

# UnityPoint Health

## Credentials Verification Office

### Recredentialing Application Portal Tip Sheet

Thank you for your continued affiliation with UnityPoint Health!

The UnityPoint Health Credentials Verification Office (CVO) will send the applicant the online portal application invites via e-mail based on your re-credentialing due date.

If the CVO has been previously made aware of a Delegate Credentialing Contact, a person who can assist with completing the portal, the delegate will also receive an invitation via e-mail.

The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

The application will slightly vary dependent upon if the applicant has hospital membership/privileges or if the applicant only has PHO (Medimore Payors) participation. Applicants are responsible for the final review, signing and submitting of the portal application.

If you have any questions please contact the CVO:

[UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)

Provider Assistance Line available from 7:00am-5:00pm CST: 515-241-7977

<https://www.unitypoint.org/cvo>

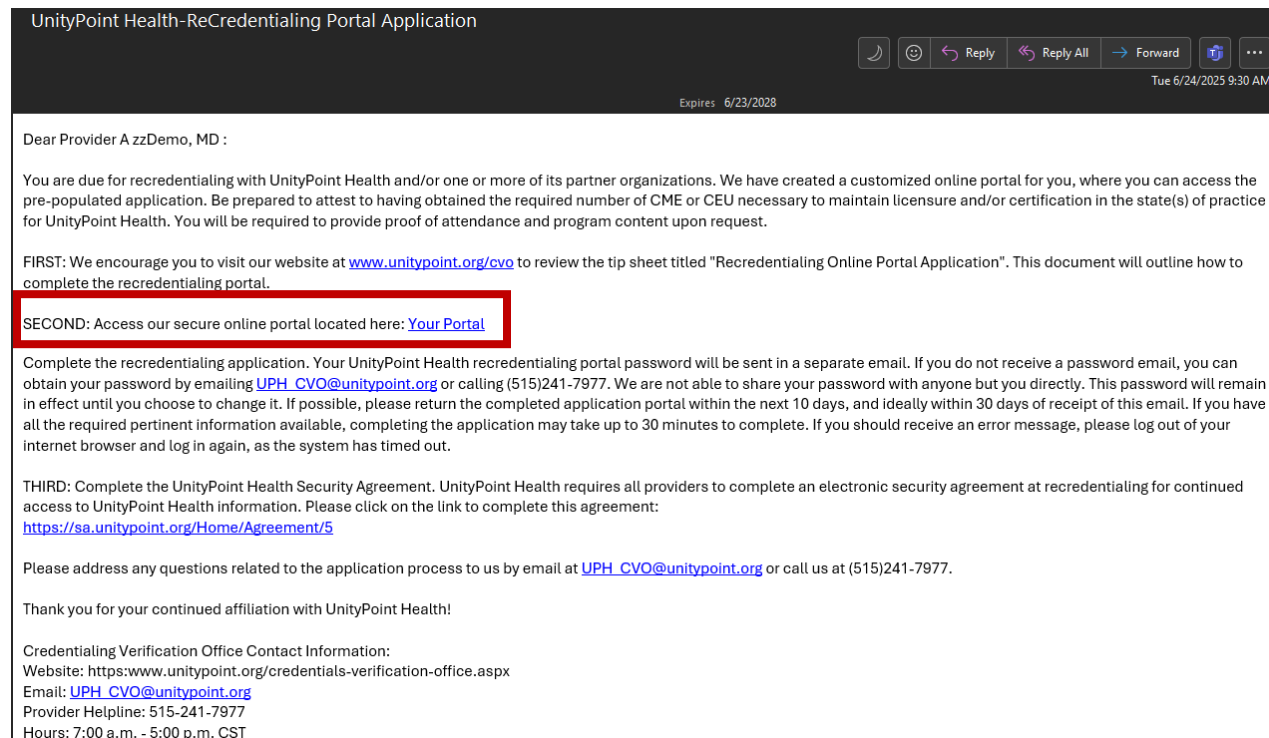
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## Invitation E-mail

You, and if applicable the Delegate Credentialing Contact, will receive two (2) email notices from the CVO requesting that you complete your recredentialing. The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

One email will outline your instructions and provide your direct link to your portal.



The screenshot shows an email interface with a dark header. The subject is "UnityPoint Health-ReCredentialing Portal Application". The email body contains instructions for a provider. A red box highlights the text: "SECOND: Access our secure online portal located here: [Your Portal](#)".

UnityPoint Health-ReCredentialing Portal Application

Expires: 6/23/2028

Tue 6/24/2025 9:30 AM

Dear Provider A zzDemo, MD :

You are due for recredentialing with UnityPoint Health and/or one or more of its partner organizations. We have created a customized online portal for you, where you can access the pre-populated application. Be prepared to attest to having obtained the required number of CME or CEU necessary to maintain licensure and/or certification in the state(s) of practice for UnityPoint Health. You will be required to provide proof of attendance and program content upon request.

FIRST: We encourage you to visit our website at [www.unitypoint.org/cvo](http://www.unitypoint.org/cvo) to review the tip sheet titled "Recredentialing Online Portal Application". This document will outline how to complete the recredentialing portal.

SECOND: Access our secure online portal located here: [Your Portal](#)

Complete the recredentialing application. Your UnityPoint Health recredentialing portal password will be sent in a separate email. If you do not receive a password email, you can obtain your password by emailing [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org) or calling (515)241-7977. We are not able to share your password with anyone but you directly. This password will remain in effect until you choose to change it. If possible, please return the completed application portal within the next 10 days, and ideally within 30 days of receipt of this email. If you have all the required pertinent information available, completing the application may take up to 30 minutes to complete. If you should receive an error message, please log out of your internet browser and log in again, as the system has timed out.

THIRD: Complete the UnityPoint Health Security Agreement. UnityPoint Health requires all providers to complete an electronic security agreement at recredentialing for continued access to UnityPoint Health information. Please click on the link to complete this agreement: <https://sa.unitypoint.org/Home/Agreement/5>

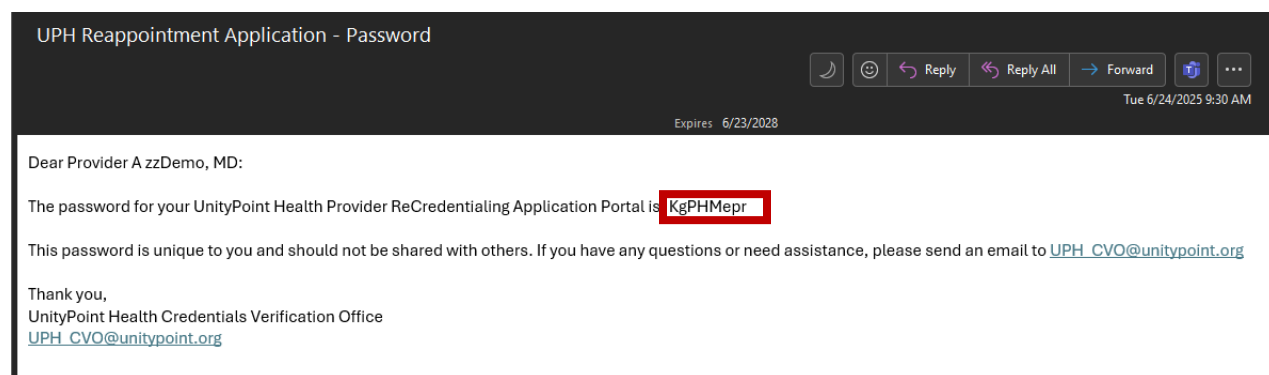
Please address any questions related to the application process to us by email at [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org) or call us at (515)241-7977.

Thank you for your continued affiliation with UnityPoint Health!

Credentialing Verification Office Contact Information:  
Website: <https://www.unitypoint.org/credentials-verification-office.aspx>  
Email: [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)  
Provider Helpline: 515-241-7977  
Hours: 7:00 a.m. - 5:00 p.m. CST

The second email will provide you the password to be used for your portal.

We recommend that you copy and paste the password to assure capitalization and proper letters are used. Make sure to not grab extra spaces before or after the password.



The screenshot shows an email interface with a dark header. The subject is "UPH Reappointment Application - Password". The email body contains a password. A red box highlights the text: "KgPHMepr".

UPH Reappointment Application - Password

Expires: 6/23/2028

Tue 6/24/2025 9:30 AM

Dear Provider A zzDemo, MD:

The password for your UnityPoint Health Provider ReCredentialing Application Portal is [KgPHMepr](#)

This password is unique to you and should not be shared with others. If you have any questions or need assistance, please send an email to [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)

Thank you,  
UnityPoint Health Credentials Verification Office  
[UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)

## Credentialing Information to have on hand

The following information is provided to assist you in ensuring you have all of the information needed on your Application for quick credentialing turnaround. Please contact the CVO for any clarification needed.

[UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)

Provider Assistance Line available from 7:00am-5:00pm CST: 515-241-7977

Prior to starting the application completion process via the UnityPoint Health Practitioner Portal you will need to gather the following information/documents.

For recredentialing applications, the CVO Requests all of your applicable information **within the past 2 years if you are an Illinois Practitioner and 4 years if you are an Iowa Practitioner**, if anything has been previously supplied to the CVO it should be prepopulated in your portal application for you.

### Information:

- Current state license number(s), effective and expiration date(s)
- Current DEA number(s) and expiration date(s)
- Current Controlled Substance Registration number(s) and expiration date(s)
- Current malpractice insurance policy(ies) information including carrier name, policy number, effective and expiration date, per incident and aggregate amount
- Any new Medical and Training Program information and date(s) of attendance
- Board/National Certification number(s), date(s), and/or eligibility status/exam date(s), if applicable
- Hospital/Ambulatory Surgery Center Affiliation information and date(s), if applicable
- Work History and Gap Explanations
- Back-Up/Covering Provider information
- Collaborative/Supervising Physician information if you are an Advanced Practice Provider
- Be prepared to answer questions regarding your professional history such as non-renewed Hospital privileges, financial investments/relationships, malpractice claims filed, criminal history, health and vaccine status, etc.

### Documents:

- A PDF copy of your Current Malpractice Insurance Certificate(s)
  - *NOTE: You are not required to provide a copy of this if you have already supplied a recent copy to the CVO, but providing a current copy is always appreciated*



## Applicant Portal - Basic Info & Troubleshooting

**Note the compatibility requirements.**

The UnityPoint Health Practitioner Portal is located here:

[Practitioner Portal](#)

To access the Practitioner Portal as a delegated (credentialing contact) user:

[Delegate Cred Contact - Practitioner Portal](#)


**Be sure you are utilizing the correct webpage and login!** The most common issue with logins is the Provider trying to use the Delegate website and password, or the Delegate trying to use the Provider website and password.

Upon clicking on your portal link in the email you will arrive at the log in page. Enter your email address that your portal invitation was sent to and enter the password provided in the second email.

If the applicant cannot get the password to work try the “Forgot your password” feature, see below for troubleshooting tips. If you are still unable to access your application please contact the CVO:

[UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)

Sign In



**Welcome to the UnityPoint Health Practitioner Portal!**

**Browser Requirements:**

**PC - Windows 7, Windows 8 and Windows 10, IE 11, Chrome**

**MAC - OS-X, Chrome, Safari**

**Tablets - Android/iOS, HTML5 compatible browser (Moxzilla Firefox is not supported)**

Email Address:

Password:

[Forgot your password?](#)

Password troubleshooting:

If your password does not appear to work, you can click on the “Forgot your password?” option and you will be prompted to the following screen. Last name and first name must match with our names in the credentialing software system.



Sign In

 **UnityPoint Health**

Welcome to the UnityPoint Health Practitioner Portal!

**Browser Requirements:**

PC - Windows 7, Windows 8 and Windows 10, IE 11, Chrome

MAC - OS-X, Chrome, Safari

Tablets - Android/iOS, HTML5 compatible browser (Moxzilla Firefox is not supported)

\*To allow us to locate your records, please enter your Last and First name.

Last Name:

First Name:

**Submit**

Successful matching of last name and first name to our system will be confirmed with this message stating a new temporary password has been sent to the original email where the portal invitation was sent.



Sign In

 **UnityPoint Health**

Welcome to the UnityPoint Health Practitioner Portal!

**Browser Requirements:**

PC - Windows 7, Windows 8 and Windows 10, IE 11, Chrome

MAC - OS-X, Chrome, Safari

Tablets - Android/iOS, HTML5 compatible browser (Moxzilla Firefox is not supported)

\*An email has been sent to the email address associated with your account containing a new temporary password.

Email Address:

Password:

**Submit**

[Forgot your password?](#)

The password email will ONLY give you the new password. You will use your original recredentialing portal email for the portal link.

We recommend that you copy/paste the password, making sure to not grab extra space prior or after the password.

---


## UnityPoint - Portal Password Reset



MSONetPasswordReset@MSOW.com

To [REDACTED]

Retention Policy UPH 3 Year Retention (3 years)

 If there are problems with how this message is displayed, click here to view it in a web browser.

**WARNING!** This email originated from outside of the organi

Dear [REDACTED]

Your new password is 2pX6Kw7v



**Please be aware the application will timeout and could cause portal issues if left open for an extended length of time without activity.**

Your session has timed out. Please close the Practitioner Portal browser window.

If this occurs, be sure to completely close your internet browser and then retry entering the portal. Sometimes when there has been too long of inactivity, you get locked out – this closing of the browser is necessary to reset it. You may also need to clear your browser history/cache and/or restart your computer.

Once logged into the portal the main screen outlines all the required information that will be needed for application completion. The portal will walk the applicant through all the sections, providing instructions along the way.

Welcome, Provider zzDemo, MD My Home | [Change Password](#) | [Logout](#)



My Home

## Welcome, Provider zzDemo, MD!

Your Current Application:

### CVO IL Recredentialing with Privileges 3/1/2025

[Begin](#)

You have been granted access to this site to permit the electronic completion of the CVO initial credentialing application portal. Once you have read through the instructions below, click the blue "Begin" button above to proceed.

System Features to Understand:

**Navigation:** Sections of the portal application appear horizontally across the screen. To begin reviewing/populating information within each section click the blue "Continue" button or click on the item link(s) at the left in each section.

As sections are completed and saved they will show a blue check mark. The "My Home" link will allow you to check the overall completion status of the application. The "Summary Report" will allow you to review a summary of the portal application during completion.

**Red Flags:** Symbolizes a missed requirement or incorrect format entry. Red Flags must be fixed or the portal will not submit.

**Timing Out Will Occur:** The portal will timeout with inactivity. If you must leave the portal to gather information, save and log out.

**Document Upload:** You will be able to upload documents that will be transmitted to the CVO.


**NOTE: ONLY THE PRACTITIONER IS ALLOWED TO COMPLETE THE DISCLOSURE QUESTIONS AND THE PRIVILEGES FORM(S) AN CLICK THE "SUBMIT" BUTTON.**

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Not the application you were looking for?  
Choose another active application here:

Information will be populated in the portal **if** we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and “Edit” to review all information loaded. Recredentialing information is based on the **past 2 years (Iowa) or 4 years (Illinois)** of information.

Welcome, Provider zzDemo | [My Home](#) | [Summary Report](#) | [Logout](#)



**Basic Information** | Professional History | Education and Training | Disclosure Questions | Documents | Review and Submit

**Alias Information**

Vital & Contact  
Personal History  
**Alias information**  
Delegated Credentialing Contact  
Practice Location(s)  
Provider Languages  
Emergency Contact

Please list other names by which you have been known in the section below. If no Alias then click the blue "Save and Continue" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

zzMario zzLuigi	▼
Alias Type Preferred Name	
First, Middle, Last Name	zzMario zzLuigi
Alias	
Explain Name Change	Nickname

DELETED EDIT

Save and Continue

Add an Alias



Fields with **Red Asterisk\*** are required fields. If they are not filled in the portal will place a **Red Flag** next to the section header where a field need addressed.

Welcome: [Redacted] [My Home](#) | [Summary Report](#) | [Logout](#)

**UnityPoint Health**

**Basic Information** | Professional History | Education and Training | Disclosure Questions | Privileges | Required Documents | Review and Submit

**Vital & Contact** Please provide the information requested. [Save and Continue](#)

\* Indicates a required field

Title: Ms. Degree: D

First Name: Rebecca MI: Last Name: [Redacted]

Date of birth: [Redacted] Sex: female Social Security Number: [Redacted]-44-00-7777

Current Home Address: [Redacted] Apartment # (if applicable): [Redacted]

City: [Redacted] State: IA Zip: [Redacted]

Email Address You Use Most (Note -this will be the e-mail used for communication of any issues and for re-credentiating needs when it is time for re-credentiating)

[Redacted]

Alternate Email Address: [Redacted]

Cell Phone: [Redacted] Home Phone: [Redacted]

Example of when answering a question may open up another required field:

U.S. Citizen = No Visa information required

Welcome, [Redacted] My Home | Summary Report | Logout

UnityPoint Health

Basic Information Professional History Education and Training Disclosure Questions Required Documents Review and Submit

Vital & Contact  
Personal History  
Alias Information  
Delegated Credentialing Contact  
Practice Location(s)  
Provider Languages

**Personal History**  
Please provide your personal history information.

Save and Continue

\* Indicates a required field

Marital Status: Married

Birth City: [Redacted] Birth State (If born in the US): [Redacted]

Birth Country: [Redacted]

Are you a US Citizen:  Yes  No Citizenship: [Redacted]

Not a U.S. Citizen = Visa information required

Welcome, Rebecca [Redacted] My Home | Summary Report | Logout

UnityPoint Health

Basic Information Professional History Education and Training Disclosure Questions Required Documents Review and Submit

Vital & Contact  
Personal History  
Alias Information  
Delegated Credentialing Contact  
Practice Location(s)  
Provider Languages

**Personal History**  
Please provide your personal history information.

Save and Continue

\* Indicates a required field

Marital Status: Married

Birth City: [Redacted] Birth State (If born in the US): [Redacted]

Birth Country:  Belgium

Are you a US Citizen:  Yes  No Citizenship:  Belgian

Do you have a legal right to reside permanently and work in the U.S.?  Yes  No

Visa Type:  1

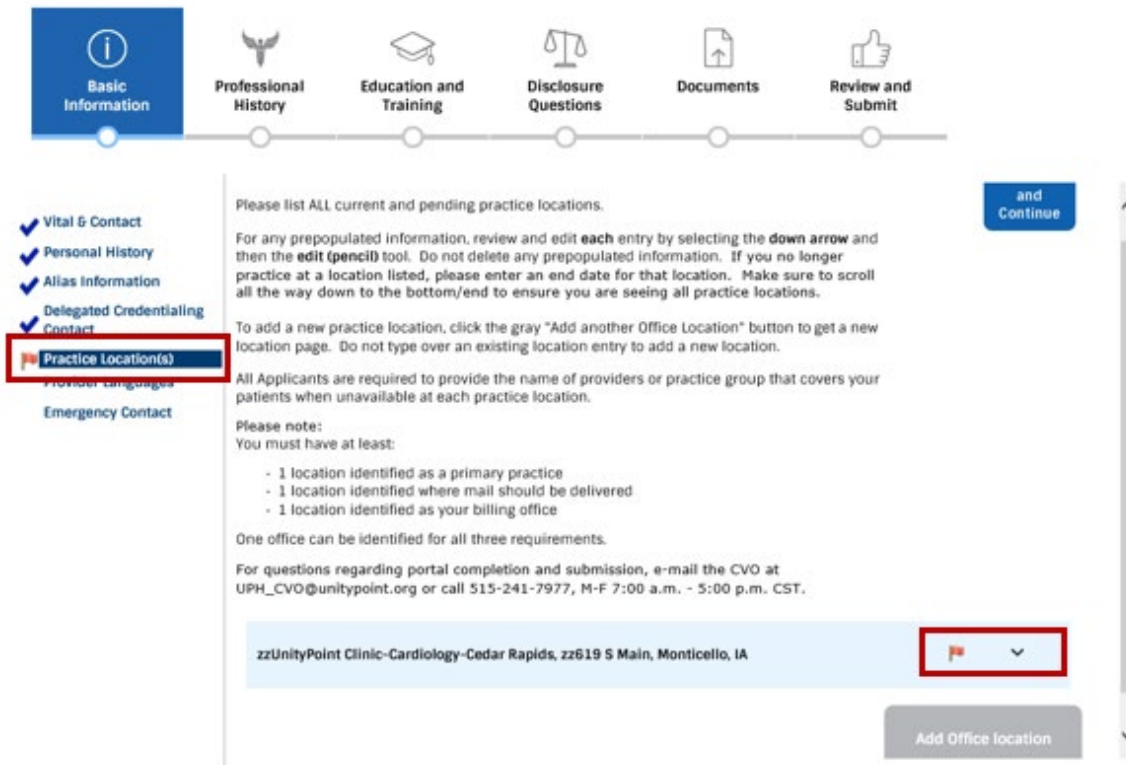
Visa Expiration Date:  0/22/2021


You will get a pop-up warning you that the required information was not populated. You can skip this by selecting “Continue” but you will still be required to go back and complete the needed information.

If you do not address the required field a Red Flag will remain – this must be addressed, or the application will not allow you to submit the portal application. Be sure to use the “Save and Continue” button to be sure your changes are saved, and your flags are cleared.



Screen sample of a Red Flag that must be addressed or the portal will not let you submit.



Additional tips have been added throughout the system. They are identified with the italics symbol 

If the applicant has recently submitted other portals, they will show at the bottom of the main Welcome page.

the CVO

**NOTE: A Delegate Credentialer (office personnel who assist with credentialing applications) can ASSIST with the completion of the application but ONLY THE PRACTITIONER IS ALLOWED TO SUBMIT THE COMPLETED FORM AND PRIVILEGES. The Delegate will receive a separate portal invitation to complete their work.**

For questions regarding packet completion and submission, email the CVO at UPH\_CVO@unitypoint.org

**Prior submitted applications**

UPH ReCredentialing & Privileges Portal 2022 - Complete  
Submitted: 5/19/2022



If the applicant has other applications to complete there will be an option at the bottom of the main Welcome page to switch to the other application. Such as a Recredentialing application instead of an Initial application.

**PRACTITIONER IS ALLOWED TO SUBMIT THE COMPLETED FORM AND PRIVILEGES. The Delegate will receive a separate portal invitation to complete their work.**

For questions regarding packet completion and submission, email the CVO at UPH\_CVO@unitypoint.org

*Not the application you were looking for?  
Choose another active application here:*









You may leave the portal and come back at any time and continue where you last saved. The portal will show your progress.

## Welcome, Provider zzDemo, MD!

Your Current Application:

### CVO IL Recredentialing with Privileges 3/1/2025

Status: 3% Complete

 <b>Basic Information</b>		<b>Continue</b>
 <b>Professional History</b>	0%	<b>Continue</b>
 <b>Education and Training</b>	0%	<b>Continue</b>
 <b>Disclosure Questions</b>	0%	<b>Continue</b>
 <b>Privileges</b>	0%	<b>Continue</b>
 <b>Documents</b>	0%	<b>Continue</b>

Not the application you were looking for?  
Choose another active application here:

You can use the search feature in our Lookup lines, in the example below it shows how to look up a Hospital or Ambulatory Surgery center. Click on the italics symbol for additional search tips.


IF the facility or entity is not in the drop-down listing, simply type in the required data field information.


The screenshot shows a web form with several input fields. At the top right, there is a blue "Cancel" button and a red asterisk with the text "\* Indicates a required field". The form fields are: "Current or Prior Affiliation" (dropdown), "Organization Lookup" (dropdown, highlighted with a red box and a magnifying glass icon), "Organization Name" (text input, marked with a red asterisk), "Address" (text input, marked with a red asterisk), "Suite #" (text input), "City" (text input), "State" (dropdown), "Zip" (text input), "Phone #" (text input), "Fax #" (text input), and "Membership Status" (dropdown, marked with a red asterisk). A vertical scrollbar is visible on the right side of the form.


## Basic Information Section


Remember, information will be populated in the portal if we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and "Edit" to review all information loaded.


[Welcome, Provider zzDemo](#) | [My Home](#) | [Summary Report](#) | [Logout](#)


  
**Basic Information**


  
**Professional History**

  
**Education and Training**

  
**Disclosure Questions**

  
**Privileges**

  
**Documents**

  
**Review and Submit**

- Vital & Contact
- Personal History
- Alias Information
- Delegated Credentialing Contact
- Practice Location(s)
- Provider Languages


### Basic Information

Please provide/verify the information throughout this section.

[Continue](#)

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Credentials Verification Office  
Recredentialing Tip Sheet – Updated June 2025

 **UnityPoint Health**

## Vital & Contact –

The Primary e-mail and alternate e-mail listed must be for the Applicant, we cannot accept a Delegate Cred Contact in the primary or alternate e-mail fields. Use the Delegated Credentialing Contact section further into the application to list the person who will assist you in completing your credentialing.

If the applicant is relocating, and their current home address will be changing at a later date or during application processing, the new local address must be passed along to the CVO for system updating.

Investments - Please provide us the information requested so we can rule out any potential conflicts of interest.



- Vital & Contact
- Personal History
- Alias Information
- Delegated Credentialing Contact
- Practice Location(s)
- Provider Languages

### Vital & Contact

Save and Continue

Please review and/or provide the information listed below.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

\* Indicates a required field

Title  Degree

First Name  MI  Last Name

Date of birth  Sex  Social Security Number

Current Home Address  Apartment # (if applicable)

City  State  Zip

E-mail Address You Use Most (This will be the e-mail used for communication of any issues and for future recredentialing).

Alternate Email Address

Cell Phone  Home Phone

#### Investments - Please provide us the information requested so we can rule out any potential conflicts of interest.

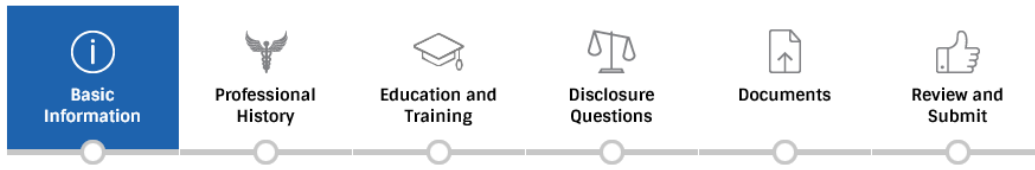
1. In the LAST FOUR (4) YEARS have you and/or a member of your family purchased or made an investment in (other than securities of a publicly traded company) or otherwise have a business interest in any clinical laboratory, diagnostic or testing center, hospital, surgicenter, and/or other business dealing with the provision of ancillary health services, equipment or supplies?  Yes  No

If yes, please explain, including full business name



## Personal History –

Birth Country and Citizenship must be provided, Race and Ethnicity can be provided for directory listings  
If you are not a US Citizen, your citizenship and legal right to reside/work in the US must be provided



- Vital & Contact
- Personal History**
- Alias Information
- Delegated Credentialing Contact
- Practice Location(s)
- Provider Languages

### Personal History

Save and Continue

Please review/update your personal history information.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

\* Indicates a required field

Marital Status    
Birth City  Birth State (If born in the US)    
Birth Country \*

Are you a US Citizen? \*  Yes  No

You can document race and ethnicity for reporting to payors in your directory listing information. UnityPoint Health does not discriminate or base credentialing decisions on an applicant's race or ethnicity. Providing such information is optional.

Race   Ethnicity

If ethnicity not found in drop down, please enter here.



## Alias Information –

Please provide any former or alternate names.

If you have married and had a name change since your last recertification cycle we must have appropriate documentation of your name change. The Credentialing Coordinator processing your application will contact you for a marriage certificate, etc. or may ask you to submit a service now request to get that updated in our system.

Basic Information | Professional History | Education and Training | Disclosure Questions | Privileges | Documents | Review and Submit

**Alias Information**

Please list other names by which you have been known in the section below. If no Alias then click the blue "Save and Continue" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

zzMario zzLuigi

Alias Type Preferred Name

First, Middle, Last Name zzMario zzLuigi

Alias

Explain Name Change Nickname

DELETE EDIT

Add an Alias

Save and Continue

Vital & Contact

Personal History

**Alias Information**

Delegated Credentialing Contact

Practice Location(s)

Provider Languages

## Delegated Credentialing Contact –

If someone will be assisting you in the completion of your application their information will be populated here, if you wish to add someone to assist in your application processing please list them here. This person will then be added to your profile and will receive future messages for recredentialing, licensure expirations, etc. They can NOT submit your portal application or privilege requests.

If you do not have such a person in your office, enter the email and phone number you want to be contacted at for recredentialing and expiration notices.



Vital & Contact

Personal History

Alias Information

**Delegated Credentialing Contact**

Practice Location(s)

Provider Languages

### Delegated Credentialing Contact

Save and Continue

If your office has a Delegated Credentialer (person who helps complete credentialing applications) please provide us the contact's information. This person will then receive e-mails in the future to assist you with completing online portal application information but will **NOT** be able to submit the application upon your behalf.

If you do not have such assistance, you will enter your own name, email and phone number you wish to be contacted at for portal questions.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

\* Indicates a required field

Name of Credentialing Contact

Title

Street Address  Suite #

City  State  Zip

E-mail Address

Phone #

Cell Phone #  Fax #

## Practice Locations -

Remember information will be populated in the portal **if** we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and “Edit” to review all information loaded.

- All current and prior practice locations in the **past 2 years (Iowa) or 4 years (Illinois)** must be listed on the application.
- You will need start dates for each location.
- You will need end dates for locations where you are no longer practicing – do **NOT** delete prior locations. Practice locations that are listed but you no longer practice at **MUST** have an end date entered. This information is needed to make payer enrollment and provider directory listing updates.

**Practice Location(s)**

Please review ALL practice locations. If there are additional practice locations for the past two (2) years that are not listed, please include.

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information. If you no longer practice at a location listed, please enter an end date for that location. Make sure to scroll all the way down to the bottom/end to ensure you are seeing all practice locations.

All Applicants are required to provide the name of providers or practice group that covers your patients when unavailable at each practice location.

Please note:  
You must have at least:

- 1 location identified as a primary practice
- 1 location identified where mail should be delivered
- 1 location identified as your billing office

One office can be identified for all three requirements.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

zzUnityPoint Clinic-Cardiology-Cedar Rapids, zz619 S Main, Monticello, IA

Add Primary Office Location

To add information you will select the gray box “Add Primary Office Location”. *If there is pre-populated information in your application your prompts may vary.*



You must identify if you are currently working at the location. If you say No – you are REQUIRED to provide an end date for the location.

\* Indicates a required field

Check/Confirm applicable designation: Primary  Additional  Secondary  Tertiary  Billing  Mailing

Beginning practice date at This Location: \* 4/17/2025

Are You Still Practicing at This Location? \*  Yes  No

Search Our Table for Office:

Reminder: For a NEW location add, please add via the gray 'Add' button on main page.

Office name \*

Address 1 \* zz1000 W Lincoln Way ST

Address 2

City \* Jefferson State \* IA Zip \* 50129-1645 County Greene

Phone # \* (515)965-6839 Fax # (515)207-8384

Specialty you practice at this location \* Dermatology

Will you be performing telemedicine services from this location? \*  Yes  No

Office Administrator Name

Provider Type: PCP  PCP Back Up  Specialist  Hospitalist

Are you currently accepting new patients at this location?  Yes  No

List location in Directory?  Yes  No

List Physician(s)/practitioner(s) who provide coverage for patients when you are not available. This could be an individual provider or a group/clinic name.

[Cancel](#)

Last Name, First Name, MI, Degree \*  ⓘ Specialty

Last Name, First Name, MI, Degree  Specialty

Last Name, First Name, MI, Degree  Specialty

Billing Tax ID  ⓘ Group Billing NPI  ⓘ

If an Advanced Practice Provider (APP) (e.g. ARNP, PT, LISW, etc), please provide supervising/collaborating physician(s) below, if applicable. \*

Last Name, First Name, MI, Degree  ⓘ Specialty

Last Name, First Name, MI, Degree  ⓘ Specialty  [Cancel](#)

**Office Hours**


[Add Office Hours](#)



**Frequently Asked Questions:**

Check/Confirm applicable designation: The type of office is to identify the primary practice location for payer enrollment purposes.

- Primary = Main office
- Additional = Additional practice location under the same billing tax identification number (TIN)
- Secondary = A second billing TIN
- Tertiary = A third billing TIN
- Billing Office = If your practice locations have separate billing offices, they need to be listed
- Mailing = If your practice locations have separate mailing offices, they need to be listed

You will need to identify the type of office – Primary, Additional, Secondary, etc. Click on the  symbol for additional tips throughout the system.

Primary	<input checked="" type="checkbox"/>	Additional	<input type="checkbox"/>		Secondary	<input type="checkbox"/>		Tertiary	<input type="checkbox"/>		Billing	<input checked="" type="checkbox"/>	Mailing	<input checked="" type="checkbox"/>
---------	-------------------------------------	------------	--------------------------	---	-----------	--------------------------	---	----------	--------------------------	---	---------	-------------------------------------	---------	-------------------------------------

An example of a Provider with two separate employers, one of which has multiple clinical office locations

Primary = UnityPoint Health Express Care Moline

Additional = UnityPoint Health Express Care Rock Island

Billing and Mailing = UnityPoint Health Billing Office

Secondary and Mailing= Private Family Medicine Practice, LLC

Billing = Private Family Medicine Practice, LLC Billing Office

Search Our Table for Office:

You can use the search feature in the “Search Our Table for Office” line identified below. Click on the italics symbol for additional search tips.

IF the Office is not in the drop-down listing, simply type in the required data field information.

Search Our Table for Office:  

Covering/Back-Up Practitioners:

We must have covering Physicians/Practitioners listed for your clinical practice locations that will manage your patients when you are unavailable. Covering/Back-up Providers are Providers who will provide coverage for you when you are out of the office and unable to provide continuation of care to patients.

Your Covering/Back-up Practitioners can be a group or individual and should be listed as “GROUP NAME” or “FIRST/LAST NAME, DEGREE” to satisfy this requirement. For example: an Emergency Department Provider may list “ED Department” as the group name or a Hospitalist may list “Hospitalist Group”.



This requirement is applicable to Locums as well as although your role is to cover for another Physicians/Practitioner, your Locum Company or the Practice you are covering for should be able to provide another Practitioner to cover your role in your absence.

If you are applying for privileges the covering Physicians/Practitioners you utilize must have privileges at the same UPH location you are applying for.

List Physician(s)/practitioner(s) who provide coverage for patients when you are not available. This could be an individual provider or a group/clinic name.



Last Name, First Name, MI, Degree *	<input type="text" value="Dr. Princess Peach"/>		Specialty	<input type="text"/>
Last Name, First Name, MI, Degree	<input type="text"/>		Specialty	<input type="text"/>
Last Name, First Name, MI, Degree	<input type="text"/>		Specialty	<input type="text"/>


Supervising/Collaborating Physicians, APP only:

To assist the Medical Staff Services in obtaining the correct paperwork and expedite your privileging process please provide the name of your Supervising/Collaborating Physician

If an Advanced Practice Provider (APP) (e.g. ARNP, PT, LISW, etc), please provide supervising/collaborating physician(s) below, if applicable. \*

[Cancel](#)

Last Name, First Name, MI, Degree	<input type="text" value="Dr. Princess Peach"/>		Specialty	<input type="text"/>
Last Name, First Name, MI, Degree	<input type="text"/>		Specialty	<input type="text"/>

You will need to identify the type of office – Primary, Additional, Secondary, etc. Click on the  symbol for additional tips throughout the system.

Primary	<input checked="" type="checkbox"/>	Additional	<input type="checkbox"/>		Secondary	<input type="checkbox"/>		Tertiary	<input type="checkbox"/>		Billing	<input checked="" type="checkbox"/>	Mailing	<input checked="" type="checkbox"/>
---------	-------------------------------------	------------	--------------------------	---	-----------	--------------------------	---	----------	--------------------------	---	---------	-------------------------------------	---------	-------------------------------------



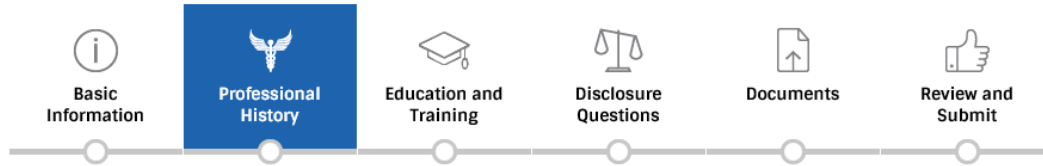
## Provider Languages –

We welcome providers to inform us of languages they may read, speak, or write. If you do not speak/write other languages, this section can be skipped by clicking the “Save and Continue” button.

To add information choose the gray box “Add a language”

The screenshot shows the UnityPoint Health interface for the 'Provider Languages' section. At the top, there is a blue header with the UnityPoint Health logo. Below this is a navigation bar with six steps: Basic Information (selected), Professional History, Education and Training, Disclosure Questions, Required Documents, and Review and Submit. On the left side, there is a sidebar menu with options: Vital & Contact, Personal History, Alias Information, Delegated Credentialing Contact, Practice Location(s), and Provider Languages (highlighted). The main content area is titled 'Provider Languages' and includes the instruction: 'Please specify all languages that you can claim working-level proficiency.' A blue 'Save and Continue' button is located in the top right of this section. Below the instruction, there is a list of languages. The first entry is 'Portuguese', which is highlighted in light blue. Underneath 'Portuguese', there are three checkboxes: 'Read' (checked), 'Speak' (checked), and 'Write' (checked). To the right of the language entry are 'DELETE' and 'EDIT' icons. At the bottom right of the list, there is a gray 'Add a language' button.

# Professional History Section



- Licensure, Registrations and Certification Information**
- Admitting Privileges
- Healthcare Organization Affiliations
- Employment History
- Malpractice Insurance

## Professional History

Please click the blue "Continue" button to proceed.


Continue

## Licensure, Registrations and Certifications Section

All current and pending licenses, registrations, and certifications held must be provided. If we have information in our system already it will populate, and you will need to review those lines for accuracy.

- You will use the ID Type drop down to add licenses, registrations, and certifications
- All current licenses need to be listed on your Application. For Licenses that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.
  - If you have reported Training Programs, Hospitals, and Work History in a certain state, have you also provided us that State License, CSA, and DEA information?
  - If your employer is based in a state that you do not work in please add a comment to that employment history entry to explain. For example, you work for a locums company based in Texas, but you only work in Nebraska, Illinois, and Iowa.
- You will need end dates for licenses that are no longer active – do **NOT** delete prior licenses that populate.
- Illinois Applicants will need to supply the schedules on their DEA Certifications as part of the application.
- You must verify the status and limitations of all your licensure.

Regarding the question “Is this license unlimited?” on the Illinois Applications

Is the State License  Yes  No  
Unlimited? 

- 
- A “Yes” answer is appropriate if your licensure has no limitations beyond the regular scope of practice. For example, a mid-level provider practicing under the supervision of a Physician is not a limitation if that falls under the regular scope of practice. Or a Controlled Substance or DEA certificate that does not include schedule I drugs, substances, or chemicals; Schedule I are defined as drugs with no currently accepted medical use and as such this schedule is not typically issued.
  - A “No” answer is required if there are any limitations to your licensure. For example, a license issued only for public agency or non-profit employment, or a DEA issued only for a University.
- Enter “NA” for the state if it is not a state specific ID number such as NPI, ECFMG, or a CPR certificate

You will be prompted to provide the appropriate information starting with the Iowa or Illinois State license as applicable, then DEA, CSA, NPI, ECFMG, and additional licensure from list. To add licensure and certifications, including pending, you will select the gray box. *If there is pre-populated information in your application your prompts may vary.*

Add Iowa State License

[I do not have Iowa State License - Explain in previous list item.](#)

Add IL State License

[I do not have an IL State License](#)

Add DEA Number

[I do not have a DEA Registration - Explain in previous list item](#)

Add Controlled  
Substance Certificate

[I do not have a  
Controlled Substance  
Certificate - Explain in  
previous list item](#)

NPI Number

[I do not have an NPI  
Number](#)

ECFMG Certification  
Number

[I do not have ECFMG  
Certification Number](#)

Add Additional  
Licensure From List



Example of where to use the drop down to find the new item you are adding in this section.

### Licensure, Registrations and Certification Information

Save and Continue

You must provide ALL pending, current and inactive items in this section. Add pending, current and inactive licenses, registrations and certifications by clicking the gray button below. Select the item to add from the drop down box.

The following are **required**, as applicable:

- State Medical License
- DEA Registration
- Controlled Substance Certificate
- ECFMG

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Cancel

\* Indicates a required field

Licensure/Registration/Certification

ID Number \*  if ID Number not applicable, enter NA; if pending enter Pending.

State \*  Issue Date  Expiration Date

Licensure/Registration/Certification \*

ID Number \*  if ID Number not applicable, enter NA; if pending enter Pending.

State \*

- ACLS (Advanced Cardiac Life Support)
- Additional Registration/Certificate
- ALSO (Advanced Life Support in Obstetrics)
- APLS (Advanced Pediatric Life Support)
- ARLS (Advanced Radiology Life Support)
- ATLS (Advanced Trauma Life Support)
- BCLS (Basic Cardiac Life Support)
- BTLS (Basic Trauma Life Support)
- Controlled Substance
- DEA Registration
- More...

Expiration Date

Example of where to use the drop down to review and edit an item that was prepopulated in this section.

below. Select the item to add from the drop down box.

The following are **required**, as applicable:

- State Medical License
- DEA Registration
- Controlled Substance Certificate
- ECFMG

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

State License, NY

Licensure/Registration/Certification State License

ID Number 000000 If ID Number not applicable, enter NA; if pending enter Pending.

State NY Issue Date 1/1/2000 Expiration Date 1/1/2000

State License, AL

## Admitting Privileges –

The UnityPoint Health PHO-Medimore needs to know admitting arrangements for reporting to payers. If a provider is not seeking hospital admitting privileges a group must be identified for covering hospital admissions. A UPH hospital needs to be identified too. This does NOT mean you can only send patients to that hospital.

This is a requirement for the UnityPoint Health PHO, Medimore, participation. You will enter the start date that the admitting arrangement was made for the hospital location.

If you have questions on this requirement, please submit your question to [uph\\_medimorecred@unitypoint.org](mailto:uph_medimorecred@unitypoint.org)

**Admitting Privileges**

For questions regarding portal completion and submission, e-mail the CVO at [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org) or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Do you have hospital admitting privileges? \*  Yes  No

\* Indicates a required field

**Save and Continue**

- Questions Regarding State License, DEA, CSA
- Licensure, Registrations and Certification Information
- Admitting Privileges**
- Healthcare Organization Affiliations
- Employment History
- Malpractice Insurance
- Malpractice Insurance Additional Questions
- Peer References



### Sample of screen when answer is “Yes”

#### Admitting Privileges

Save  
and  
Continue

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Do you have hospital admitting privileges? \*  Yes  No

\* Indicates a required field

Click blue "Save and Continue" button

### Sample of screen when answer is “No”

#### Admitting Privileges

Save  
and  
Continue

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Do you have hospital admitting privileges? \*  Yes  No

\* Indicates a required field

Provide Name of Admitting Physician or Group (Enter N/A if you are a Therapist, Counselor, Social Worker or SLP)

\*

DIRECT PATIENT CARE PROVIDERS - Participation in the UPH-Medimore PHO requires either hospital admitting privileges or a documented patient care arrangement for hospital admitting of your patients.

Click blue "Save and Continue" button

## Healthcare Organization Affiliations -

You must enter all hospital and ambulatory surgery center affiliations within the **past 2 years (Iowa) or 4 years (Illinois)** – current, pending, and prior.

Do ***NOT*** delete facilities that you no longer hold membership/privileges. We must have your end date at the location. For affiliations that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

We need to know the status of your membership/privileges at each facility.

**Healthcare Organization Affiliations**

You must provide ALL pending, current and inactive healthcare affiliations for the past two (2) years.

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

For any inactive or expired healthcare organization affiliations, update membership status and enter the end date of affiliation.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

UnityPoint Health - Allen Memorial, 1825 Logan AVE, Waterloo, IA

zzTesting Hospital, DO NOT USE!!!, City of Testing, NY

zzTesting Hospital, DO NOT USE!!!, City of Testing, NY

Add Healthcare Affiliation

To add facilities, including pending facilities, you will select the gray box “Add Healthcare Affiliation”

*If you select “I do not have Current Healthcare Affiliation” please ensure you have supplied your Admitting Arrangement in the section before this on your portal.*



Example of requested fields for “Active” and “Pending” Membership Status:

When adding in new facilities:

- Choose “Current” for active and pending, and “Prior” for inactive
- If your membership is pending, use the date you applied to satisfy the “Start Date” requirement if needed.
- You can use the search feature in the “Organization Lookup” line identified below. Click on the italics symbol for additional search tips.
- IF the facility is not in the drop-down listing, simply type in the required data field information.

[Cancel](#)  
\* Indicates a required field

Healthcare Affiliation  
Status Type \*  *i*

Organization Lookup  *i*

Organization Name \*

Address  Suite #

City  State  Zip

Phone #  Fax #

Membership Status \*

Start Date at Hospital (mm/dd/yyyy) \*  *i*

If you choose “Inactive” Membership Status you will be given another field to supply the End Date:

Membership Status \*

Start Date at Hospital (mm/dd/yyyy) \*  *i* End Date at Hospital (mm/dd/yyyy) \*

Illinois Applicants will need to provide information on any limitations in their area of specialty for Hospitals:

Any Limitations in Your Area of Specialty at this Hospital? \*  Yes  No

## Employment History

You are REQUIRED to list all employment engagements for the **past 2 years (Iowa) or 4 years (Illinois)** as requested.

All work engagements must be entered, including explanation of any gaps in your employment greater than 30 days.

If you are no longer employed with an entity, you must enter an end date. Do **NOT** delete prior employers. A current employer is required to be listed, if you end your employment with a location ensure you have entered a new employer if they are not already reported on your application, this includes future employment.

**NOTE** – Practice locations that are under the same employer do not get listed here. Only enter your primary location with that employer in this section, and any additional locations you practice at or billing/ mailing locations under your employer should be listed under the [Practice Locations](#) section of the portal application. See some common examples below:

### Employer with multiple clinic locations

If you are employed by an entity that has multiple clinical locations we only need the primary location listed in your employment history, we do not need all of the various clinic office locations you may see patients at under that employment history.

For example, UnityPoint Health/UnityPoint Clinic Providers will often go to multiple clinics or work in multiple emergency departments as part of their employment. It is unnecessary to list all UnityPoint locations that you may see patients at under employment history as all those locations are for the same employer, you will just list UnityPoint Health once with your original start date.

### Locum Work History

If you are employed by a locums agency we only need the agency listed in your employment history, we do not need all of the clinical assignments and locations you were assigned to with that agency under work history.

To add history, including pending employment, you will select the gray box “Add Employment/Military/Gap(s)” or “Add another Employer/Gap Explanation”



Use the “Select Option” dropdown to change between Work History, Military, and Gap Explanations

Select Option: \*  x ^

Company Name/Gap Explanation: \* 

- Gap Explanation
- Military
- Work History

\* Indicates a required field

Select Option: \*  ▼

Company Name/Gap Explanation: \*


Address \*  Suite #


City \*  State \*  ▼ Zip \*

Phone #  Fax #


Position held  Primary Activity

Currently Employed? \*  Yes  No



From Date \*  

Verification Contact Information:

Name   Title


Phone



E-mail


[Cancel](#)

In order for the "Thru Date" to populate you must check "No" for "Currently Employed?", even for Gap Explanations

Currently Employed? \*  Yes  No



From Date \*   Thru Date \*  



## Current Insurance Carriers –

All current malpractice insurance carriers must be entered as requested on your portal application. For insurances that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable. Do **NOT** delete insurances that are expired/not renewed.

If you are unaware of the current insurance carriers that afford your coverage then you and/or your delegate credentialing contact will need to contact your employers and/or possibly medical staff services to obtain this information.

UnityPoint Health (UPH) applicants – Please collaborate closely with your recruiter to validate the entity that will be providing current malpractice coverage for you, so that you can add that info here. You will likely list your coverage as “UnityPoint Health Self Insured”

All coverage must be accounted for each training program and employer, there is a field for you to identify the education program or employer associated with each coverage entry you add.

The screenshot shows a navigation bar with seven items: Basic Information, Professional History (highlighted), Education and Training, Disclosure Questions, Privileges, Documents, and Review and Submit. Below the navigation bar is a sidebar menu with items: Licensure, Registrations and Certification Information; Admitting Privileges; Healthcare Organization Affiliations; Employment History; Malpractice Insurance (highlighted); and Peer References. The main content area is titled "Malpractice Insurance" and contains the following text: "Please list your current professional liability insurance coverage for all current employment." "For any prepopulated information, review and edit each entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information." "For any item expired or not renewed enter the expiration date and select status of "Inactive"." "For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST." There is a "Save and Continue" button in the top right. Below the text are two rows of data, each with a dropdown arrow: "Current Malpractice Insurance, ProSelect Insurance Company" and "Prior Malpractice Insurance, SVMIC-State Volunteer Mutual Insurance Company".

To add insurance information, including pending/future, you will select the gray box “Current Malpractice Insurance Carrier” or “Add Malpractice Carrier”

Two gray buttons are shown side-by-side. The left button is labeled "Current Malpractice Insurance Carrier" and the right button is labeled "Add Malpractice Carrier".






All coverage must be accounted for each employer, there is a field for you to identify the employer associated with each coverage entry you add.

*Coverage minimums for UPH Privileging and/or PHO enrollment is 1 Million per Incident and 3 Million Aggregate*

\* Indicates a required field

Insurance Type \*  

Insurance Company Lookup



Insurance Company Name \*  [Cancel](#)

Address \*  Suite #

City \*  State \*  Zip \*

Phone #  Fax #

Policy Number \*

Issue Date \*   Expire Date \*  

Per incident \*  Aggregate \*

Status

Enter the Employer associated with this Insurance:

\*

Illinois applicants will be asked if the coverage is Claims Made or Occurrence based, and if any judgements have exceeded your coverage:

What type of coverage do you have? Claims Made  Occurrence

Has any judgment or payment of claim or settlement amount exceeded the limits of this coverage? \*  Yes  No

## Peer References -

There are various requirements for who we need a peer reference form completed by, carefully review the type of references that are required.

The screenshot shows a progress bar at the top with seven steps: Basic Information, Professional History (highlighted in blue), Education and Training, Disclosure Questions, Privileges, Documents, and Review and Submit. Below the progress bar is a sidebar menu with the following items: Licensure, Registrations and Certification Information; Admitting Privileges; Healthcare Organization Affiliations; Employment History; Malpractice Insurance; and Peer References (highlighted in blue). The main content area is titled "Peer References" and contains the following text: "Please list the names of three (3) individuals who have personal knowledge (within the past 24 months) of your current clinical abilities, ethical character and interpersonal skills and who would be willing to provide this information upon request. Please ensure your peers are from your specialty and same discipline (physician-physician, ARNP-ARNP, etc.) with firsthand knowledge of your competence. You may be asked to provide additional peers." Below this text is contact information: "For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST." On the right side of the page, there are two buttons: a blue "Save and Continue" button and a gray "Add Professional Reference" button.

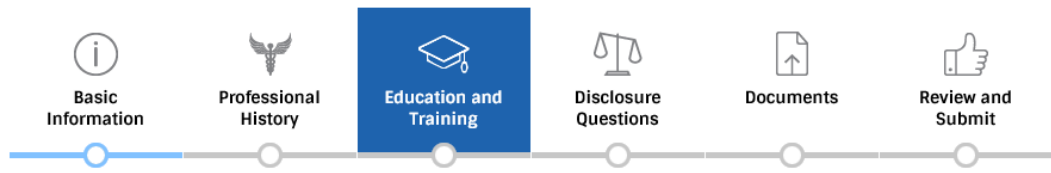
To add professional references, you will select the gray box "Add Professional Reference"



## Education and Training Section

Information must be entered for any updates in your Education and Training.

If you have completed the Education and Training and the information has already been reported to us, you do not need to duplicate the information.



**Basic Information**

**Professional History**

**Education and Training**

**Disclosure Questions**

**Documents**

**Review and Submit**

**Board/National Certification**

**Medical Education Timeline**

### Education and Training

Please click the blue "Continue" button.

**Continue**

## Medical Education Timeline -

**Basic Information**   **Professional History**   **Education and Training**   **Disclosure Questions**   **Privileges**   **Documents**   **Review and Submit**

**Medical Education Timeline**

- Please add to your medical education timeline any new residency, fellowship, or other clinical training started or completed in the past twenty-four (24) months.
- For purposes of this application, "Medical education" includes Professional education for non-physicians.
- Educational gap explanations over 30 days in the past twenty-four (24) months.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

**Save and Continue**

**Add a Other Training**

[I do not have additional Education/Training to add](#)

To add training, you will select the gray box “Add a Other Training”

If you do not have any additional training, you will select the “I do not have additional Education/Training to add” link

**Add a Other Training**

[I do not have additional Education/Training to add](#)

When adding in new Education:

- Choose the type of education, ex: "Medical Education"
- You can use the search feature in the "University Lookup" line identified below. Click on the italics symbol for additional search tips.
- IF the University is not in the drop-down listing, simply type in the required data field information.
- For Education Gap Explanations choose "Education Gap Explanation" from the University Lookup option, and "Yes" when asked if you successfully completed the program in order to enter the Thru date of the gap

### Medical Education Timeline

Save and Continue

- Please add to your medical education timeline any new residency, fellowship, or other clinical training started or completed in the past twenty-four (24) months.
- For purposes of this application, "Medical education" includes Professional education for non-physicians.
- Educational gap explanations over 30 days in the past twenty-four (24) months.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

[Cancel](#)  
\* Indicates a required field

Education Timeline Type: \*

University Lookup  *i*

University Name \*

Address  Suite #

City, State, Zip    Country

Specialty \*

Program Director  *i*

Program Office E-mail Address

Program Office Phone #  Program Office Fax #

From Date (mm/dd/yyyy) \*  Did you successfully complete this program? \*  Yes  No

Illinois applicants will have an additional question regarding any disciplinary action during their attendance:

Were you the subject of any disciplinary action during your attendance at this institution? \*  Yes  No



## Board Certifications/National Certifications Section

Sample of fields to be completed in this section. Review the existing information for any needed updates, and add any additional Certifications obtained.

Board/National Certification is a threshold requirement for application processing. Board eligibility information must be completed if you are not currently Board certified.

Advanced Practice Providers you will list your national certifications in this section.

Please provide **2 years (Iowa) or 4 years (Illinois)** of information as requested. For certifications that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable. Do **NOT** delete Certifications that you no longer hold. We must have your end/expiration date.

**Medical Education Timeline**

**Board/National Certification**

**Board/National Certification**

Please provide information about any new Specialty in which you became Board Certified in the past twenty-four (24) months. Please note: some practitioners do not obtain a specialty certification. If you are no longer certified in the board(s) listed, please provide an explanation.

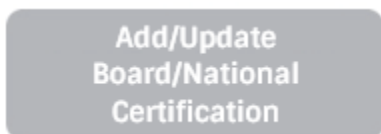
For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Pediatric Urology: Urology	▼
Urology: Urology	▼
Urology: Urology	▼

Add a Board/National Certification

To add information you will select the gray box “Add/Update Board/National Certification”. *If there is pre-populated information in your application your prompts may vary.*



You will then be asked if your specialty offers certification, and if “Yes” you will be asked if you are Board certified

Does your specialty offer a certification? \*  Yes  No

Are you Board certified? \*  Yes  No

If you are answer “Yes” you will be prompted to provide your Board certification information

When adding Board information:

- You can use the search feature in the “Certifying Board Name” line identified below.
- IF the Board is not in the drop-down listing, simply type in the required data field information.
- You can use the search feature in the “Specialty Look Up” line identified below.
- IF the Specialty is not in the drop-down listing, simply type in the required data field information.

Are you Board certified? \*  Yes  No

Certifying Board Name  

Issuing Entity Address (City and State)

Phone #  Fax #

Specialty Look Up  

Board Certification Specialty \*

Practicing this Specialty? \*  Yes  No

Lifetime Cert? \*  Yes  No

Certification Issued Date \*  

Certification Number:   Year of Recertification (yyyy)

If you answer "No" you will be prompted to provide your Board eligibility/admissibility for certification information

Eligible/Admissible for Certification? \*  Yes  No

Please enter any scheduled or recently completed exam dates.

Board Name/Certificate Type \*

Written Examination Scheduled  Written examination Completed

Oral Examination Scheduled  Oral Examination Completed

Admissibility Dates: From  To

Certification Exam Scheduled



## Disclosure Question Section

These questions are required to be completed reflecting on your **past 2 years (Iowa) or 4 years (Illinois) of history**. Providing the answer to these questions gives the CVO a complete picture of your professional history.

Any questions answered “**YES**” will need the associated supplemental information field or form completed. If the form is not completed, the CVO will return the application for completion, causing delays in processing.

The disclosure questions and forms will vary based on where you will be credentialed.

- If you are strictly being credentialed for Iowa you will be asked the exact questions from the Iowa state credentialing application.
- If you are being credentialed for Illinois you will be asked the exact questions from the Illinois state mandated credentialing application.

### Iowa:

Please carefully review the following questions as the CVO commonly needs to request clarification or correction to applications regarding. Provided are some examples of when it may be appropriate to answer these questions yes if it occurred **since Medical Education**:

17. Has your professional liability insurance ever been denied, suspended, limited, not renewed or terminated by a carrier? (If yes, explain on Addendum C/Addendum A)

- Carrier denied, cancelled, reduced, non-renew or terminated your malpractice insurance coverage due to no longer meeting criteria for coverage such as high risk procedures, frequency and severity of claims, payout amount of claims, and similar situations

18. Have you been named in a lawsuit with which you were involved? (If yes, explain on Addendum C/Addendum A)

- If you have any malpractice claims filed against you

19. Have you ever had a professional liability judgment entered against you? (If yes, explain on Addendum C/Addendum A)

- If you have any malpractice claims filed against you where a settlement did not occur, and a judgement payment was made against you instead

20. Have any professional liability settlements ever been made on your behalf? (If yes, explain on Addendum C)

- If you have any malpractice claims filed against you that resulted in settlement payments being made

21. Are there any open claims, pending lawsuits or malpractice claims presently filed against you? (If yes, explain on Addendum C/Addendum A)

- If you have any open malpractice claims filed against you



22. Has/have any adverse action(s), or malpractice report(s) about you been made to the National Practitioner Data Bank, or any other databank?

- If you have any reports made to the NPDB or any other databanks

**REMEMBER** – If any of the Disclosure Section questions were answered “YES” the matching Disclosure Field or Form MUST be added and filled out with additional details.

For **Questions #1-#16 and #22-#25** you will have a field to fill in for each “YES” answer

23. Have you ever been denied membership in or voluntarily been terminated by any professional organization?

23. \*  Yes  No

Please provide an explanation \*

For **Questions #17-#21** you will need to “Add Professional Liability Incident” and then select “YES” when presented the option to be directed to fill out the Liability Claims Information – Addendum C/Addendum A. You can add as many forms as needed.

IOWA Quality Focused Questions

Liability Claim Information-Addendum C

### Liability Claim Information-Addendum C

Please complete a new Addendum C form for **each** professional liability incident (Questions 17-21 with "Yes" response).

To complete an Addendum C, click the gray "Add Professional Liability Incident" button below. Select "Yes" to open the form. A separate form is needed for **each** liability incident you are disclosing. Once you have added all individual disclosures required, click the blue "Save and Continue" button.

If you have no liability incidents to report then click the blue "Save and Continue" button.

For questions regarding portal completion and submission, e-mail the CVO at [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org) or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Save and Continue

Add Professional Liability Incident

If all of the Disclosure Section questions were answered “NO”, you will select the blue “Save and Continue” button.

Example of the Liability Claims Information – Addendum C/Addendum A for Questions #17-#21

\* Indicates a red

Do you have any Claims activity to report? \*  Yes  No

Which disclosure question is the explanation associated with? \* 16

Description of Allegation or Action taken

Date of Incident Date of Claim or Suit filed

Location of Incident

Insurance Carrier Name Insurance Company, Co

Insurance Carrier Address

City State Zip Code

Phone Number Fax Number

Describe your involvement with the patient's care. Your narrative must include the following at a minimum: 1. Condition and diagnosis at time of incident, 2. Dates and description of treatment rendered, 3. Condition of patient subsequent to treatment

Insurance coverage was not renewed by insurance carrier due to x reason

Your Status:

Claim Status:

[Save and Continue](#) [Cancel](#)

## **Illinois:**

Please carefully review the following questions as the CVO commonly needs to request clarification or correction to applications regarding. Provided are some examples of when it may be appropriate to answer these questions yes if it occurred **since Medical Education:**

Adverse or other Action - 3. Have you lost any board certification(s), and/or failed to recertify?

- If you have voluntarily decided not to renew your boards for any reason, such as only maintaining your subspecialty or a change in practice
- If you failed your recertification requirements
- If you have a lapse in certification
- If your certification was revoked by the specialty board

Adverse or other Action - 5. Has any information pertaining to you, including malpractice judgments and/or disciplinary action, ever been reported to the National Practitioner Data Bank (NPDB) and/or any other practitioner data bank?

- If you have any reports made to the NPDB or any other databanks

Adverse or other Action - 8. Have you voluntarily or involuntarily relinquished or failed to seek renewal of your hospital or ambulatory surgery center privileges for any reason?

- Voluntarily resigned hospital or other healthcare affiliation while in good standing due to a change in practice, employment, moving, etc.
- Involuntarily resigned hospital or other healthcare affiliation while under investigation or to avoid investigation or due to disciplinary action

Professional Liability - 1. Have any professional liability judgments ever been entered against you?

- If you have any malpractice claims filed against you where a settlement did not occur, and a judgement payment was made against you instead

Professional Liability - 2. Have any professional liability claim settlements ever been paid by you and/or paid on your behalf?

- If you have any malpractice claims filed against you that resulted in settlement payments being made

Professional Liability - 3. Are there any currently pending professional liability suits, actions and/or claims filed against you?

- If you have any open malpractice claims filed against you

Liability Insurance - Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, non-renewed or limits reduced?

- Voluntarily non-renewing carriers due to employer choice to change insurance carriers, coverage changes due to a change in employment, or similar situations

- Carrier denied, cancelled, reduced, non-renew or terminated your malpractice insurance coverage due to no longer meeting criteria for coverage such as high risk procedures, frequency and severity of claims, payout amount of claims, and similar situations

**REMEMBER** – If any of the Disclosure Section questions were answered “YES,” the matching Disclosure Field or Form **MUST** be added and filled out with additional details.

For **Adverse or other actions** please complete a Form A

For **Professional Liability Action** please complete a Form B

For **Criminal Action** please complete a Form C

For **Medical Conditions** please complete a Form D

For **Chemical Substances or Alcohol Abuse** please complete a Form E

Select “Add a form” and you will be presented with the Disclosure Form Drop Down, you can add as many forms as needed. If you have no questions answered yes and have no forms to complete select “Save and Continue” instead.

**Basic Information**   **Professional History**   **Education and Training**   **Disclosure Questions**   **Privileges**   **Documents**   **Review and Submit**

**Adverse and Other Actions**  
**Professional Liability Actions**  
**Liability Insurance**  
**Criminal Actions**  
**Medical Condition**  
**Chemical Substances or Alcohol Abuse**  
**Disclosure Forms**  
**Flu Vaccine**

**Disclosure Forms**

If you answered "YES" to any of the disclosure questions, you are **REQUIRED** to fill out the appropriate matching section disclosure form.

Adverse or Other Actions - Form A  
Professional Liability Actions - Form B  
Liability Insurance - Form C  
Criminal Actions - Form D  
Medical Condition - Form E  
Chemical Substances or Alcohol Abuse - Form F

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

**Save and Continue**

**Add a form**

## Disclosure Forms

Save  
and  
Continue

If you answered "YES" to any of the disclosure questions, you are REQUIRED to fill out the appropriate matching section disclosure form.

Adverse or Other Actions - Form A  
Professional Liability Actions - Form B  
Liability Insurance - Form C  
Criminal Actions - Form D  
Medical Condition - Form E  
Chemical Substances or Alcohol Abuse - Form F

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

[Cancel](#)

\* Indicates a required field

Form

- Adverse and Other Actions
- Chemical Substances or Alcohol Abuse
- Claims History
- Criminal Actions
- Liability Insurance
- Medical Condition
- Professional Liability Actions

Upon Selection of a Form you will be given fields to populate, ex:

Criminal Actions - Form D  
Medical Condition - Form E  
Chemical Substances or Alcohol Abuse - Form F

Save and Continue

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.


\* Indicates a required field

Form  ▼



Plaintiff's Name (Last, First, MI)


If court case, Case Name & Case Number

Your Involvement in the Care (Attending, Consulting, Etc.)

Your Status in the Case  

Allegations, including Patient Outcome, if Available

Date of Incident   Date Filed  

Date Case Closed  

Resolution Case  ▼

Amount Paid on Your Behalf (if any)

Professional Liability Insurer Name (if one was

Cancel

## Privileges Section (N/A for PHO only enrollment)

This section is only in the portal utilized for applicants seeking hospital membership/privileges.

Providers who are needing to be recredentialed at hospitals for membership/privileges, you will see a section called “Privileges” on the top of the portal page.

***The Delegate Credentialing Contact who may be assisting with your application cannot complete these forms for you.***

The screenshot shows a progress bar at the top with seven steps: Basic Information, Professional History, Education and Training, Disclosure Questions, Privileges (highlighted in blue), Documents, and Review and Submit. Below the progress bar, on the left, is a blue link labeled "Request Privileges". The main content area is titled "Privileges" and contains a note: "NOTE: Only the Applicant has access to complete this section." Below the note, it states: "If documentation is required to meet the listed clinical requirements, you may upload as part of the Required Documents section of the portal or submit directly to the Medical Staff Office of the hospital where you are seeking privileges." At the bottom of this section, it says: "Click the blue 'Continue' button to access privilege forms for completion." On the right side of the content area, there is a blue button labeled "Continue".

To view and complete the privilege forms you must click on the words “Request Privileges” on the left side of the screen.



You will need to click on EACH privilege set name to open the form for requesting the privileges. "Awaiting Action" means that you have not yet completed the forms. If you do not wish to have privileges for a particular Hospital or Specialty any longer please contact the Medical Staff Services and select the "Not Requesting Privileges" box.

**Request Privileges**

Hospital privilege forms will be listed here for the facility(ies) where you are seeking privileges. If you feel forms are missing, please reach out via e-mail to UPH\_CVO@unitypoint.org. If you feel forms linked here are incorrect, please check the "Not Requesting Privileges" box below and send an email to UPH\_CVO@unitypoint.org indicating that the privileges assigned to you are not correct.

To access each privilege set below, click the blue hyperlink of the document. Then click to box next to all privileges for which you meet criteria and are requesting. You may choose to click the top box in each section, which will auto-fill each line in that section. You can then "unclick" any privileges you do not wish to request.

Your privileges will be electronically signed when you click the "Submit" button at the bottom of each form. You do not need to type your name into the Practitioner Signature field.

**Save and Continue**

		Not Requesting Privileges
<a href="#">TQC General Surgery</a>	Awaiting Action	<input type="checkbox"/>
<a href="#">IHDM - Adult Gero Clinical Nurse Specialist 9-2018</a>	Awaiting Action	<input type="checkbox"/>

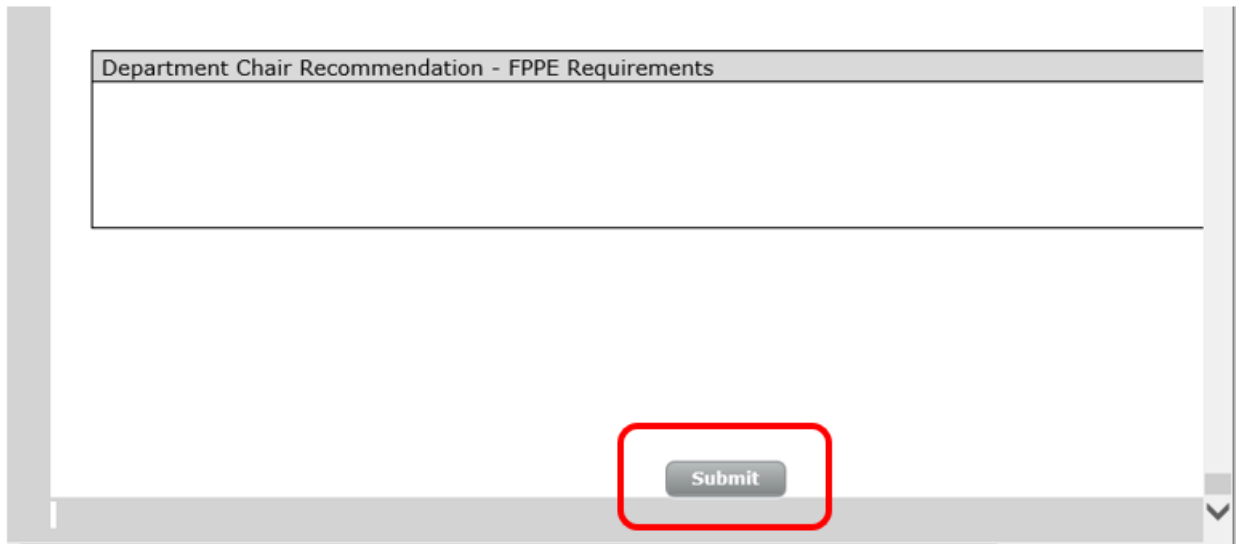
You will select the Privilege Form you want to complete and will receive a pop-up window, be sure to check your other screen if using multiple monitors and your pop-up blocker settings if the window does not show for you.

You will check the privileges you want to request

Request - Work - Microsoft Edge  
 https://msowportaldocs.unitypoint.org/PractitionerPortal/PCCBDisplayPrivForm.aspx?display=  
 Provider A zzDemo, MD 3/13/2025  
 Privilege Action: Request Facilities: TB Jump to a Cluster  
 Privilege Matrix  
 Clinical Experience (Reappointment) Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months based on the results of ongoing professional practice evaluation and outcomes.  
 Additional Requirements Current ACLS certification AND/OR ATLS certification

GENERAL SURGERY PRIVILEGES	
Request	Request all privileges listed below. Place a check mark in the Request column for those privileges which best reflects your current practice pattern.
TB	TMR - Trinity Moline/Rock Island Campus TB - Trinity Bettendorf Campus
<input type="checkbox"/>	<input type="checkbox"/> - Currently granted privileges
<input type="checkbox"/>	<b>General Surgery Privileges</b>
<input type="checkbox"/>	Admit, evaluate, diagnose, treat and provide consultations.
<input type="checkbox"/>	<b>Intra-abdominal privileges</b>
<input type="checkbox"/>	Insertion of peritoneal dialysis catheter

At the end of the privilege request form, you MUST click the "Submit" button.



Once successfully submitted, the main Privilege Section screen changes to show you have requested the privileges with a date noted.

**Request Privileges** Save and Continue

**Request Privileges**

Hospital privilege forms will be listed here for the facility(ies) where you are seeking privileges. If you feel forms are missing, please reach out via e-mail to UPH\_CVO@unitypoint.org. If you feel forms linked here are incorrect, please check the "Not Requesting Privileges" box below and send an email to UPH\_CVO@unitypoint.org indicating that the privileges assigned to you are not correct.

To access each privilege set below, click the blue hyperlink of the document. Then click to box next to all privileges for which you meet criteria and are requesting. You may choose to click the top box in each section, which will auto-fill each line in that section. You can then "unclick" any privileges you do not wish to request.

Your privileges will be electronically signed when you click the "Submit" button at the bottom of each form. You do not need to type your name into the Practitioner Signature field.

		Not Requesting Privileges
<a href="#">TQC General Surgery</a>	Requested: 4/17/2025	<input type="checkbox"/>
<a href="#">IHDM - Adult Gero Clinical Nurse Specialist 9-2018</a>	Awaiting Action	<input type="checkbox"/>

# Documents Section

## Documents -

Documents must be in jpeg or pdf format for uploading. Please ensure your Practitioner Photo is in JPEG. Documents uploaded as a word, excel, or other file type may delay application processing.

**Documents**

Click the blue "Continue" button.

[Continue](#)

You can click on the upload icon next to the document you want to upload to the CVO.

There are **no required documents** that must be uploaded for recredentiaing.

**Documents**

You may use the "upload" buttons below to attach any documents you wish to include with your application. If you have no new documents to upload, click the blue "Save and Continue" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Practitioner Photo (passport sized head & shoulders photo) in JPEG format	<a href="#">UPLOAD</a>
Malpractice Insurance Certificate(s) showing coverage for work at UnityPoint in PDF format	<a href="#">UPLOAD</a>
DEA Registration	<a href="#">UPLOAD</a>
Controlled Substance Registration Certificate	<a href="#">UPLOAD</a>
Case Logs	<a href="#">UPLOAD</a>
ACLS (Advanced Cardiac Life Support)	<a href="#">UPLOAD</a>
ALSO (Advanced Life Support in Obstetrics)	<a href="#">UPLOAD</a>
APLS (Advanced Pediatric Life Support)	<a href="#">UPLOAD</a>
ARLS (Advanced Radiology Life Support)	<a href="#">UPLOAD</a>
ATLS (Advanced Trauma Life Support)	<a href="#">UPLOAD</a>
BCLS (Basic Cardiac Life Support)	<a href="#">UPLOAD</a>

[Save and Continue](#)

Once uploaded, you can view or change/delete the documents

## Documents

Save and Continue

You may use the "upload" buttons below to attach any documents you wish to include with your application. If you have no new documents to upload, click the blue "Save and Continue" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Practitioner Photo (passport sized head & shoulders photo) in JPEG format

[View Document](#)

[Change](#) 

Malpractice Insurance Certificate(s) showing coverage for work at UnityPoint in PDF format

 **UPLOAD**

NEA Registration

## Forms -

The forms will populate with the information supplied thus far in the portal and are viewable by clicking on the blue "View Form" button. Your forms may vary based on the type of application you are completing.

You will not download and sign these forms - they are available for your review.

You will need to click on the box below View Form, to electronically sign you will check the appropriate box to attest for your electronic signature and date stamp to be placed on the forms.

Your electronic signature does not appear on the forms until the portal application is submitted.

As soon as you hit the submission button on your application your electronic signatures will be populated on the forms.

Examples of some of the forms you may be asked to sign:

**Basic Information**   **Professional History**   **Education and Training**   **Disclosure Questions**   **Privileges**   **Documents**   **Review and Submit**

✓ Documents  
Forms

### Forms

The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button.

For questions regarding portal completion and submission, e-mail the CVO at [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org) or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

**Corporate Compliance Form-UPH**

[View Form](#)

I attest that I have read and understand the UPH Corporate Compliance Form.

[Next](#)

## Forms

The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

### UPH Security Agreement

[View Form](#)

I attest that I have read and understand the UPH Security Agreement.

[Previous](#)

[Next](#)

## Forms

The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

### Consent and Release

[View Form](#)

I attest that I have read and understand the Consent and Release form.

[Previous](#)

[Next](#)

## Forms

The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

### Medicare and Medicaid Acknowledgement

[View Form](#)

I attest that I have read and understand the Medicare and Medicaid Acknowledgment form.

[Previous](#)

[Next](#)

## Forms

The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button. When all forms have been attested to, click the blue "Save and Continue" button.

For questions regarding portal completion and submission, e-mail the CVO at UPH\_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

### IOWA Recredentialing Application

[View Form](#)

I attest that all information in the Iowa Recredentialing Application is true and complete.

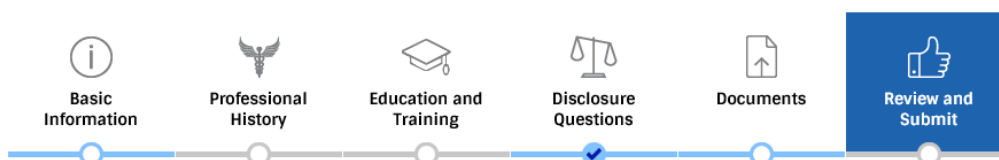
[Previous](#)

[Next](#)

## Review and Submission Section

All portal sections must have a blue check mark underneath their headers.

You must have all sections of the portal checked off in order for it the application to successfully submit.



### Submit

### Submit

In order to submit your completed application, all sections of the portal shown on the ribbon above will have a checkmark. When all sections are checked, click the **BLUE** "Click to Submit" button and follow the prompts to submit your application to the CVO for processing.

If the "Submit" button is **RED**, there are still missing elements in your application. Below the red "Submit" button will show the status of completion and any incomplete sections with no checkmark. Any sections without a checkmark require review of red flags in that section. Please address those red flags to proceed. At this point the CVO does not have your application to process. If you require assistance from the UnityPoint Health CVO, we are available to help you. Please contact us via e-mail at UPH\_CVO@unitypoint.org or by phone M-F, 7:00 a.m. – 5:00 p.m. CST at (515)241-7977.

Submit  
When  
Complete

Status: 37% Complete

Basic Information	
Professional History	0%
Education and Training	0%
Disclosure Questions	✓
Documents	0%

If you see a missing checkmark, return to the section, and look for a Red Flag.

Below is an example of a portal that has two (2) sections that are not complete.

The screenshot shows the UnityPoint Health logo at the top. Below it is a progress bar with six sections: Basic Information, Professional History, Education and Training, Disclosure Questions, Required Documents, and Review and Submit. The 'Professional History' and 'Education and Training' sections have red circles around their icons, indicating they are not complete. The 'Basic Information' section has a blue checkmark. Below the progress bar, the 'Professional History' section is expanded, showing the text 'Licensure, Registrations and Certification' with a blue checkmark, and 'EACH license, registration and certification must be reviewed and edited.' A blue 'Continue' button is visible on the right side of the section.



You can click into the section and a Red Flag will identify the item that is need further completion. Look for the red Asterisk fields in the sections.

**Basic Information** Professional History Education and Training Disclosure Questions Privileges

**Provider Languages**  
Please specify all languages that you can claim working-level proficiency in.

Portuguese

- ✓ Vital & Contact
- ✓ Personal History
- ✗ Alias Information
- ✓ Delegated Credentialing Contact
- ✓ Practice Location(s)
- Provider Languages**

Once all fields are completed you will be able to submit your application, “Click to Submit”

Basic Information Professional History Education and Training Disclosure Questions Privileges Documents **Review and Submit**

**Submit**

In order to submit your completed application, all sections of the portal shown on the ribbon above will have a checkmark. When all sections are checked, click the **BLUE** “Click to Submit” button and follow the prompts to submit your application to the CVO for processing.

If the “Submit” button is **RED**, there are still missing elements in your application. Below the red “Submit” button will show the status of completion and any incomplete sections with no checkmark. Any sections without a checkmark require review of red flags in that section. Please address those red flags to proceed. At this point the CVO does not have your application to process. If you require assistance from the UnityPoint Health CVO, we are available to help you. Please contact us via e-mail at UPH\_CVO@unitypoint.org or by phone M-F, 7:00 a.m. – 5:00 p.m. CST at (515)241-7977.

**Click to Submit**

Status: 100% Complete

Basic Information	✓
Professional History	✓
Education and Training	✓
Disclosure Questions	✓
Privileges	✓
Documents	✓

You will be prompted to add your Date of Birth before the portal will fully submit. If you are using two (2) monitors, watch for this message to appear on your second screen.

Complete Security Questions for Submission - Work - Microsoft Edge

https://msowportaldocs.unitypoint.org/PractitionerPortal/SecurityQuesti...

Practitioner: Rebecca [REDACTED]

Please answer the security answer below and click continue to verify you are the correct practitioner.

**Questions**

Birth date

Enter answer

Continue Cancel

Upon successful submission the main page of the portal will show a submission message.

NOTE: If the submission message notes a problem occurred, please reach out to the CVO, [UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)

Welcome, Provider zzDemo My Home | [Change Password](#) | [Logout](#)

My Home

## Welcome, Provider zzDemo!

You have no active applications at this time.

Prior submitted applications

CVO IA Recredentialing with Privileges 2/1/2025 - Processing  
Submitted: 6/24/2025



Your application is being processed. This may take some time to complete. Please check back later to access your completed application.

## Next Steps

The application will then begin processing by the CVO. The Applicant will be contacted by a Credentialing Coordinator should anything additional be needed to process the application. The applicant may be asked to return to the portal for corrections on the application or they may be asked to provide those corrections via e-mail.

You can access the Portal to download a copy of your completed application once you have hit submit.

If you have any questions please contact the CVO:

[UPH\\_CVO@unitypoint.org](mailto:UPH_CVO@unitypoint.org)

Provider Assistance Line available from 7:00am-5:00pm CST: **515-241-7977**

<https://www.unitypoint.org/cvo>

You can check status of your application using the CAT (Credentialing Application Tracker) on the CVO service now website: [Credentials Verification Office Portal \(unitypoint.service-now.com\)](https://www.unitypoint.org/cvo)