



**Application for Registered Nurse (IVN-RN), Licensed Vocational Nurse (IVN-LVN), Licensed Practical Nurse (IVN-LPN) and Radiologic Technologist (IVN-RT) Recertification**

**If an incomplete application is submitted, the application will not be processed and no fees will be refunded. Fees will be used for administrative review. It is the responsibility of each applicant to assure that the application and documentation submitted is complete.**



This application packet is composed of several parts:

- Requirements for Recertification
- Recertification Application form
- Application fee (\$75/members)

## **Recertification Requirements**

### ***Certified applicant must:***

Continue to be an ASDIN member throughout the certification period. Dues will need to be current at time of recertification application.

Continue to be in a direct patient care role in a vascular interventional setting; to be documented through letter of recommendation by employer at time of recertification – See example format attached.\*

*\*Please note that this requirement does not apply to original grandfathered candidates who are recertifying. No letter of recommendation required of original grandfathered candidates.*

Continue a current license by a state board of nursing or current license from ARRT. Licensure which will be validated upon renewal.

Continue to attest to uphold the Ethical standards outlined in this document.

Continue to attest to utilize established universal precautions and guidelines set forth by appropriate governing bodies when performing all procedures.

Submit recertification application and recertification fee (\$75 member) up to 6 months before certification expiration and no later than 6 months after recertification expiration.

Submit an updated copy of candidate CV (if it has changed since original IVN certification)

### **Application Fee**

A fee of \$75 for members. (If your ASDIN membership is not current, contact the ASDIN office to determine what is required to bring membership current.) must accompany the recertification application. This fee is to cover the expenses of processing the application. This fee is nonrefundable. Credit card payments may be made online with electronic submission of the application.

Checks should be made payable to The American Society of Diagnostic and Interventional Nephrology and mailed to: ASDIN- PO Box 115, Clinton, MS 39060

## **Ethics**

The ASDIN's commitment to high ethical standards is reflected in the criteria set for membership. The ASDIN seeks to uphold the highest standards of ethical behavior in all its organizational interactions. It is the responsibility of each ASDIN member, including the Council, staff, volunteers, and employees to act in a manner consistent with these ethical guidelines. ASDIN honors this commitment to support the ethical integrity of our membership through adherence to the ethical tenets of honest communication, integrity, and fairness. Accuracy and security of information is continually sought, in adhering to HIPPA guidelines. Educational activities and research are conducted with accuracy and attention to detail. Applicants should adhere to the following ethical principles in the pursuit of ASDIN certification.

- I. All health care professionals applying for ASDIN shall be required to abide by the ethical principles endorsed by their appropriate professional organizations and the general ethical concepts of their profession. Acceptable behavior in the clinical setting includes collaboration with team; good verbal communication and clear messaging within the organization. Any intimidating and disruptive behaviors are unacceptable.
- II. All health care professionals shall be required to abide by all appropriate local, state and federal laws relating to the practice of their profession.
- III. Adherence to these principles will be used in considering a health care professionals qualification for certification/recertification,

Failure to adhere to these principles may be considered as just cause for denial of certification or revocation of certification.

# ASDIN Associate Certification Initial Application Form

## Identifying Information:

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Name (Last, First, Middle Initial)

Date of Birth

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Address

City

State

Zip

Gender: M / F

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Title, Credentials and/or Certifications Held

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Email

Phone Number

## Employer Information:

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Employer Name

Phone Number

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Address

City

State

Zip Code

If it has changed since original certification, please provide a listing of your most recent experience in the field of Diagnostic Interventional Nephrology, Vascular Surgery or Interventional Radiology – *listing most recent first.*

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Facility Name

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Facility Address

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Position Held

Employment Dates – To/From

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Facility Name

---

Facility Address

---

Position Held

Employment Dates – To/From

Effective 9/21/2017

## License Information:

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Type of License	Licensing Body
License Number	State of Licensure
Date of Initial Licensure	Licensure Expiration

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1. Have you ever been charged with or convicted of a misdemeanor (other than a minor traffic offense) or felony or general court martial in military service, and/or are any such charges currently pending against you?

Yes

No

2. Have you ever had any professional license, registration, or certification application denied, or any issued license, registration, or certification revoked, suspended, placed on probation or subject to any type of discipline by a regulatory authority or certification board?

Yes

No

3. Have you ever been found by any court or administrative body, including but not limited to employers, to have committed negligence (simple or willful), malpractice, recklessness, or engaged in misconduct in the practice of any profession?

Yes

No

***If you answered yes to any question above, you must attach an explanation and documentation of the event.***

I hereby attest that I will uphold the Ethical standards outlined by the ASDIN Associate Certification Program.

I attest to utilize established universal precautions and guidelines set forth by appropriate governing bodies when performing all procedures.

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Signature of Applicant	Date
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**\*SAMPLE LETTER\***

**The American Society of Diagnostic and Interventional Nephrology  
Letter of Employer Recommendation**

**Waiver of Access (To be completed by Applicant before providing to Recommendation Letter author):**  
I agree that this recommendation will remain confidential.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To Whom It May Concern:**

Date: \_\_\_\_\_

I understand that \_\_\_\_\_ has applied for ASDIN Associate Recertification. I have been asked to provide a letter of reference/recommendation as part of the documentation required for this process.

The applicant is currently employed as \_\_\_\_\_ by  
(title)

\_\_\_\_\_ and is involved in direct patient care.  
(practice name/center name)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature Name (please print)

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Date \_\_\_\_\_