



**Main Office**

1750 60<sup>TH</sup> Street  
West Des Moines, Iowa 50266

Thank you for your interest in becoming a member of our Medical Staff. To expedite application process download the Iowa Statewide Universal Practitioner Credentialing Application, Specialty Privilege Form, Bylaws, and Rules & Regulations from the links at this site.

We know applying for privileges is a time-consuming process and most physicians seek privileges at more than one facility. To make this process easier, we have chosen to use the "Iowa Statewide Universal Practitioner Credentialing Application" which is accepted by most Health Care Facilities in the Des Moines area.

**Application Fee - \$100** made payable to Lakeview Surgery Center. The following will help expedite the application process.

1. Information should be typed or printed. If more space is needed to answer a question, please attach additional sheets and make reference to the 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:
  - Current State Medical Licenses
  - Current State Controlled Substance Certificate
  - Current Federal DEA Certificate
  - National Provider Identification Number
  - Board Certification Certificate
  - Copy of professional liability insurance coverage with limits of not less than 1ML/3ML per claim.
  - All postgraduate activities attended in the past 24 months, to include course title, date, hours & credits.
  - Case logs for the past two years for procedures being requested, with attached summary sheet.
  - TB test results dated no earlier than one year prior to date of application.
  - Copy of Covid Vaccine and Booster Card
4. Select appropriate Specialty Privilege Form and **request only privileges for procedures to be performed at Lakeview Surgery Center**. You will be required to document current competence to perform these procedures.
5. Medical Staff Bylaws require primary source verification of 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 faxing or emailing requests where appropriate.
6. We require a lifetime professional history, to include licensure, training and education and professional career experience.
7. 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 your Insurance Carrier(s). Please make sure we have a complete 10-year history.
8. Please provide professional references that have personal knowledge of your clinical abilities through recent observation.
9. **Read carefully before signing the "Consent, Attestation Authorization for Release of Information" form. It is an important legal document.**

Return requested documents directly to the **Credentialing Center** via mail, fax or secure email.

Upon receipt of your 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 from 45-90 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](mailto:credentialing@lakeviewsurgerycenter.com)**