Verification Requests

**Hospital Privilege** for the University of Iowa Hospitals and Clinics

Fax request with signed and dated release of information, along with the following payment data (please include your e-mail address):

|  |  |
| --- | --- |
| Provider Name: |  |
| Institution Name: |  |
| Name on Card: |  |
| Mailing Address as on card: |  |
| City, ST, Zip |  |  |  |  |
| Phone: |  |  |  |  |
| Fax: |  |  |  |  |
| Card Type (choose one) | [ ]  Visa | [ ]  Mastercard | [ ]  Discover | [ ]  AMEX |
| Card Number |  |
| Expiration Date: |  |  |  |  |
| Authorization Code: |  |  |  |  |
| **$25.00** |  |  |  |  |
| Email address to send Verification/receipt to: |  |

Or if you need to pay by check, make $25.00 check payable to (please include your e-mail address):

University of Iowa Clinical Staff Office

Attn: Debbie Poole

200 Hawkins Drive, C123 GH

Iowa City IA 52242-1009

\*Please note: Follow-up should be made directly with Clinical Department Head for evaluation portion of verification.

\*Please note: Delineated privileges are not granted to residents and fellows in training. Fellow Associates are the only exceptions.

\*Please note: The dates given by this office relate to the delineated privileges granted by the hospital, employment/appointment dates in the Colleges can differ.

**Post Graduate Training** completed at the University of Iowa Hospitals and Clinics

Please see request requirements at:

<http://www.uihealthcare.org/GME/GMEMainInsidePages.aspx?id=226598&taxid=225119>

**Medical Education** verification for the University of Iowa College of Medicine (or other University of Iowa degrees), can be requested on line at:<http://www.studentclearinghouse.org/services/DegreeVerify/>