the address, select the **OK** button at the bottom right of the screen.
15. After reviewing and entering the required information, select the Save button.

16. After saving the update, select the Close button.  
**Note:** On the Provider Location List page, if there is a data change in location, there will be two records on the Provider Location List page (one “Approved” and one “In Review”). Once the updated location is approved, the previously added location will be replaced with the new one.

17. You will need to select Close again on the Provider Locations list page as well.

**Note:** This step will be required depending on the Provider Type you are enrolled as.

19. Review the Taxonomy information. If you need to add more, you can do so by selecting the Add button, otherwise, select the Close button to mark the step as complete.

**Note:** This step will be required depending on the Provider Type you are enrolled as. We also skipped Step 4: Ownership Details since this is an optional step for all provider types.
Steps to Update Provider License - Continued

21. You will be required to update the license and/or Certification information by first selecting the blue License or Certification hyperlink.

**Note:** If you have a new license number, you will need to select the Add button to add a new license.

22. Within this step, you will need to include the following:
   - Name
   - License or Certification Type
   - Initial Issue Date
   - Expiration Date
   - Issued State
   - Issuer Agency
   - Web Link where your license or certification can be verified.

23. After updating this information, select the Save button.

24. After saving the update, select the Close button.

25. If you have multiple licenses or certifications listed on the Licenses/Certification List page, you will need follow steps 22-24 for each item listed in order to complete the update.

26. After making the update to all Licenses and Certifications, you will need to select the Close button on the License/Certification List page to return to the list of steps.
27. For steps 6-10, if required, you will need to ensure all data that is required is entered into the system and accurate, similar to how we did for the previous five steps. Some of these remaining steps may require you to include data that will need to be added in order to complete the step. **Note:** For Step 10: Payment Details, you will be required to include Financial Institution Name, Nine-Digit Routing Transit Number, Depositor Account Number, select Type of Account, and the title of the Financial Institution Representative and Representative Phone Number.


29. Answer the two questions on the Provider Disclosure page.
30. Select the **Save** button.
31. Select the **Close** button.

32. If you will be uploading any required attachments, you can do so by selecting Step 12: View/Upload Attachments.
33. Select the **Upload Attachments** button.  
**Note:** You will need to upload a copy of your license and ACH form. You can find a copy of the ACH form on the Forms and References page on the WCMBP Portal. To get there, select the Resources tab > select Forms & References > select the link titled EFT Form under the Provider Enrollment section on that page. If you will be faxing these forms, you will want to include a cover sheet that can be accessed using a link within Step 13: Submit Maintenance Request for Review.

34. You are required to select **Step 13: Submit Maintenance Request for Review** hyperlink to submit the updates of your information for review.

35. On the Final Modification Submission page, carefully read the instructions, and then select the **Submit Modification** button.  
**Note:** You will not be able to make additional modifications to your information until after your modification submission has been reviewed by CNSI staff.