

Credentials Verification Office

ServiceNow Request Tip Sheet – New/Initial

Application Instructions for Providers and Delegates

Updated August 2026

Contents

Navigating the CVO ServiceNow Website	2
General Information	2
Requesting an Account/Account Access	3
The CVO ServiceNow Home Page	5
Link for ServiceNow Request submission	6
The Credentialing Application Tracker	7
My Open and Closed Requested Items	7
Review CVO and UPH Hospital Bylaws, Policies, and Waivers	11
CVO Resources	11
Initial Application Request or Additional Hospital Location	12
First Steps and Information to have on hand	12
Submitting a Request	12

Navigating the CVO ServiceNow Website

General Information

ServiceNow is the request ticketing system that the Credentials Verification Office (CVO) utilizes to manage incoming requests regarding new applications, change in privileges, change in practice, resignations/terminations, etc.

You will need to log in in order to [access](#) the ServiceNow request system

You can access the Credentials Verification Office (CVO) ServiceNow request website using this URL:

<https://unitypoint.service-now.com/cvo>

Or you can start from the Credentials Verification Office (CVO) website:

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

At the top of the page, there are inter-page links for main topics. Select **SERVICE NOW TICKET REQUEST**

UnityPoint Health

MyUnityPoint | Pay Bill | Privacy Policy

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About Us | Patients & Visitors | Giving | News & Articles

Credentials Verification Office (CVO)

UnityPoint Health > About UnityPoint Health > For Providers > Credentials Verification Office (CVO)

CREDENTIALS VERIFICATION OFFICE (CVO)
(515) 241-7977
UPH_CVO@unitypoint.org →
Office Hours
Monday–Friday, 7 a.m. to 5 p.m. CST
CVO/MSS/PHO Contact Information →

SECTION MENU

SERVICE NOW SYSTEM | CREDENTIALING REQUESTS | HOSPITAL AFFILIATION PSV | RESOURCES/TIP SHEETS

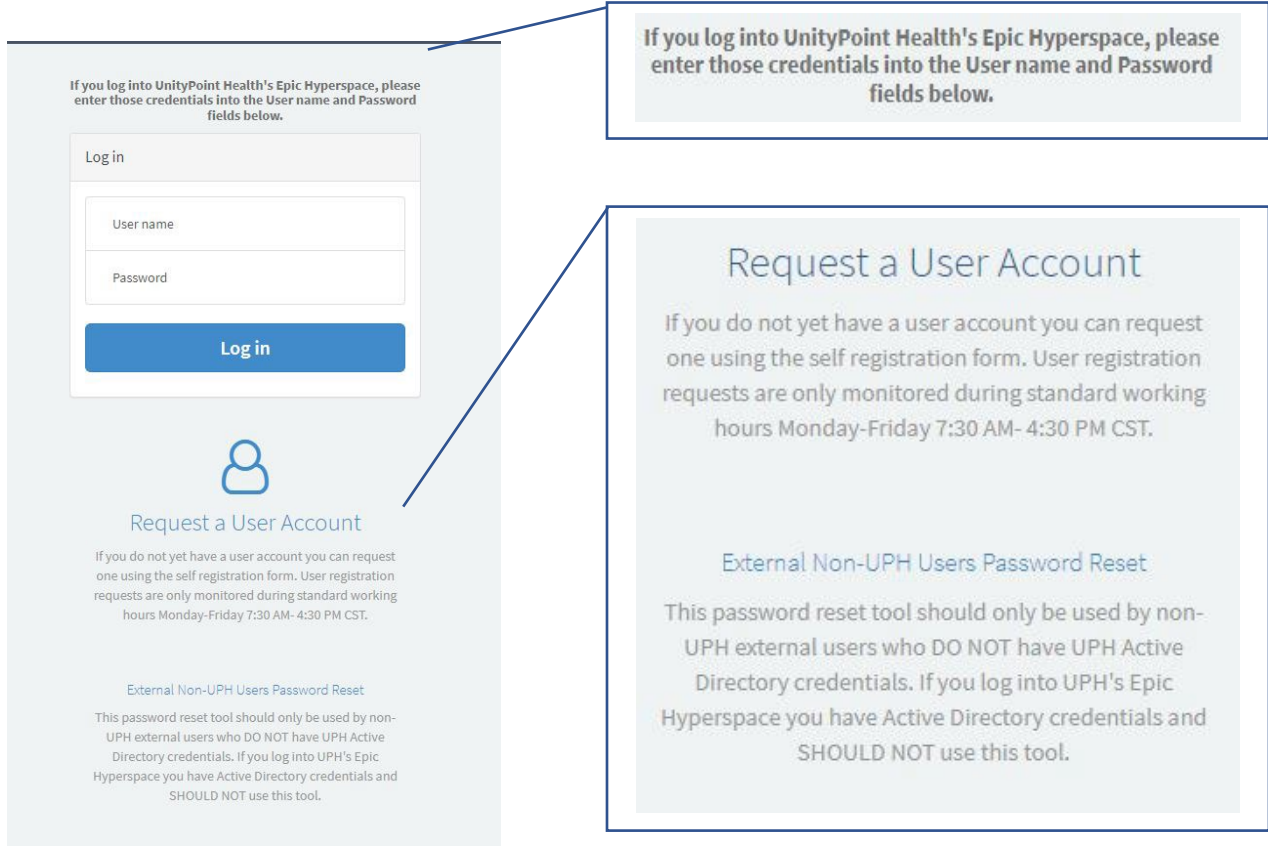
UnityPoint Health Credentials Verification Office (CVO)

Requesting an Account/Account Access

Internal users (UPH/UPC users) will use their computer credentials (i.e.: EPIC, MSOW)

Please pay special attention to the password reset information on this page.

External users will need to request an account if it is their first time accessing service now



The screenshot shows the UnityPoint Health login interface. At the top, a message states: "If you log into UnityPoint Health's Epic Hyperspace, please enter those credentials into the User name and Password fields below." Below this is a "Log in" section with fields for "User name" and "Password", and a blue "Log in" button. Below the login section is a "Request a User Account" section with a user icon, a heading, and text explaining the self-registration process and monitoring hours (Monday-Friday 7:30 AM- 4:30 PM CST). At the bottom is an "External Non-UPH Users Password Reset" section with text stating the tool should only be used by non-UPH external users who do not have UPH Active Directory credentials. Two callout boxes are present: one pointing to the top message and another pointing to the "Request a User Account" section.

If you log into UnityPoint Health's Epic Hyperspace, please enter those credentials into the User name and Password fields below.

Request a User Account

If you do not yet have a user account you can request one using the self registration form. User registration requests are only monitored during standard working hours Monday-Friday 7:30 AM- 4:30 PM CST.

External Non-UPH Users Password Reset

This password reset tool should only be used by non-UPH external users who DO NOT have UPH Active Directory credentials. If you log into UPH's Epic Hyperspace you have Active Directory credentials and SHOULD NOT use this tool.

NOTE: If you do not yet have a user account, you can request one using the self-registration form. User registration requests are only monitored during standard working hours, Monday – Friday

Please use the [External Non-UPH Users Password Reset](#) link if you need to reset your password. If you forgot your username, use the email address you used when you requested your user account.

Account Registration Fields

 User Registration Request - Created
New record

 Submit

Please provide some basic information so we can process your account request.

* First name

* Last name

* Email



* Business Phone

Mobile Phone

* Clinic Name

* Reason for Requesting Access

Account type

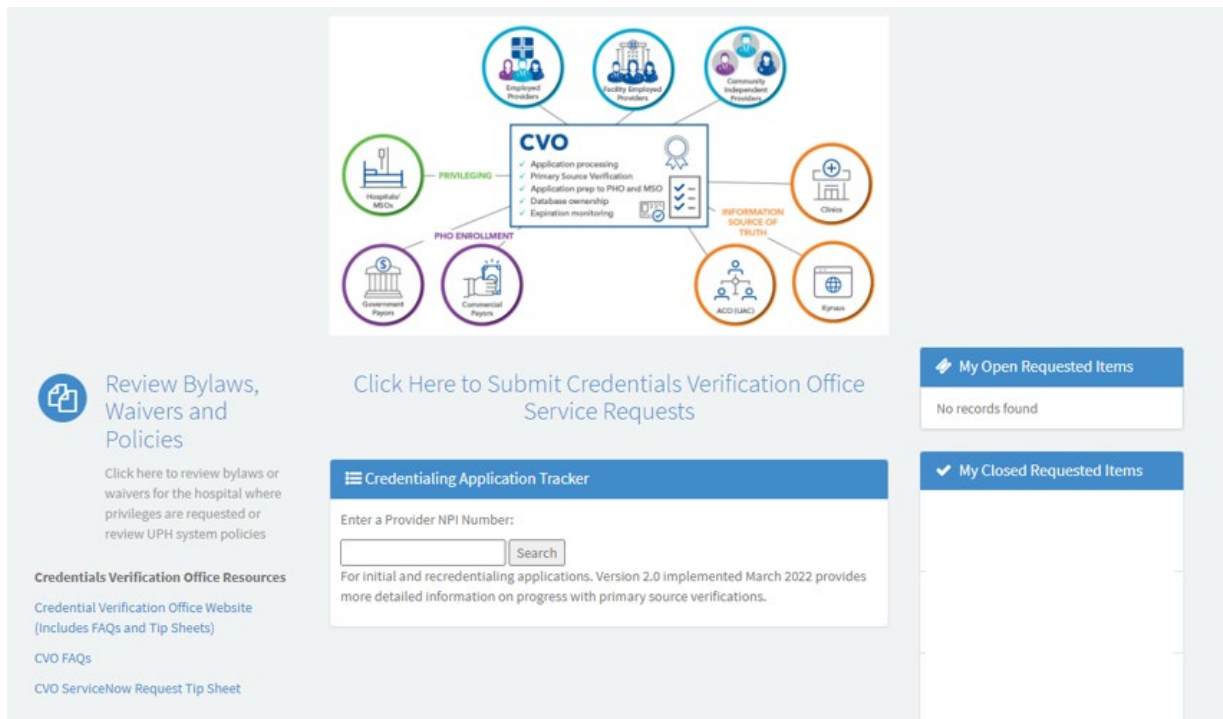
CVO

Submit



The CVO ServiceNow Home Page

Upon login you will be taken to the CVO ServiceNow Home Page where you will see a few options



The screenshot displays the CVO ServiceNow Home Page. At the top, a central diagram features the 'CVO' logo with a list of services: Application processing, Primary Source Verification, Application prep to PHO and MSO, Database ownership, and Expiration monitoring. Surrounding this central hub are eight circular icons representing different provider types and processes: Hospital/MSO (Privileges), PHO Enrollment (Government Payors, Commercial Payors), Employed Providers, Facility Employed Providers, Community Independent Providers, Onew, ACO(SAC), and Kinex. Below the diagram, the page is divided into three main sections. On the left, a section titled 'Review Bylaws, Waivers and Policies' includes a link to 'Click here to review bylaws or waivers for the hospital where privileges are requested or review UPH system policies' and a link to 'Credentialed Verification Office Resources' which includes 'Credentialed Verification Office Website (Includes FAQs and Tip Sheets)', 'CVO FAQs', and 'CVO ServiceNow Request Tip Sheet'. The middle section, titled 'Click Here to Submit Credentials Verification Office Service Requests', contains a 'Credentialed Application Tracker' with a search bar for 'Enter a Provider NPI Number:' and a 'Search' button. Below the search bar, a note states: 'For initial and recertification applications. Version 2.0 implemented March 2022 provides more detailed information on progress with primary source verifications.' On the right, there are two sections: 'My Open Requested Items' showing 'No records found' and 'My Closed Requested Items'.

CVO

- ✓ Application processing
- ✓ Primary Source Verification
- ✓ Application prep to PHO and MSO
- ✓ Database ownership
- ✓ Expiration monitoring

PRIVILEGES

- Hospital/MSO

PHO ENROLLMENT

- Government Payors
- Commercial Payors

INFORMATION SOURCE OF TRUTH

- Onew
- ACO(SAC)
- Kinex

Employed Providers

Facility Employed Providers

Community Independent Providers

Review Bylaws, Waivers and Policies

Click here to review bylaws or waivers for the hospital where privileges are requested or review UPH system policies

Credentialed Verification Office Resources

- [Credentialed Verification Office Website \(Includes FAQs and Tip Sheets\)](#)
- [CVO FAQs](#)
- [CVO ServiceNow Request Tip Sheet](#)

Click Here to Submit Credentials Verification Office Service Requests

Credentialed Application Tracker

Enter a Provider NPI Number:

For initial and recertification applications. Version 2.0 implemented March 2022 provides more detailed information on progress with primary source verifications.

My Open Requested Items

No records found

My Closed Requested Items

Link for ServiceNow Request submission

Select the “Click Here to Submit Credentials Verification Office Service Requests” to open the service now request system



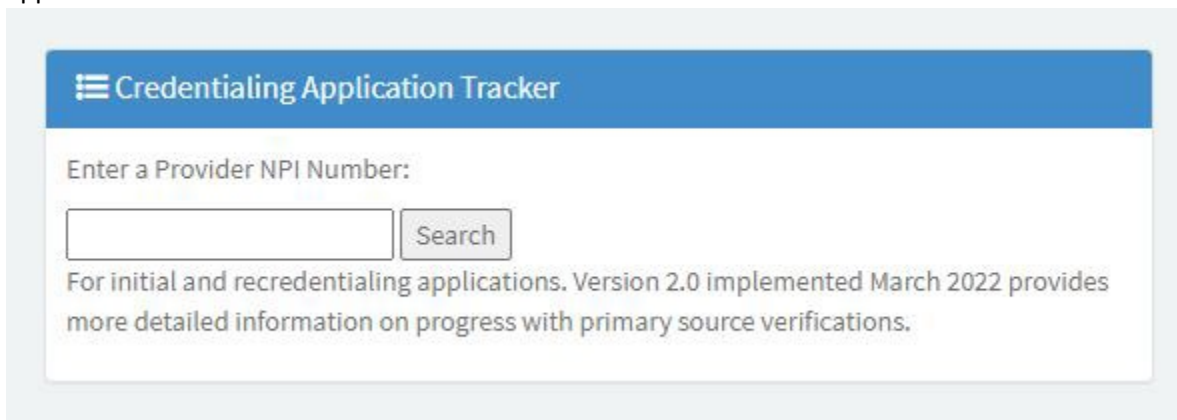
This is the option you will select when submitting a new request to the CVO. There are selections for:

- **Initial Application Request or Additional Hospital Location** – to be used when you/your Provider are requesting Privileges at a new Hospital.
- **Add Clinic or Billing Location for Current Practitioner/Provider** – to be used when you need to update your clinical practice locations and/or billing address.
- **Add Additional Hospital Privileges** – to be used when you/your Provider are requesting additional Privileges at a Hospital that Privileges are already held at. For example, when you receive additional training to perform a new procedure.
- **Name Change of Practitioner/Provider** – to be used when you/your Provider have a legal name change.
- **Termination of Practitioner/Provider** – to be used when you/your Provider needs to resign their Hospital Privileges and/or PHO participation.
- **Other CVO/PHO Questions or Concerns Not Otherwise Specified Above** – to be used for various purposes such as updating a Telemedicine Provider Home Address, updating a Delegated Credentialing Contact, and general questions/concerns.



The Credentialing Application Tracker

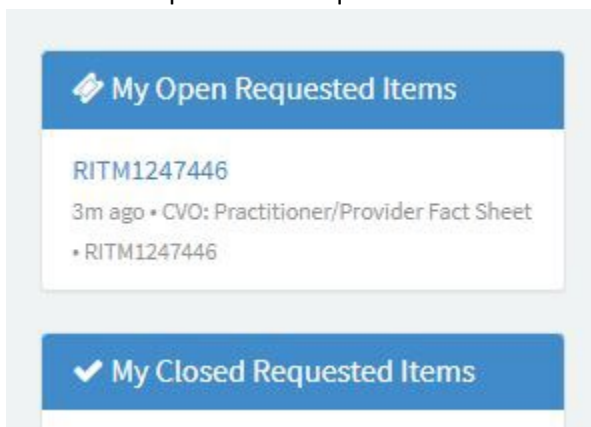
You can search for the NPI to check status on your application process once you have submitted a portal application.



The screenshot shows a web interface titled "Credentialing Application Tracker". Below the title is a search section with the text "Enter a Provider NPI Number:" followed by a text input field and a "Search" button. Below the search section is a paragraph of text: "For initial and recredentialing applications. Version 2.0 implemented March 2022 provides more detailed information on progress with primary source verifications."

My Open and Closed Requested Items

You can see your open CVO ServiceNow requests here, you can view them to check status and/or add additional information or make updates to existing requests such as a start date change. You can also view and re-open closed requests.



The screenshot shows a web interface with two sections. The top section is titled "My Open Requested Items" and contains a list item with the ID "RITM1247446", the text "3m ago • CVO: Practitioner/Provider Fact Sheet", and a bullet point "• RITM1247446". The bottom section is titled "My Closed Requested Items".



Click on the request ID to view more details, in this example it is “RITM1247446” – you will be taken to the Practitioner/Provider Fact Sheet that summarizes all the information you provided in your request.

Practitioner/Provider Fact Sheet

Type your message here...

Send

NL

Newton, Janice L
04-11-2023 11:53:21
RITM1247446 Created

Start

Your request has been submitted

Number	RITM1247446
State	Work in Progress
Priority	4 - Low
Created	1m ago
Updated	1m ago
Quantity	1

Options

Initial Application Request or Additional Hospital Location (License number required (if applicable) for request for Initial Application)
true

Add Additional Clinic or Billing Location
false

Were you able to find the existing practitioner/provider in our credentialing system?
No

Practitioner/Provider's NPI
0000000



If you need to add additional information or attachments, you can do that here

Practitioner/Provider Fact Sheet 

Type your message here... Send

NL

Newton, Janice L
04-11-2023 11:58:59 • Comments from Tasks

Additional comments from SCTASK1498077 = 04-11-2023 11:58:57 - Newton, Janice L (Additional comments (Customer Visible))
Hello,

Example of when additional information is requested.

Thanks!

NL

Newton, Janice L
04-11-2023 11:53:21
RITM1247446 Created

Start

Type in your message/updates and/or upload an attachment here and it will be added to your ServiceNow request:

Practitioner/Provider Fact Sheet 

Type your message here... Send

You can also add attachments and expedite your request at the bottom of the page

Attachments 

Drop files here

Actions

Expedite

You can view your closed tickets as well, and to view all to you will click “View all” on the bottom

 **My Open Requested Items**

No Records Found

 **My Closed Requested Items**

RITM0453232
8y ago • Network Shared Folder Access •
RITM0453232

RITM0453233
8y ago • Add Active Directory Group
Membership • RITM0453233

RITM0453234
8y ago • Email - Distribution Lists •
RITM0453234

RITM0455261
8y ago • VPN • RITM0455261

RITM0456931
8y ago • Hardware and Software Requests OLD
• RITM0456931

First 5 of 96 [View all](#)

You will be re-directed to another page where you can see all your tickets, and have the ability to search by keyword

 Requested Items

Keyword Search 

All > Request Requested by = Newton, Janice L .or. Requested for = Newton, Janice L > Active = false

Number ▼	Location	Code	Task type	Short description	Priority
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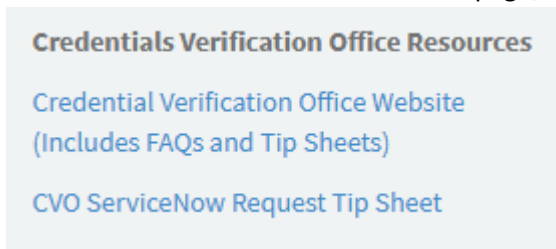
Review CVO and UPH Hospital Bylaws, Policies, and Waivers

Links to Bylaws, Policies, and Waivers related to the CVO and UPH Hospital where privileges are requested.



CVO Resources

Links to resources such as the CVO webpage, our FAQ, and Tip Sheets



Initial Application Request or Additional Hospital Location

First Steps and Information to have on hand

1. The first and most crucial step to submitting a Request is to have the information needed on hand.
 - a. NPI
 - b. Full Name of the Provider (First/Middle Initial/Last)
 - c. Provider's Credentials/Degree (ex: MD, ARNP, etc)
 - d. Provider's Last four (4) SSN
 - e. Provider's Date of Birth
 - f. Provider's Gender
 - g. Provider's Phone Number
 - h. Provider's E-mail
 - i. Delegate Credentialing Contact Name and E-Mail if applicable
 - j. Requested Start Date
 - k. Illinois and/or Iowa License Number(s)
 - l. Be prepared to answer the following questions:
 - i. Is this Practitioner/Provider currently completing their residency? – if YES, you will need the estimated completion date
 - ii. Is this Practitioner/Provider currently completing their fellowship? – if YES, you will need the estimated completion date
 - iii. Is this Practitioner/Provider's current medical license under any current sanctions or probation in the state where the provider will provide service? – if YES, you will need to provide an explanation
 - iv. Has this Practitioner/Provider worked for UnityPoint Health or any of its affiliates in the past? – if YES, you will need to provide more information
 - m. Clinic Practice Location(s) such as all clinical locations where patients are seen, mailing address, and billing address as applicable
 - n. Hospital(s) that privileges are being requested for if applicable
 - o. Supporting Documents as needed, ex: CV, additional information, copy of licensure, etc.
 - i. **NOTE: Please ensure your supporting documents are PDF, Word, and Excel format. PNG/JPEG/other image types will not load in the Service Now ticketing system and cannot be viewed.**

Submitting a Request

1. Once you have confirmed you have the correct information for your request, go to the CVO ServiceNow site (you may need to login):
<https://unitypoint.service-now.com/cvo>
Select the Click Here to Submit Credentials Verification Office Service Requests





- From the options listed you will select “Initial Application Request or Additional Hospital Location” and then the “Next” button.

Credentials Verification Office Service Requests

Credentials Verification Office Service Requests

Home Choose Options Summary

Please select your request(s) from the options listed below.

For Initial Application requests, it will take 5-7 business days from submission of the ticket to the launch of the portal.

- ☒ Initial Application Request or Additional Hospital Location (License number required (if applicable) for request for Initial Application)
- ☐ Add Clinic or Billing Location for Current Practitioner/Provider (Select this if provider is currently enrolled with Medimore and/or has current UPH hospital membership/privileges.)
- ☐ Add Additional Hospital Privileges (Select if adding privileges to existing UPH hospital where privileges are currently held.)

3. Complete all the required fields

CVO: Practitioner/Provider Fact Sheet

Practitioner/Provider Fact Sheet

Options

7 Days Delivery

* Were you able to find the existing practitioner/provider in our credentialing system?

No

* Practitioner/Provider's NPI

00000000

* Practitioner/Provider First Name

Demo

* Practitioner/Provider Middle Initial

If none, please enter NA.

NA

* Practitioner/Provider Last Name

Demo

* Practitioner/Provider Credentials

MD

* Practitioner/Provider Last 4 of SSN

0000

* Practitioner/Provider Date of Birth (MM-DD-YYYY)

01-01-1991

* Practitioner/Provider Gender

X

* Practitioner/Provider Phone Number

Please enter 10 digits for the phone number.

555-555-5555

* Practitioner/Provider Email: This must be the PROVIDER's direct email as it will be used for sending links to the Provider Portal.

If the correct provider email address is not entered it will delay processing your request as follow-up will be required.

demo@email.com

Delegate's Name

Demo Delegate

Delegate's Email

This delegate will also receive links to the Provider Portal, and may complete the demographic and other informational portions of an application.

demod@email.com

In the Start Date field enter the contract or clinic start date. This will auto-populate to 90 days in the future; you can adjust the date field as needed.

The recommended timeframe to allow for CVO processing, Medical Staff membership/privileging approval and/or payer enrollment is 90-120 days.

- Provider start dates should be between 90-120 days out from the date you are entering this SN ticket.
- **If this is a UPH billing provider and the start date is sooner than the 90-day window, claim denials and write-offs may occur.**
 - The requestor should be making the Regional Hiring Director aware of this risk for validation of accurate start date.
- If this date changes after submission, you will need to resubmit a new request or update your existing open request.

*** Start Date** ⓘ

Enter the contract or clinic start date. The recommended timeframe to allow for CVO processing, Medical Staff membership/privileging approval and/or payer enrollment is 90-120 days. ✕

- Provider start dates should be between 90-120 days out from the date you are entering this SN ticket.
- **If this is a UPH billing provider and the start date is sooner than the 90 day window, claim denials and write-offs may occur.**
 - The requestor should be making the Regional Hiring Director aware of this risk for validation of accurate start date.
- If this date changes after submission, you will need to resubmit a new request.

07-10-2023

90 Day Anticipated Start Date from Today Is:

07-10-2023

Enter the Illinois and/or Iowa licensure numbers, if your licensure is pending, please indicate that. We may be able to begin application processing if your licensure has not yet been issued but credentialing cannot be completed with the CVO without an active license in the appropriate state.

Enter license number(s) for state(s) where requesting to practice

IL 000.000000



Answer the questions appropriately and provide date(s) and explanations as needed

1. Is this Practitioner/Provider currently completing their residency? – if YES, you will need the estimated completion date
2. Is this Practitioner/Provider currently completing their fellowship? – if YES, you will need the estimated completion date
3. Is this Practitioner/Provider's current medical license under any current sanctions or probation in the state where the provider will provide service? – if YES, you will need to provide an explanation
4. Has this Practitioner/Provider worked for UnityPoint Health or any of its affiliates in the past? – if YES, you will need to provide more information

* Is this Practitioner/Provider currently completing their residency?

Yes

* Date residency will be complete

MM-DD-YYYY

* Is this Practitioner/Provider currently completing their fellowship?

Yes

* Date fellowship will be complete

MM-DD-YYYY

* Is this Practitioner/Provider's current medical license under any current sanctions or probation in the state where the provider will provide service?

Yes

* Please provide additional information on any current sanctions or probation for this practitioner/provider.

* Has this Practitioner/Provider worked for UnityPoint Health or any of its affiliates in the past?

Yes

* Please provide additional information regarding previous employment with UnityPoint Health or its affiliates.



At the bottom of the page, there are two areas, one for “Clinic Practice” and one for “Hospital”. Select the “Add” button and **enter all the Clinics the provider will work at and all the Hospitals the provider will need privileges for.**

Credentials Verification Office Portal

Home

Choose Options

Summary

Add Practitioner/Provider Clinic Practice Information

For NEW practitioner/providers: Start with the practitioner/provider's primary location and list all clinic practice locations.

For EXISTING practitioner/providers: Only list the clinics you are requesting be added to the practitioner/provider's profile.

For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc); you must list your hospital based clinic/department.

If billing is going to be needed, the office MUST be listed here.

Direct Patient Care Offices – You must list a backup provider/group identified for EACH practice location

Practitioner/Provider Fact Sheet Clinic Practice Information

AddRemove All

Actions	Location	Does the provider need to have billing for this office location?	Is this office an existing UnityPoint Heal
---------	----------	--	--

Use the Add button below to enter all UnityPoint Health hospitals where privileges are being sought.

For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc.); you must list your hospital based clinic/department above in the Clinic section.

Direct Patient Care Providers – You must list a backup provider/group for each hospital you are requesting privileges

Practitioner/Provider Fact Sheet Hospital Information

AddRemove All

Actions	Hospital	Is this hospital the primary practice hospital for the practitioner/provider?	Direct Patient Care Backup
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Add attachments

Page 17 of 24

Credentials Verification Office
ServiceNow Request Tip Sheet

UnityPoint Health

For each **Clinic**, please enter the location by selecting “Add”

- For **NEW** practitioner/providers: Start with the practitioner/provider's primary location and **list all clinic practice locations**.
- For **EXISTING** practitioner/providers: Only list the clinics you are requesting be added to the practitioner/provider's profile.
- For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc); you must list your hospital-based clinic/department.
- If billing is going to be needed, the office **MUST** be listed here.
- Direct Patient Care Offices – You must list a backup provider/group identified for **EACH** practice location

Add Practitioner/Provider Clinic Practice Information ⓘ

- For NEW practitioner/providers: Start with the practitioner/provider's primary location and list all clinic practice locations.
- For EXISTING practitioner/providers: Only list the clinics you are requesting be added to the practitioner/provider's profile.
- For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc); you must list your hospital based clinic/department.
- If billing is going to be needed, the office **MUST** be listed here.
- Direct Patient Care Offices – You must list a backup provider/group identified for EACH practice location

Practitioner/Provider Fact Sheet Clinic Practice Information

Add Remove All

Actions	Location	Does the provider need to have billing for this office location?	Is this office an existing UnityPoint Health Epic department or does a new
---------	----------	--	--

You will receive a pop-up window (screenshot on the following page) allowing you to search for an existing location or add one as needed.

Established practice locations can be found by typing in the clinic's practice name, street address, city, or zip code. You may search on a “wildcard” basis by using an asterisk (*). (For example, you may enter “*urgent care” to see all locations with “urgent care” in the name.)

zu

zUnityPoint Health	1776 West Lakes Pkwy, STE 400	West Des Moines	IA	50266
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Is this office an existing UnityPoint Health Epic department or does a new UnityPoint Health Epic department need built?

If you are unable to find a desired location, enter “Not Found” and enter the information in the last section.

To finalize the information for Clinics, click on the blue “Add” button on the pop-up and they will then show in your request.

Practitioner/Provider Fact Sheet Clinic Practice Information

Add Remove All

Actions	Location	Does the provider need to have billing for this office location?	Is this office an e
	zUnityPoint Health	No	Not Applicable

Add Location Pop-Up Window:

Add Row

Location ?

Established practice locations can be found by typing in the clinic practice name, street address, city or zip code. Wildcard searches can also be executed by using an * (i.e., *urgent care to return all locations with urgent care in the name).

If you are unable to find the desired location enter Not Found.

For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc); you must list your hospital based clinic / department.

If billing is going to be needed, the office MUST be listed here.

Does the provider need to have billing for this office location?

-- None --

Is this office an existing UnityPoint Health Epic department or does a new UnityPoint Health Epic department need built?

-- None --

Employment Status ?

Select the proper employment status of the provider for the clinic location selected.

If the practitioner/provider is NOT at a UPH clinic location, choose "Independent - Not UPH Employed" from the selections below.

-- None --

Expertise ?

Select the expertise the provider will practice at the clinic location selected.

- If this provider is a telemedicine provider, choose the applicable specialty that begins with 'Telemedicine - '.

Patient Care Backup Provider/Group

Supervising Physician ?

ARNP/PA providers must have a supervising physician identified. Enter the supervising physician at the clinic location selected.

Cancel

Add

For each **Hospital** you will need privileges for, please enter the location by selecting “Add”

- For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc.); you must list your hospital-based clinic/department above in the Clinic section.
- Direct Patient Care Providers – You must list a backup provider/group for each hospital you are requesting privileges

Use the Add button below to enter all UnityPoint Health hospitals where privileges are being sought. ?

- For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc.); you must list your hospital based clinic/department above in the Clinic section.
- Direct Patient Care Providers – You must list a backup provider/group for each hospital you are requesting privileges

Practitioner/Provider Fact Sheet Hospital Information

Add

Remove All

Actions	Hospital	Is this hospital the primary practice hospital for the practitioner/provider?	Direct Patient Care Backup Provider/Group	Supervising F

You will receive a pop-up window (screenshot on the following page) allowing you to search for the UPH Hospital you want to apply for privileges at.

Select options from the dropdown selections for the Hospital.

* Hospital

-- None --

-- None --

Anamosa, IA – UnityPoint Health – Jones Regional Medical Center

Bettendorf, IA – UnityPoint Health – Trinity Bettendorf

Cedar Rapids, IA – UnityPoint Health – St. Luke’s Hospital

Des Moines, IA – UnityPoint Health – Iowa Health Des Moines

Select options from the dropdown selections for the Privileges.

* Please identify the specialty this practitioner/provider will be practicing at the hospital.

Addiction Medicine

Adolescent Medicine

Aerospace Medicine

Allergy

Allergy and Immunology

Alternative Medicine

To finalize the request for Hospital privileges, click on the blue “Add” button on the pop-up and they will then show in your request.



Add Hospital Pop-Up Window:

Add Row

*

Hospital

-- None --

▼

*

Is this hospital the primary practice hospital for the practitioner/provider?

?

A practitioner/provider should only have 1 hospital identified as their primary practice hospital.

✕

-- None --

▼

Direct Patient Care Backup Provider/Group

Supervising Physician

?

ARNP/PA providers must have a supervising physician identified. Enter the supervising physician for the hospital selected.

✕

*

Seeking Hospital Privileges?

-- None --

▼

*

Please identify the specialty this practitioner/provider will be practicing at the hospital.

▼

Please identify an additional specialty this practitioner/provider will be practicing at the hospital.

▼

Please identify an additional specialty this practitioner/provider will be practicing at the hospital.

▼

Cancel

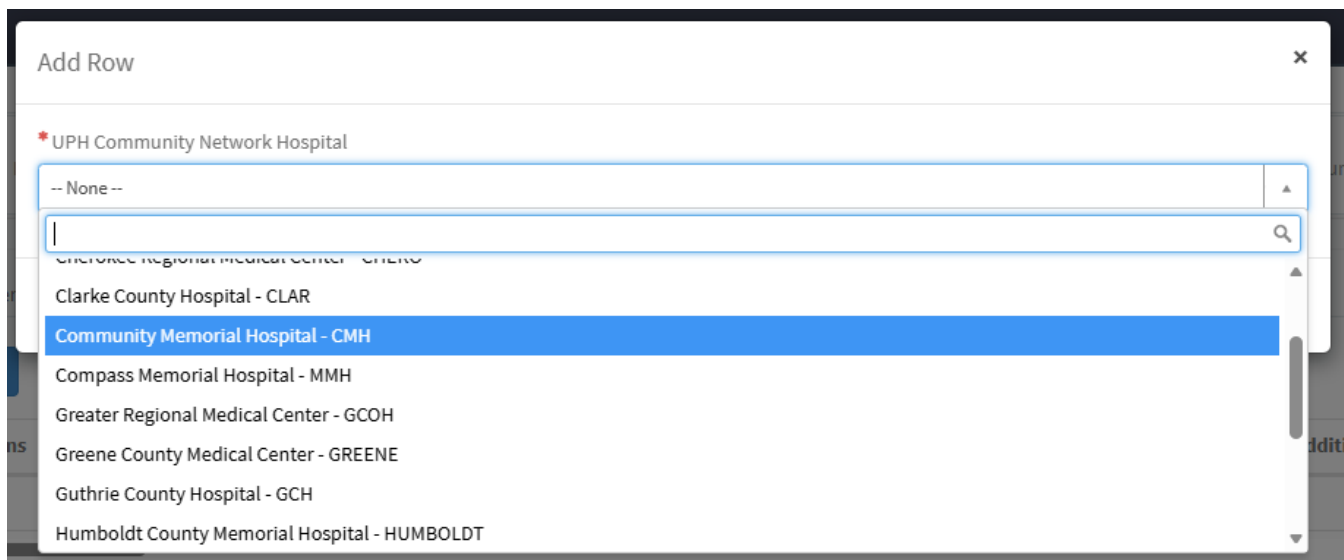
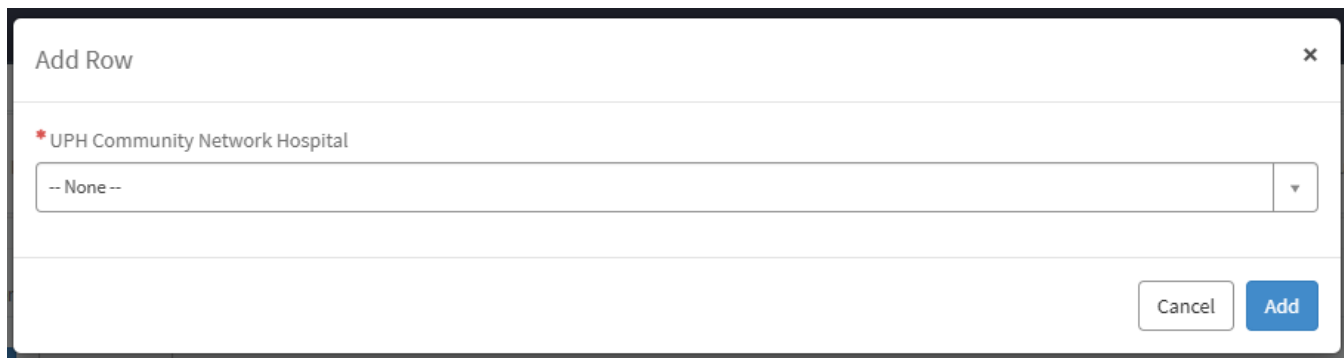
Add

Direct Patient Care Providers – you must use a backup provider/group for each hospital you are requesting privileges.

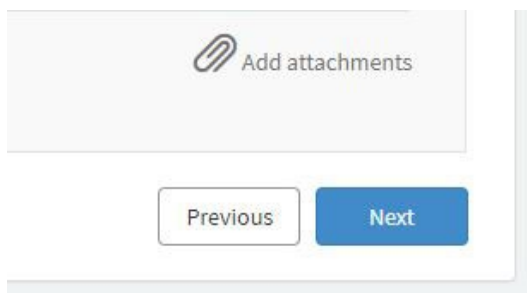


For each **UPH Community Network Hospital** you will need privileges for, please enter the location by selecting “Add”

Add Hospital Pop-Up Window:



At the very bottom of the request form, you can add attachments.



4. Once complete, you will hit Next and will be taken to the page below where you can edit or submit your Request.

Credentials Verification Office Service Requests

Credentials Verification Office Service Requests

 Home

 Choose Options

 Summary

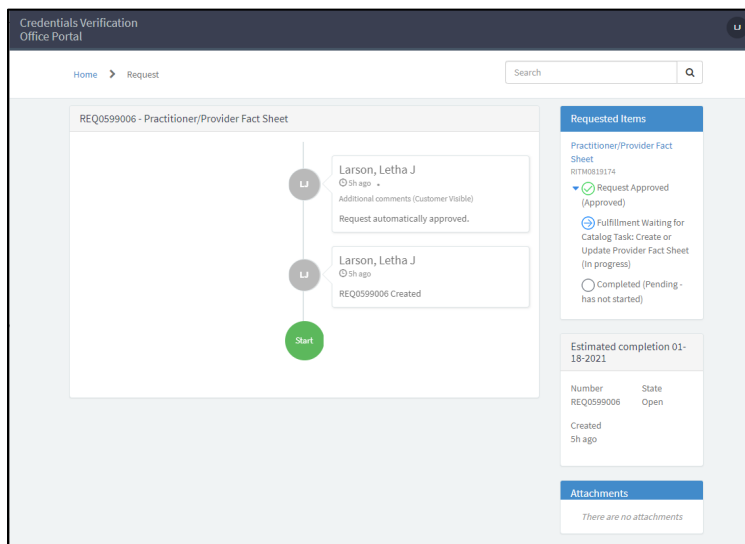
Order Guide Details	Quantity	Price (ea.)	Recurring (ea.)
CVO: Practitioner/Provider Fact Sheet	1	---	---

Edit Options

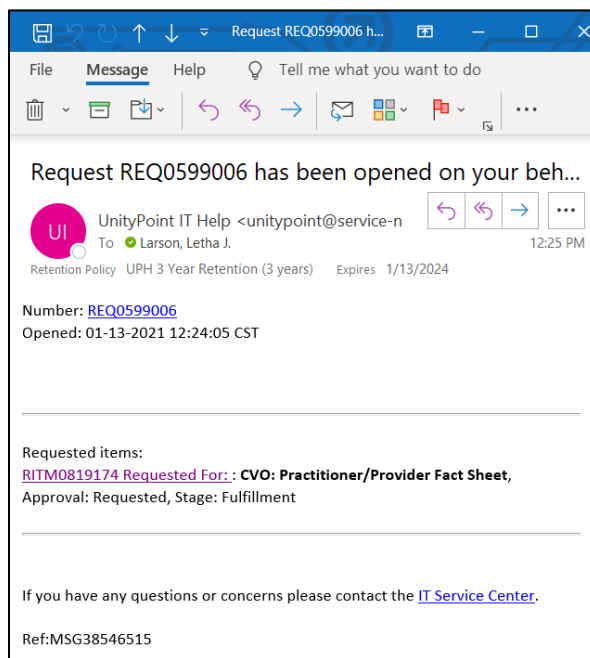
Submit



5. When you complete the request, you will receive immediate notification on the CVO ServiceNow website:



You will also receive a confirming email from UnityPoint IT Help (unitypoint@service-now.com). It will look similar to the below:



After review of your initial application request by the CVO additional information may be requested and/or a “welcome” email will be sent to the provider (and delegate, if a delegate has been named) with a link to the provider portal for completion of the online application.