



1750 60TH Street
West Des Moines, Iowa 50266

Thank you for your interest in obtaining Clinical Activities at our facility. To expedite the application process please download appropriate application and clinical activities form from the link at this site and follow instructions outlined below.

Application Fee - \$75.00 made payable to Lakeview Surgery Center.

INSTRUCTIONS – Make sure to select correct application form (**PA** or **Other**).

1. Applications should be typed or printed. Illegible information causes delays. If more space is needed to answer questions, please attach additional sheets and make reference to question being answered.
2. Complete all sections. **Leave no blanks**. Insert "non applicable" (N/A) where appropriate.
3. Attach a copy of the following items as applicable:
 - Current State Licenses / Certificates
 - Current State Controlled Substance Certificate
 - Current Federal DEA Certificate
 - Professional liability insurance coverage; limits not less than 1ML/3ML per claim.
 - Continuing educational activities attended in the past 24 months, to include course title, date, hours & CEUs earned.
 - TB test results dated no earlier than one year prior to date of application.
 - Copy of Covid Vaccine and Booster card.
4. Select appropriate Clinical Activities form and request only those activities that will be performed at Lakeview.
5. Our credentialing policy requires primary source verification of the information provided on your application. Please provide complete physical location addresses, fax numbers and email addresses where indicated. We will make every effort to expedite the application process by emailing or faxing requests where appropriate.
6. We require verification of your previous 10-year malpractice history, including all claims pending and settled. We will make the request for this information directly to the Insurance Carrier(s). Please make sure that we have a complete 10-year history.
7. Sign and date your application.
8. Return your application and requested documents to the Credentialing Center via **mail, fax or secure email**.

Upon receipt of your completed application the verification process will begin. Once all information on your application has been verified and supporting documentation received, your credentials will be forwarded to our Medical Executive Committee and then transmitted to the Governing Body for review and decision. This process takes 45-65 days to complete. I look forward to working with you and should you have any questions during the application process, please feel free to call me.

Sincerely,

Kate Foreman, RN
Quality Coordinator - Credentialing
Phone: 515-273-5359 Fax: 866-287-6195

Email: credentialing@lakeviewsurgerycenter.com