

UnityPoint Health

Credentials Verification Office

Initial Credentialing Application Portal Tip Sheet

Welcome to UnityPoint Health!

The UnityPoint Health Credentials Verification Office (CVO) will send the applicant the online portal application invites via e-mail based on the onboarding request received via Service Now.

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 whether hospital membership/privileges are being requested or if the request is only for 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

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

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

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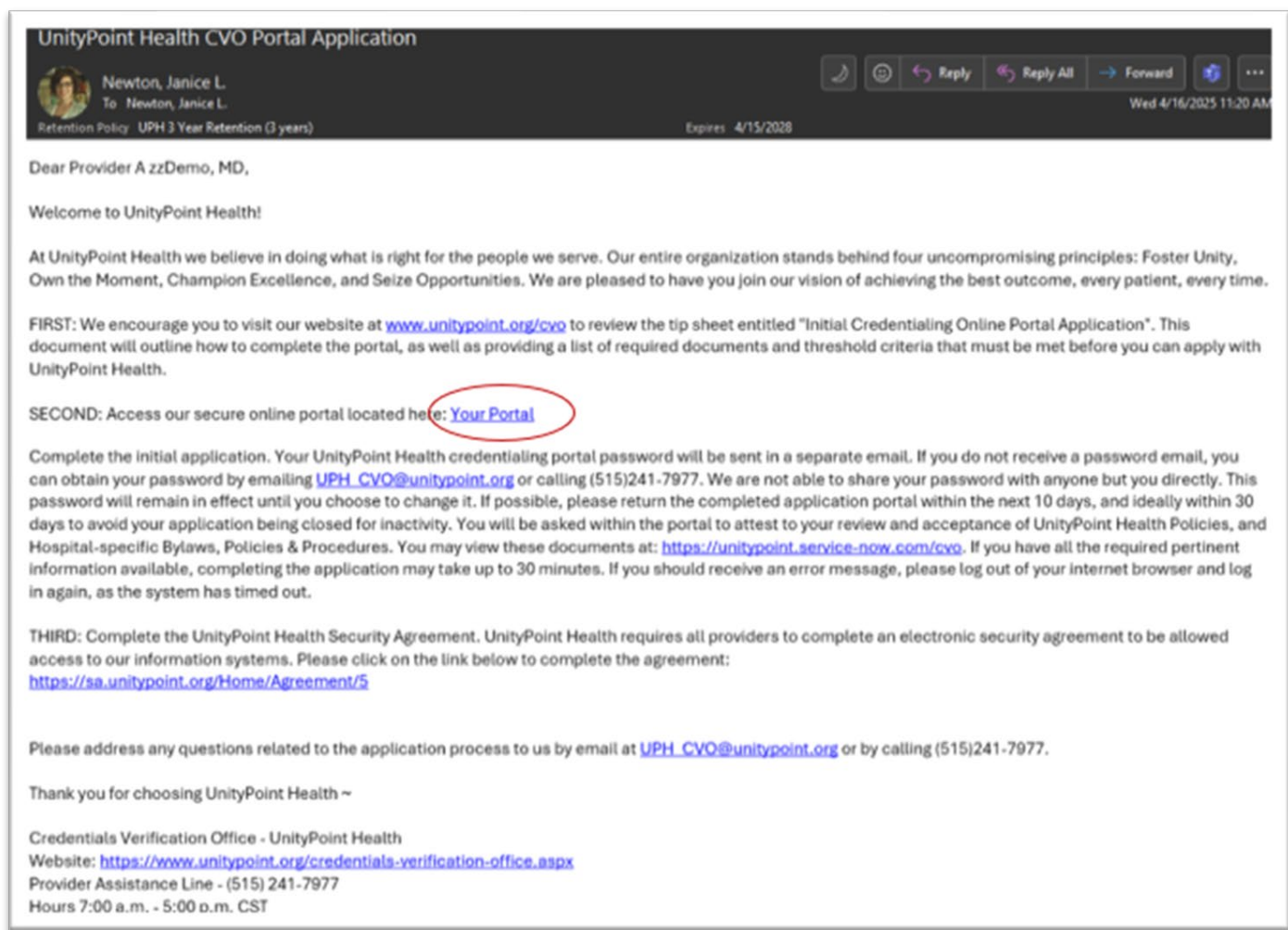
Invitation E-mail

The CVO will send the applicant, and if applicable the Delegate Credentialing Contact, two (2) emails. The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

One e-mail will contain the portal link and information regarding credentialing requirements and a link to our background check authorization.

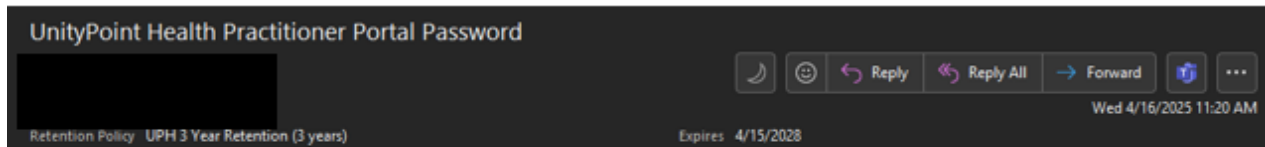
The UnityPoint Health CVO will be requiring background checks for all providers seeking Privileges and PHO membership. The Applicant must follow the link to PreCheck, Inc. and complete their online disclosure and authorization form:

<https://weborder.precheck.net/Release/release1.aspx?cno=12344>



The second email will provide you with 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 not to grab extra spaces before or after the password.



Dear Provider A zzDemo, MD:

The password for your UnityPoint Health Provider Application Portal is: 3lucA78l

This password is unique to you and should not be shared with others. If you have any questions or need assistance, please contact the CVO at UPH_CVO@unitypoint.org

Thank you,
UnityPoint Health Credentials Verification Office
UPH_CVO@unitypoint.org

Credentialing Information to have on hand and Threshold Eligibility Criteria

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

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 an initial application, the CVO requests all of your information **dating back to Medical School**, with the exception of malpractice insurance carrier information which has shorter timeframes defined below.

Information:

- Your NPI number
- ECFMG number, if applicable
- Current and prior state license number(s), effective and expiration date(s)
- Current and prior DEA number(s) and expiration date(s)
- Current and prior Controlled Substance Registration number(s) and expiration date(s)
- Current and prior malpractice insurance policy(ies) information including carrier name, policy number, effective and expiration date, per incident and aggregate amount
 - Illinois application will request all current and previous insurance history in the past 10 years.
 - Iowa application will request all current and previous insurance in the past 5 years.
 - These timelines begin at completion of medical education and training, unless there is employment during training.

NOTE: You will need a digital copy of your current malpractice insurance face sheet as it will be required to be uploaded on the portal.

- 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)
- A digital JPEG copy of a recent professional photo (Privileges only)
- A digital PDF copy of a United States government-issued ID (Privileges only)
- COVID-19 vaccination information (Privileges only)

The **UnityPoint Health Credentialing and Privileging Policy** outlines the Qualifications and Conditions to be eligible for initial appointment and clinical privileges in **Section 2.A.1 Threshold Eligibility Criteria**

ARTICLE 2

QUALIFICATIONS, CONDITIONS, AND RESPONSIBILITIES

2.A. QUALIFICATIONS

2.A.1. Threshold Eligibility Criteria:

(a) To be eligible for consideration by a Board Credentials Committee for initial appointment, reappointment, and for any clinical privileges requested, an individual must demonstrate satisfaction of all of the following threshold eligibility criteria, as applicable, unless waived as provided in this Policy:

(1) have a current, unrestricted license to practice in the state where the Hospital is located that is not subject to any restrictions, conditions, or probationary terms and have never had a license to practice in any jurisdiction denied, revoked, restricted or suspended by any state licensing agency;

(2) not currently be under investigation by any federal or state agency or healthcare facility for reasons related to:

- (i) controlled substances;
- (ii) illegal drugs;
- (iii) insurance or health care fraud (including Medicare, Medicaid or other federal or state governmental or private third-party payer fraud or program abuse);
- (iv) violent acts;
- (v) sexual misconduct;
- (vi) moral turpitude; or
- (vii) child or elder abuse;

(3) have a current, unrestricted DEA registration and the appropriate state controlled substance license, with an office address in the state where patients will be seen, and have never had a DEA registration or state controlled substance license denied, revoked, or suspended;

(4) have current, valid professional liability insurance coverage, with a company approved to do business in the state where the Hospital is located, or through a program of self-insurance or a combination of self-insurance and commercial insurance, in an amount approved by the Board Credentials Committee;

(5) have current, government-issued photographic identification which verifies the individual's identity;

(6) have successfully completed the following professional training requirements:

(i) a residency and, if applicable, fellowship training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, The Royal College of Physicians and Surgeons of Canada, or The College of Family Physicians of Canada, in the specialty in which the applicant seeks clinical privileges;

(ii) a dental or an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association;

(iii) a podiatric surgical residency program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association; or

(iv) for members of the Advanced Practice Provider Staff or Clinical Psychologists, have satisfied the applicable training requirements as established by the Hospital;

(7) satisfy the following board certification requirements :

(i) are certified in their primary area of practice at the Hospital by an approved board as defined in this Policy; or

(ii) are within five (5) years of completion of residency or fellowship training and achieve board certification in their primary area of practice within five (5) years from the date of completion of their residency or fellowship training; and such individual must also

(iii) maintain board certification in their primary area of practice at the Hospital on a continuous basis, and satisfy all requirements of the relevant specialty/subspecialty board necessary to do so;

(8) satisfy the following professional practice and experience requirements:

(i) demonstrate recent clinical activity in their primary area of practice during the last two (2) years;



(ii) have never had staff appointment, clinical privileges, or status as a participating provider denied, revoked, suspended for more than 30 days, or terminated by any health care facility, including the Hospital, or health plan for reasons related to clinical competence or professional conduct;

(iii) have never resigned staff appointment or relinquished clinical privileges during an investigation or in exchange for not conducting such an investigation at any health care facility, including any UnityPoint Health Hospital;

(iv) have never had an application for appointment or clinical privileges not processed, nor had appointment or privileges administratively relinquished, at the Hospital or any of its affiliates, due to an omission or misrepresentation;

(v) have never been terminated from a post-graduate training program for reasons related to clinical competence or professional conduct (residency or fellowship for physicians or a similarly equivalent program for other categories of practitioners), nor resigned from such a program during an investigation or in exchange for the program not conducting an investigation;

(vi) not currently be under any criminal investigation or indictment and have not, within the last ten years, been convicted of, or entered a plea of guilty or no contest to, any felony, or to any misdemeanor related to:

- a) controlled substances;
- b) illegal drugs;
- c) insurance or health care fraud or abuse;
- d) violent acts;
- e) sexual misconduct;
- f) moral turpitude; or
- g) child or elder abuse; and

(vii) have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;

(9) satisfy the following Hospital practice requirements:

(i) meet any current or future eligibility requirements that are applicable to the clinical privileges being sought or granted;

- (ii) if applying for privileges in an area that is covered by an exclusive contract or arrangement, meet the specific requirements set forth in that contract;
 - (iii) have an appropriate coverage arrangement with another member with appropriate specialty-specific privileges to the extent required by a Hospital as determined by the Board Credentials Committee and the Hospital's Medical Executive Committee, for those times when the individual will be unavailable;
 - (iv) document compliance with all applicable training, educational and practice protocols that may be adopted by the Medical Executive Committee and required by the Board Credentials Committee, including, but not limited to, those involving electronic medical records, computerized practitioner order entry, privacy and security of protected health information, infection prevention, and patient safety;
 - (v) agree to fulfill all responsibilities regarding emergency call for their specialty;
 - (vi) not be applying for privileges in an area that is closed pursuant to a Board Credentials Committee staff development plan;
 - (vii) document compliance with health screening requirements (i.e., TB testing, mandatory flu vaccines, and infectious agent exposures); excluding telemedicine providers who will not provide any in-person services at Hospital; and
- (10) if seeking to practice as an advanced practice provider, have a written agreement or other relationship document with a supervising/collaborating physician if required by applicable law or Hospital policy, and if so required, in a form which meets any requirements of state law and Hospital policy.
- (b) An individual who does not satisfy an eligibility criterion set forth in this Section may request that it be waived.
 - (c) In order to be eligible for continued appointment and privileges, members must demonstrate satisfaction of the above threshold eligibility criteria, as applicable, on an ongoing basis.

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

[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:

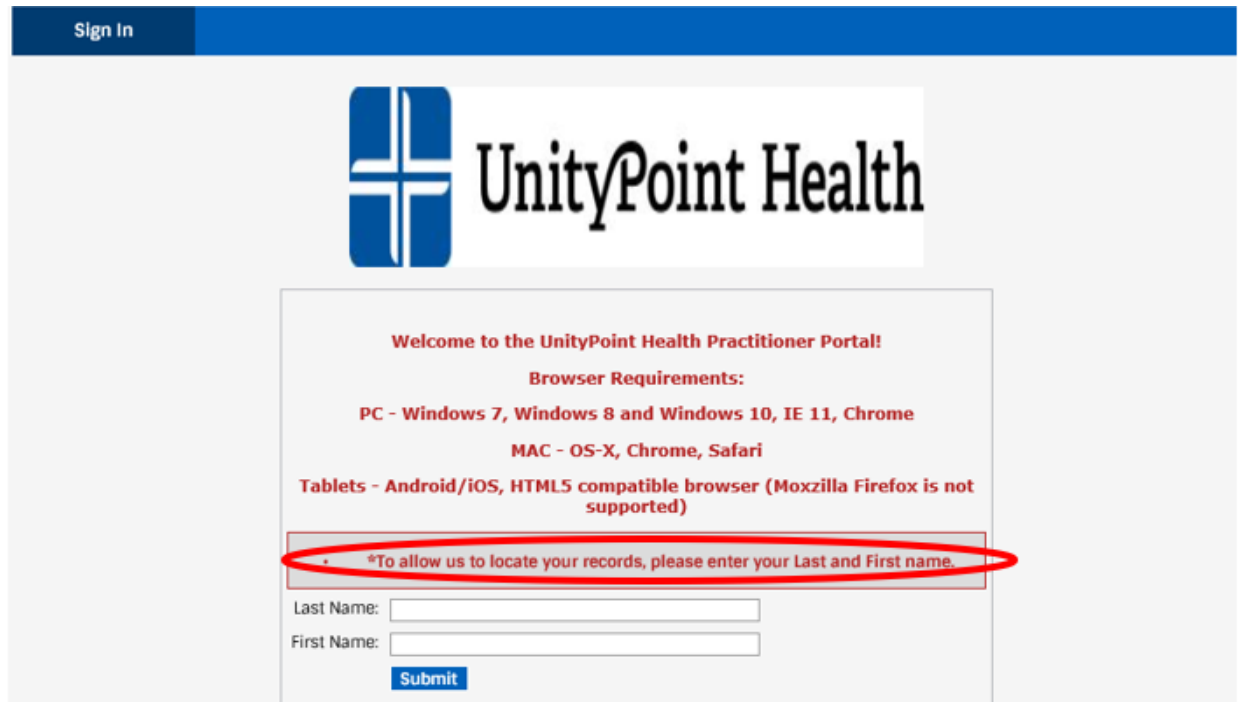
Password:

[Submit](#)

[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:

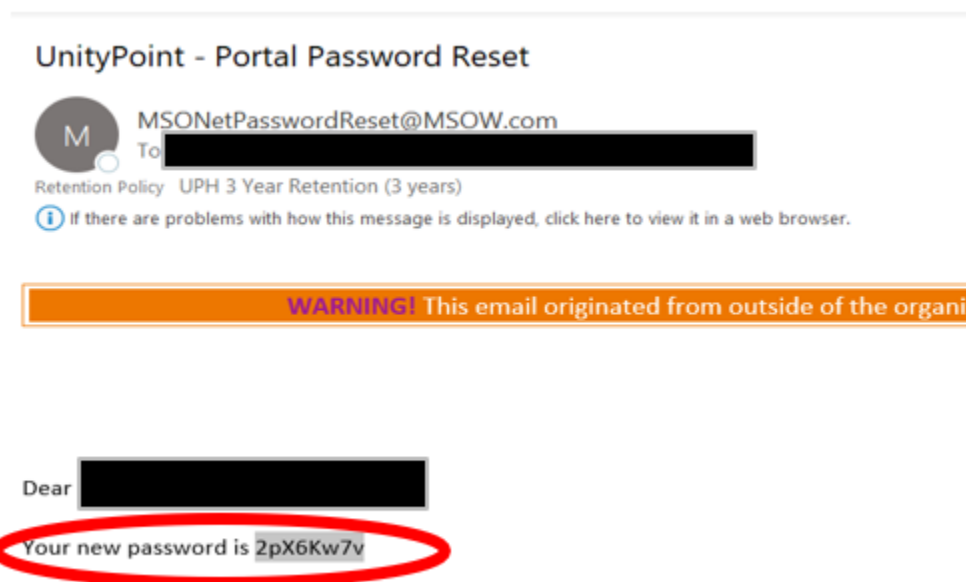
Password:

[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 not to grab extra space prior or after the password.



UnityPoint - Portal Password Reset

 MSONetPasswordReset@MSOW.com

To: 

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 

Your new password is 2pX6Kw7v

Please be aware the application will time out 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](#)

 **UnityPoint Health**

[My Home](#)

Welcome, Provider zzDemo, MD!

Your Current Application:

CVO IA Initial Medimore 1/1/2025

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.

Some features to keep in mind:

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) AND CLICK THE "SUBMIT" BUTTON.

For questions regarding portal completion and submission, e-mail the CVO at UPH_CVO@unitypoint.org or call the Help Line 515-241-7977, 7:00 a.m. - 5:00 p.m. CST.



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](#)

UnityPoint Health

Basic Information | Professional History | Education and Training | Disclosure Questions | 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 Alias zzMario zzLuigi

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: L Last Name: [redacted]

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

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

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-credentialing needs when it is time for re-credentialing): [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

The screenshot shows the 'Personal History' section of the UnityPoint Health credentialing form. The user is identified as 'Welcome, [redacted]'. The navigation bar includes 'Basic Information', 'Professional History', 'Education and Training', 'Disclosure Questions', 'Required Documents', and 'Review and Submit'. The left sidebar lists 'Vital & Contact', 'Personal History' (selected), 'Alias Information', 'Delegated Credentialing Contact', 'Practice Location(s)', and 'Provider Languages'. The main form area is titled 'Personal History' with the instruction 'Please provide your personal history information.' and a 'Save and Continue' button. The form contains the following fields: 'Marital Status' (dropdown menu set to 'Married'), 'Birth City' (text input), 'Birth State (If born in the US)' (dropdown menu), 'Birth Country' (dropdown menu with a red asterisk indicating a required field), 'Are you a US Citizen?' (radio buttons for 'Yes' and 'No', with 'Yes' selected and a red asterisk indicating a required field), and 'Citizenship' (dropdown menu with a red asterisk indicating a required field). A red circle highlights the 'Birth Country' dropdown, and another red circle highlights the 'Citizenship' dropdown. A red oval highlights the text '* Indicates a required field'.

Not a U.S. Citizen = Visa information required

The screenshot shows the 'Personal History' section of the UnityPoint Health credentialing form for a non-U.S. citizen. The user is identified as 'Welcome, Rebecca [redacted]'. The navigation bar and left sidebar are the same as in the previous screenshot. The main form area is titled 'Personal History' with the instruction 'Please provide your personal history information.' and a 'Save and Continue' button. The form contains the following fields: 'Marital Status' (dropdown menu set to 'Married'), 'Birth City' (text input), 'Birth State (If born in the US)' (dropdown menu), 'Birth Country' (dropdown menu set to 'Belgium' with a red asterisk indicating a required field), 'Are you a US Citizen?' (radio buttons for 'Yes' and 'No', with 'No' selected and a red asterisk indicating a required field), 'Citizenship' (dropdown menu set to 'Belgian' with a red asterisk indicating a required field), 'Do you have a legal right to reside permanently and work in the U.S.?' (radio buttons for 'Yes' and 'No', with 'Yes' selected and a red asterisk indicating a required field), 'Visa Type' (dropdown menu set to '1' with a red asterisk indicating a required field), and 'Visa Expiration Date' (text input set to '3/22/2021' with a red asterisk indicating a required field). A red circle highlights the 'Birth Country' dropdown, another red circle highlights the 'Citizenship' dropdown, and a third red circle highlights the 'Visa Type' dropdown. A red oval highlights the text '* Indicates a required field'.

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.

Required Fields

Oops! It looks like you are missing the following required information.

- Are you a US Citizen?

If you don't have the necessary information at hand, you can continue forward. The information that you have already entered will be saved. You will be able to complete this page at a later time.

Return to PageContinue

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

The screenshot displays the UnityPoint Health portal interface. At the top, a navigation bar includes icons and labels for 'Basic Information', 'Professional History', 'Education and Training', 'Disclosure Questions', 'Documents', and 'Review and Submit'. The 'Basic Information' section is active, showing a sidebar with links: 'Vital & Contact', 'Personal History', 'Alias Information', 'Delegated Credentialing Contact', 'Practice Location(s)', 'Provider Languages', and 'Emergency Contact'. The 'Practice Location(s)' link is highlighted with a red box. The main content area contains instructions for listing practice locations, including a 'Please note' section with requirements for primary practice, mail delivery, and billing office. A text entry field shows 'zzUnityPoint Clinic-Cardiology-Cedar Rapids, zz619 S Main, Monticello, IA'. To the right of this field is a red flag icon and a dropdown arrow, both enclosed in a red box. Below the field is an 'Add Office location' button. A 'and Continue' button is visible in the top right corner.

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 IA Initial Medimore 1/1/2025

Status: 11% Complete

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

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 the following fields and elements:

- Current or Prior Affiliation**: A dropdown menu.
- Organization Lookup**: A dropdown menu, highlighted with a red rectangular box. To its right is a blue circular icon with a white lowercase 'i' (information symbol).
- Organization Name ***: A text input field.
- Address ***: A text input field.
- Suite #**: A text input field.
- City**: A text input field.
- State**: A dropdown menu.
- Zip**: A text input field.
- Phone #**: A text input field.
- Fax #**: A text input field.
- Membership Status ***: A dropdown menu.

In the top right corner of the form area, there is a [Cancel](#) link and a red asterisk with the text ** Indicates a required field*.

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](#)

UnityPoint Health

**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

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated May 2026

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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 closer to their practice start date, 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 with the information requested so we can rule out any potential conflicts of interest.


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

Vital & Contact

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

New Home Address (if applicable): Effective Date

New Home Address Apartment # (if applicable)

New Home City State Zip

Save and Continue

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

1. In the LAST FIVE (5) 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 *

test test



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.


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

Personal History

Please provide your personal history information.

* Indicates a required field

Marital Status

Birth City Birth State (If born in the US)

Birth Country *

Are you a US Citizen? * ☐ Yes ☒ No Citizenship *

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

Visa Type:

Visa Expiration Date

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.

Save and Continue



Alias Information –

Please provide any former or alternate names

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

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

Alias

Explain Name Change

Nickname

DELETE

EDIT

Add an Alias

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.


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Practice Location(s)

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Delegated Credentialing Contact

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.

Save and Continue

* 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 must be listed on an initial 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 if any have populated. 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.

The screenshot shows the 'Practice Location(s)' page in a credentialing portal. At the top is a progress bar with icons and labels for: Basic Information, Professional History, Education and Training, Disclosure Questions, Privileges, Documents, and Review and Submit. The 'Basic Information' tab is active. On the left is a sidebar menu with links: Vital & Contact, Personal History, Alias Information, Delegated Credentialing Contact, Practice Location(s) (highlighted), and Provider Languages. The main content area is titled 'Practice Location(s)' and contains instructions: 'Please list ALL current and pending practice locations.' It explains that for prepopulated information, users should use the 'down arrow' and 'edit (pencil)' tools, and that they should not delete prepopulated information. It also states that if no longer practicing at a location, an end date should be entered. A note says to scroll to the bottom to see all practice locations. Below this, it says to add a new practice location by selecting the 'Add another Office Location' button. A requirement states that all applicants must provide the name of providers or practice group that covers their patients when unavailable at each practice location. A 'Please note' section states that users must have at least: 1 location identified as a primary practice, 1 location identified where mail should be delivered, and 1 location identified as their billing office. It also notes that one office can be identified for all three requirements. Contact information for the CVO is provided: UPH_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST. At the bottom, there is a light blue box with a dropdown menu showing 'zzUnityPoint Clinic-Cardiology-Cedar Rapids, zz619 S Main, Monticello, IA' and a downward arrow. A 'Save and Continue' button is in the top right corner.

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.*

Add Primary Office
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.

Last Name, First Name, MI, Degree * Dr. Princess Peach Specialty

Last Name, First Name, MI, Degree Specialty

Last Name, First Name, MI, Degree Specialty

Billing Tax ID 00-0000000 Group Billing NPI 6666666666

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 Dr. Princess Peach Specialty

Last Name, First Name, MI, Degree Specialty

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	☒	Additional	☐		Secondary	☐		Tertiary	☐		Billing	☒	Mailing	☒
---------	-------------------------------------	------------	--------------------------	---	-----------	--------------------------	---	----------	--------------------------	---	---------	-------------------------------------	---------	-------------------------------------

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 *	Dr. Princess Peach		Specialty	
Last Name, First Name, MI, Degree			Specialty	
Last Name, First Name, MI, Degree			Specialty	

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	Dr. Princess Peach		Specialty	
Last Name, First Name, MI, Degree			Specialty	

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”

Welcome, Rebecca zzLachenmaier [My Home](#) | [Summary Report](#) | [Logout](#)

 UnityPoint Health

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Provider Languages

Please specify all languages that you can claim working-level proficiency.

Save and Continue

Add a language

Emergency Contact –

Iowa based providers will be asked to supply their emergency contact.

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 Emergency Contact

Emergency Contact

In case of emergency, contact:

First Name

Last Name

Relationship



Address

Address 2

City

State



Zip

Phone Number

* Indicates a required field

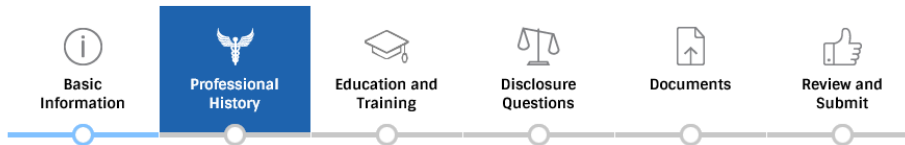
Save and Continue

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated May 2026

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 UnityPoint Health

Professional History Section



- 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

Professional History

You must provide ALL pending, current and inactive information throughout this section.

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.

Continue

Questions Regarding State License, DEA, CSA

You will be asked to confirm you hold current licensure and if you have any pending Iowa and/or Illinois licensure based on where you will be practicing.


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Questions Regarding State License, DEA, CSA

Provide the appropriate responses below.

For questions regarding portal completion and submission, email 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

Do you hold a current Professional License?

☐ Yes ☒ No

Please Explain *

Do you hold a current DEA Registration?

☐ Yes ☒ No

Please Explain *

Do you hold a current State Controlled Substance Certificate?

☐ Yes ☒ No

Please Explain *

Please identify any IOWA professional license, DEA or Controlled Substance you have pending.

Save and Continue

Licensure, Registrations, and Certification Information -

All current, pending, and prior 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 and review licenses, registrations, and certifications.
- All current and prior licenses within the requested time period 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.
- 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.

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Licensure, Registrations and Certification Information

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.

State License, IA

DEA Registration, IA

Controlled Substance, IA

Add Additional Licensure From List

Save and Continue

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

- 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...

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

State *



Issue Date



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

DELETE EDIT

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


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Admitting Privileges

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

Save and Continue

Sample of screen when answer is “Yes”

Admitting Privileges

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

Do you have hospital
admitting privileges? * ☒ Yes ☐ No

Click blue "Save and Continue" button

* Indicates a required field

Sample of screen when answer is “No”

Admitting Privileges

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

Do you have hospital
admitting privileges? * ☐ Yes ☒ No

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

* Indicates a required field



Healthcare Organization Affiliations -

You must enter all hospital and ambulatory surgery center affiliations – 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 prior healthcare affiliations you have had since completion of training.

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.

Add pending, current and prior healthcare organization affiliations by clicking the gray button below. Select the item to add from the drop down box.

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.

[I do not have a Current Healthcare Affiliation](#)

[Add Healthcare Affiliation](#)

[Save and Continue](#)

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[Healthcare Organization Affiliations](#)
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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.



[I do not have a Current Healthcare Affiliation](#)



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 * 

Organization Lookup 

Organization Name *

Address Suite #

City State Zip

Phone # Fax #

Membership Status *

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

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) *  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 since completion of Medical School.

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. 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 Employer

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.

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You must provide ALL pending, current and prior employment history since completion of training. This includes self-employment, service as an independent contractor, and military service. If you have multiple practice locations associated with an employer, list only the main practice site. Do not include internship, residency, and fellowship information in this section unless you are moonlighting.

Gaps greater than 30 days are required to be explained, including gaps between end of education and start of employment. Include these in your chronology by choosing the "Gap Explanation" option.

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.

Work History, Mario Bros

Gap Explanation, Gap Explanation

Add another Employer/Gap Explanation

Save and Continue

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

Add Employment/Military/Gap(s)

Add another Employer/Gap Explanation

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

Select Option: *

Gap Explanation

Gap Explanation

Military

Work History

Company Name/Gap Explanation: *

* 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 and Past Insurance Carriers –

All current and prior malpractice insurance carriers must be entered for the timeframes requested on your portal application. For insurances that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

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

We do not require copies of prior certificates of insurance but if you have copies or are able to obtain those it may expedite the credentialing process.

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”

Due to the various employing entities within UPH the CVO will request the appropriate Self Insured Policy you will be covered under and request the Certificate upon receipt of the portal application.

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Employment History
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Malpractice Insurance Additional Questions
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Malpractice Insurance

Please list your pending, current, and prior professional liability insurance coverage since completion of training.

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.

Please ensure you upload in the "Required Documents" section of this portal your current malpractice insurance certificate for work you are doing on behalf of UnityPoint Health. Any other malpractice insurance certificates (both current and prior) are welcomed to assist us in completing your application process.

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.

Current Malpractice Insurance Carrier

Save and Continue



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

Current Malpractice
Insurance Carrier

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

Malpractice Insurance Additional Questions -



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

Malpractice Insurance Additional Questions

Save and Continue

Provide the appropriate response below then click "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

Do you have any privileges or procedures excluded or restricted under your current policy? * ☒ Yes ☐ No

Name of Carrier(s) restriction is with: *

What are the restrictions? *



Peer References -

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

- Recent Residency/Fellowship graduates (in the past 12 months) – you MUST list your training director.

The screenshot shows a progress bar at the top with six steps: Basic Information, Professional History (highlighted in blue), Education and Training, Disclosure Questions, Documents, and Review and Submit. Below the progress bar, on the left, is a sidebar with links: Questions Regarding State License, DEA, CSA; Licensure, Registrations and Certification Information; Admitting Privileges; Healthcare Organization Affiliations; Employment History; Malpractice Insurance; Malpractice Insurance Additional Questions; and Peer References. The main content area is titled "Peer References" and contains the following text: "Please list the names of five (5) 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. If peers do not meet this criteria, you may be asked to provide additional peers." Below this is a section titled "PEER REQUIREMENTS:" with two numbered points: "1 - Peer from your specialty and same discipline (physician to physician, dentist to dentist, ARNP to ARNP etc.)" and "2 - If training was completed in the past 12 months, one peer MUST be the training director." Further down, it says: "For questions regarding portal completion and submission, email 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 main content area, there is a blue button labeled "Save and Continue" and a gray button labeled "Add Professional Reference".

Peer References

Please list the names of five (5) 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. If peers do not meet this criteria, you may be asked to provide additional peers.

PEER REQUIREMENTS:

- 1 - Peer from your specialty and same discipline (physician to physician, dentist to dentist, ARNP to ARNP etc.)
- 2 - If training was completed in the past 12 months, one peer MUST be the training director.

For questions regarding portal completion and submission, email 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 Professional Reference](#)

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

Add Professional
Reference

Education and Training Section

You will add your medical education and training program information, we do not need Pre-Med or High School information.

You must include an explanation of any gaps in your medical training greater than 30 days.


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](#)

Board Certifications/National Certifications -

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.

For certifications that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

The screenshot shows a progress bar at the top with six steps: Basic Information, Professional History, Education and Training (highlighted in blue), Disclosure Questions, Documents, and Review and Submit. Below the progress bar, on the left, are links for "Board/National Certification" and "Medical Education Timeline". The main content area is titled "Board/National Certification" and contains the following text:

Please provide information about the Specialty in which you are Board Certified or may become Board Certified. Please note: some practitioners do not obtain a specialty certification. To add board status click the gray "Add a Board/National Certification" button.

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, email 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 content area, there is a blue "Save and Continue" button and a gray "Add/Update Board/National Certification" button.

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.

A gray rectangular button with the text "Add/Update Board/National Certification" in white.

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 ☐

Medical Education Timeline –


Basic
Information


Professional
History


Education and
Training


Disclosure
Questions


Documents


Review and
Submit

Board/National
Certification

Medical Education
Timeline

Medical Education Timeline

- Please list ALL applicable Medical Education, including internships, residencies, fellowships and/or clinical training. Include any programs started but not completed.
- For purposes of this application, "Medical education" includes Professional education for non-physicians.
- Educational gap explanations over 30 days

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, email the CVO at UPH_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Where did I attend Medical Education?

Save
and
Continue

You will be prompted to provide the appropriate information starting with “Medical Education”, then “Internship”, “Residency”, “Fellowship”, and “Add an Education or Training”. To add information, you will select the gray box. *If there is pre-populated information in your application your prompts may vary.*

Where did I attend
Medical Education?

Where did I attend
Internship training?

[I did not attend
Internship training](#)

Where did I attend
Residency Training?

[I did not attend a
Residency program](#)



Where did I attend a
Fellowship Program?

[I did not attend a
Fellowship Program](#)

Add an Education or
Training

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 list ALL applicable Medical Education, including internships, residencies, fellowships and/or clinical training. Include any programs started but not completed.
- For purposes of this application, "Medical education" includes Professional education for non-physicians.
- Educational gap explanations over 30 days

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, email 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

University Name *

Address Suite #

City, State, Zip Country

Degree *

Program Director

Program Office E-mail Address

Program Office Phone # Program Office Fax #

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

Was any of your training extended beyond the anticipated end date? * ☐ 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



Disclosure Question Section

These questions are required to be completed reflecting on your **history since Medical Education**. 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 and/or clarification, 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 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 required field

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

Which disclosure question is the explanation associated with? *

Description of Allegation or Action taken

Date of Incident Date of Claim or Suit filed

Location of Incident

Insurance Carrier Name

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

Your Status:

Claim Status:

[Cancel](#)

[Save and Continue](#)



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.

Disclosure Questions

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 involved)

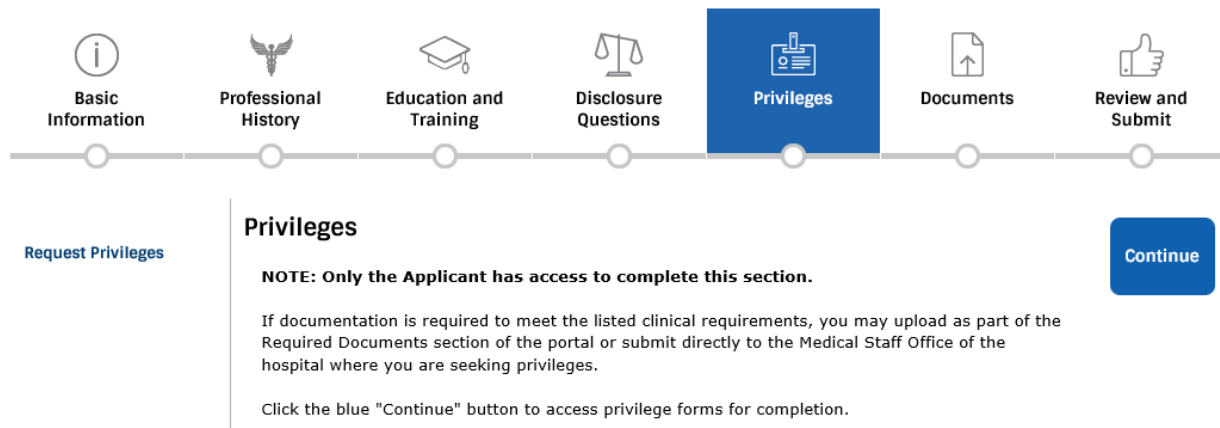
[Cancel](#)

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 credentialed at hospitals for membership/privileges 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.



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

[Request Privileges](#)

Privileges

NOTE: Only the Applicant has access to complete this section.

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.

Click the blue "Continue" button to access privilege forms for completion.

[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 **you must 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
TQC General Surgery	Awaiting Action	☐
IHDM - Adult Gero Clinical Nurse Specialist 9-2018	Awaiting Action	☐

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=y

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.

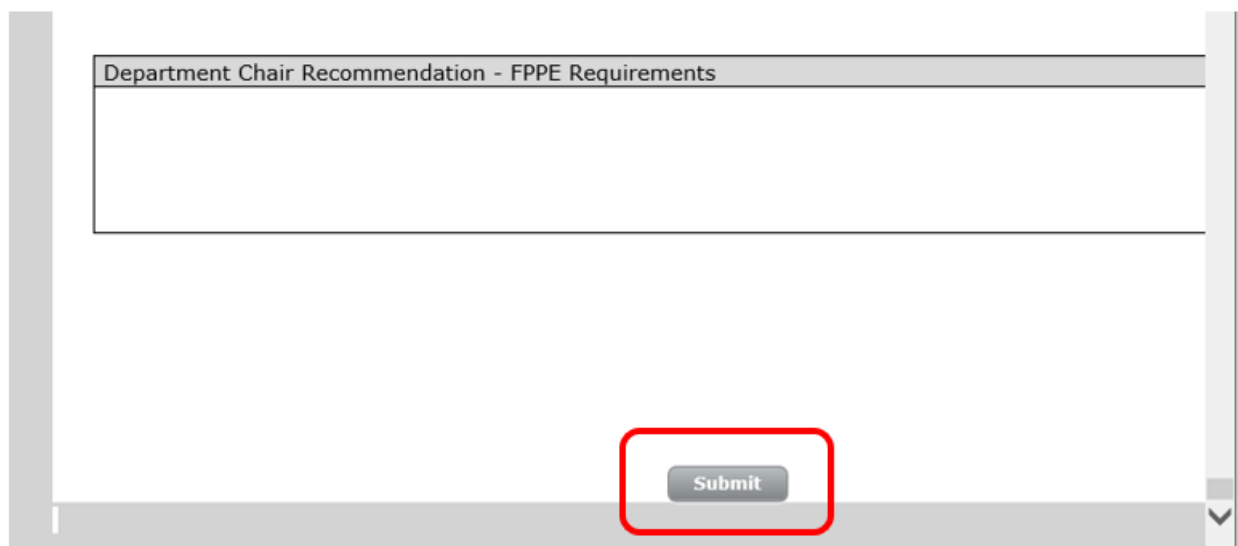
Additional Requirements Current ACLS certification AND/OR ATLS certification

GENERAL SURGERY PRIVILEGES

Request all privileges listed below. Place a check mark in the Request column for those privileges which best reflects your current practice pattern.

Request	Currently granted privileges
☐ TMR - Trinity Moline/Rock Island Campus TB - Trinity Bettendorf Campus	☐
☐ General Surgery Privileges	☐
☐ Admit, evaluate, diagnose, treat and provide consultations.	☐
☐ Intra-abdominal privileges	☐
☐ Insertion of peritoneal dialysis catheter	☐

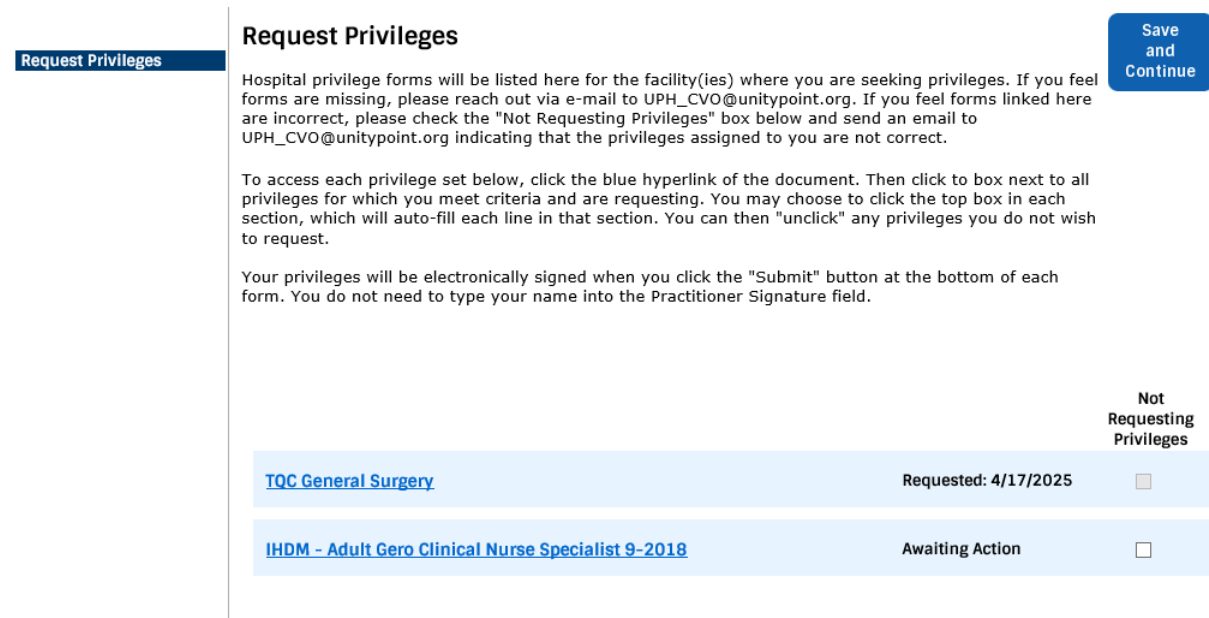
At the end of the privilege request form, you MUST click the “Submit” button.



Department Chair Recommendation - FPPE Requirements

Submit

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

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
TQC General Surgery	Requested: 4/17/2025	☐
IHDM - Adult Gero Clinical Nurse Specialist 9-2018	Awaiting Action	☐

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](#)

The **Red Asterisk*** identifies required documents. IF you would like to upload additional documentation on the list, the CVO will save them in the credentialing system.

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

Documents

Documents below indicated by a red asterisk are required to be uploaded. All other documents are optional.

- If you practice in the Sioux City or Fort Dodge regions**, you must include a copy of your certificates for Iowa license, DEA and Controlled Substance, and South Dakota license, DEA and Controlled Substance, if applicable.
- UPH/UPC Employed Providers** - The CVO will obtain your malpractice insurance certificate. Please upload a blank PDF in the section below to bypass this required element.

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	UPLOAD
*Current US Government Issued ID (Driver's License, Visa, Passport) in PDF or JPEG format	UPLOAD
*Malpractice Insurance Certificate(s) showing coverage for work on behalf of UnityPoint in PDF format	UPLOAD
State Medical License	UPLOAD
Controlled Substance	UPLOAD
DEA Registration	UPLOAD
Current CV/Resume	UPLOAD
Case Log	UPLOAD

[Save and Continue](#)

Once uploaded, you can view or change the documents

Basic Information

Professional History

Education and Training

Disclosure Questions

Privileges

Documents

Review and Submit

Documents

Forms

Save and Continue

Documents

- Documents below indicated by a red asterisk are required to be uploaded. All other documents are optional.
- If you practice in the Sioux City or Fort Dodge regions**, you must include a copy of your certificates for Iowa license, DEA and Controlled Substance, and South Dakota license, DEA and Controlled Substance, if applicable.
- UPH/UPC Employed Providers** - The CVO will obtain your malpractice insurance certificate. Please upload a blank PDF in the section below to bypass this required element.

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
*Current US Government Issued ID (Driver's License, Visa, Passport) in PDF or JPEG format	View Document	Change
*Malpractice Insurance Certificate(s) showing coverage for work on behalf of UnityPoint in PDF format	View Document	Change
State Medical License		

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated May 2026

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 UnityPoint Health

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.

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 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](#)

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[Save
and
Continue](#)

Forms

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UnityPoint Health Initial Application

[View Form](#)

☐ I attest that all information in the UnityPoint Health Initial Application is true and complete.

[Previous](#)



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 the application to successfully 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

Section	Completion Status
Basic Information	0%
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.

UnityPoint Health

Professional History

Licensure, Registrations and Certification

EACH license, registration and certification must be reviewed and edited.

Continue

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

The screenshot displays a multi-step application form. At the top, a progress bar shows five sections: Basic Information, Professional History, Education and Training, Disclosure Questions, and Privacy. The 'Basic Information' section is currently active. On the left, a sidebar lists the following items with checkmarks: Vital & Contact, Personal History, Alias Information (highlighted with a red circle and a red flag icon), Delegated Credentialing Contact, Practice Location(s), and Provider Languages. The main content area is titled 'Provider Languages' with the instruction 'Please specify all languages that you can claim working-level proficiency in'. Below this, a light blue text box contains the word 'Portuguese'.

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

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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

Welcome, Provider zzDemo!

You have no active applications at this time.

Prior submitted applications

CVO IL Initial with Privileges 3/1/2025 - Complete
Submitted: 4/17/2025



- [View Portal Summary Report](#)
- [View Corporate Compliance Form-UPH](#)
- [View UPH Security Agreement](#)
- [View UPH Consent and Release](#)
- [View Medicare and Medicaid Acknowledgement](#)
- [View UnityPoint Health Initial Application](#)
- [View Request Privileges - TQC General Surgery](#)



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

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://unitypoint.service-now.com)