



**The American Society of Diagnostic  
and Interventional Nephrology**

**Application for Recertification**

**Hemodialysis Vascular Access Procedures**

**SPECIAL NOTE:** DO NOT SEND PATIENT IDENTIFIERS IN ANY OF THE PAGES SUBMITTED. PLEASE REVIEW ALL DOCUMENTATION TO ASSURE THAT PATIENT NAMES ARE REMOVED. YOUR APPLICATION WILL BE RETURNED TO YOU AND WILL NOT BE PROCESSED UNTIL AN APPLICATION WITHOUT PATIENT IDENTIFIERS IS SUBMITTED.

**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 certification application submitted is complete.**

*Effective 7/1/2017*

*Revised: 6/22/2017*

**The American Society of Diagnostic and Interventional Nephrology**  
**Application for Recertification in Interventional Nephrology**  
**Hemodialysis Vascular Access Procedures**

This application packet is composed of several parts:

- Part 1 - HVA Recertification Criteria
- Part 2 - Application for HVA Recertification Form
- Part 3 – Sample Forms
  - a) Peer Reference Letter
  - b) Case Log Form

**Checklist** (all items required)

- Completed Part 2 - Application for HVA Recertification Form
- Case Log
- CME Documentation (approved CME documentation required)
- Continuous Quality Improvement Documentation
- If adding Advanced Procedures, Case/Procedure Notes  
(Note: Do not include patient names or identifiers. DO NOT RETYPE or REPRODUCE case notes.)
- Recertification Fee **(\$200/ASDIN members\*)**  
*\*ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated or recertification application is processed.*

Written Peer Letter Verification of Applicable Minimum Procedures in 24-month period

(Note: Peer reference letter to be submitted directly to ASDIN by peer letter author)

**The application and all documentation should be submitted to the ASDIN office via upload at [www.asdin.org/recertform](http://www.asdin.org/recertform)**

**Recertification Fee:**

A fee of \$200 for ASDIN members\* must accompany the application. This fee is to cover the expense of processing the application. This fee is nonrefundable. Fees may be paid online with a credit card upon submission at <http://www.asdin.org/recertform>. Checks should be made payable to The American Society of Diagnostic and Interventional Nephrology.

Please mail check payment to: ASDIN, PO Box 115, Clinton, MS 39060.

*\*ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated or recertification application is processed.*



## Part 1 - HVA Recertification Criteria

1. Applicants must be current ASDIN members, currently HVA certified by ASDIN, and actively performing interventional procedures.
2. Applicants must be currently certified by the American Board of Internal Medicine in Nephrology, American Osteopathic Board of Internal Medicine in Nephrology, American Board of Radiology, American Board of Surgery, or National Board of Physicians and Surgeons.  
(Note: No exception will be granted for Board certification or recertification that is pending.)
3. Recertification in HVA procedures will be granted for 5 years\*.  
*\*ASDIN membership must remain active while certified. If ASDIN membership lapses, HVA certification will be suspended and dues must be made current before certification will be reinstated.*
4. Recertification applications may be submitted six (6) months before or up to six (6) months after the initial five (5) year certification expiration date. If a recertification application is not submitted within six (6) months of the original certification expiration date, a new certification application and corresponding fee will be required to reinstate certification. Recertification in HVA procedures will be granted for five (5) years subject to continuous active ASDIN membership during the certification period and begins on the original certification anniversary date no matter when the recertification application is submitted.
5. Each applicant must provide verification that the following minimum procedures have been performed by him/her within the United States in the past 24 months:
  - A) 25 hemodialysis catheter placements (These must be tunneled long-term catheter procedures. Procedures may be de novo placements or exchanges).
  - B) 50 endovascular procedures (including at least 5 endovascular stent placements and 12 thrombectomy procedures on either a fistula or graft).
6. **(Optional) Advanced Procedures**  
If applicant holds endorsement of either of the two advanced procedures associated with HVA certification, the following will be required to continue that endorsement. Each applicant must provide verification that the following minimum procedures have been performed by him/her within the United States in the past 24 months:
  - A) 5 Obliteration of accessory veins (fistula side branches).
  - B) 5 Subcutaneous port placements.
7. **(Optional) Adding Advanced Procedures**  
If not included at the time of original HVA certification, the following advanced procedures may be added at time of recertification with submission of required case records and an additional fee of \$100 (fee includes any one or both of the advanced procedures).

Applicant must have successfully completed the following number of procedures as primary operator within the preceding 24 calendar months of the submission of the recertification application:

- Obliteration of accessory veins (fistula side branches) – 5 cases
- Subcutaneous port placement – 5 cases

The corresponding required case records should be included with this application.

- Obliteration of accessory veins (fistula side branches) – Performance of 3 surgical procedures
- Subcutaneous port placement – Placement of 3 ports

**There should be no patient identifiers on the case records.**

### **Case Log**

A log of cases performed by applicant demonstrating the case requirements for recertification should be submitted. An example of the format of the case log is attached. Complication rates for CQI may be tracked on this form. At a minimum, the case log should list the date of the procedure and the type of the procedure.

The case log should demonstrate performance of the required number of procedures identified above, performed within the 24 months preceding the recertification application, including five endovascular stent placements and twelve thrombectomy procedures within the fifty endovascular procedures. If applicant is maintaining or adding advanced procedures, five of each applicable advanced procedure should also be reflected on case log.

There should be NO patient identifiers on the case log.

### **Peer Reference**

Each applicant must provide a peer letter of reference from a peer that is familiar with their Interventional Nephrology practice. The Peer must indicate they have had direct knowledge of the applicant's completion of twenty five (25) catheter placements and fifty (50) endovascular procedures. If advanced procedures are to be maintained or added, the applicable number required for each of those procedure types must also be verified.

The attached form letter should be used for that purpose. The peer reference letter should be submitted directly to ASDIN by the peer letter author and not by the applicant.

### **CME**

Applicants must provide documentation of 7 hours of Continuing Medical Education (CME) in vascular medicine, hemodialysis access, or interventional procedures obtained within the past three (3) years. Actual documentation of completion of CME course shall be provided by applicant to meet this requirement.

### **CQI**

Applicants must provide documentation of current Continuous Quality Improvement (CQI) within the past 24 months including documentation of radiation safety. A review of personal complication rates for interventional procedures, minutes of CQI meetings, reporting of fluoroscopy time, or CME in radiation safety are examples of data that would satisfy this requirement.

**Suggestion:** Complication rate can be tracked on the case log form.

The American Society of Diagnostic and Interventional Nephrology

Part 2 - Application for HVA Recertification Form

**(Optional) Advanced Procedures** *(continuing)*

- I would like to maintain the following advanced procedures with my HVA certification. ***(check all that apply)***
  - Obliteration of accessory veins (fistula side branches)
  - Subcutaneous port placement

**(Optional) Additional Advanced Procedures - \$100 additional fee required** (fee includes any combination of the two advanced procedures)

- I would like to add the following advanced procedures to my HVA certification. ***(check all that apply)***
  - Obliteration of accessory veins (fistula side branches)
  - Subcutaneous port placement

**Identifying Information:**

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|               |             |             |          |
|---------------|-------------|-------------|----------|
| Last Name     | First Name  | Middle Name |          |
| <hr/>         |             |             |          |
| Date of Birth | Citizenship | NPI #       |          |
| <hr/>         |             |             |          |
| Home Address  | City        | State       | Zip Code |

**Practice Information:**

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|                  |      |       |          |
|------------------|------|-------|----------|
| Practice Name    |      |       |          |
| <hr/>            |      |       |          |
| Practice Address | City | State | Zip Code |

**Preferred Mailing Address for certificate (please mark below):**

- Home Address
- Practice Address



**The American Society of Diagnostic and Interventional Nephrology  
Letter of Peer Recommendation - Recertification**

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

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

**To Whom It May Concern:**

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

I understand that \_\_\_\_\_ has applied for certification in Diagnostic and Interventional Nephrology. I have been asked to provide a letter of reference as part of the documentation required for this process.

I have known the applicant for \_\_\_\_\_ years. My relationship to the applicant during this time has been as \_\_\_\_\_.

I have direct knowledge of the applicant's medical practice activity in Interventional Procedures:  
\_\_\_ Yes      \_\_\_ No

**VERIFICATION OF DIRECT KNOWLEDGE OF CASE PROCEDURES**

I also have direct knowledge of the applicant's completion of the following procedures in the past 24 months:  
(direct knowledge may include a review of the case log form)

**(Please specify number for each procedure – must be at least the required number)**

**DO NOT PUT CHECKMARKS IN BLANKS BELOW – THERE MUST BE A NUMBER ENTERED IN EACH BLANK**

# \_\_\_ Hemodialysis catheter placements (a minimum of 25 required)

# \_\_\_ Endovascular procedures (a minimum of 50 required)

**VERIFICATION OF DIRECT KNOWLEDGE OF OPTIONAL CASE PROCEDURES**

(To be completed only if Applicant is applying for one or both advanced procedures. Only complete for advanced procedures requested by applicant.)

I also have direct knowledge of the applicant's completion of the following:

**(Please specify number for each procedure – must be at least the required number)**

**DO NOT PUT CHECKMARKS IN BLANKS BELOW – THERE MUST BE A NUMBER ENTERED IN EACH BLANK**

\_\_\_ Obliteration of accessory veins (fistula side branches) (minimum of 5)

\_\_\_ Insertion of subcutaneous ports (minimum of 5)

**Letter of Peer Recommendation** (Page 2 of 2)

My knowledge is best described as \_\_\_ Minimal \_\_\_ Moderate \_\_\_ Detailed

My knowledge is based upon \_\_\_ Direct observation \_\_\_ Shared patients

I would describe the applicant \_\_\_\_\_ as having the following level of expertise in Interventional Procedures:

below average     average     above average     superior

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

\_\_\_\_\_

\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

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

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

***You may send us your completed Peer Recommendation Letter the one of the following ways:***

**MAIL:** PO Box 115, Clinton, MS 39060

**EMAIL:** [Lfox@asdin.org](mailto:Lfox@asdin.org)

**FAX:** 601-924-6249



The American Society of Diagnostic and Interventional Nephrology  
Case Log

Do not display patient names on submitted case log.

| #  | Date<br>(Within last<br>24 months) | Type of Procedure | Complications |
|----|------------------------------------|-------------------|---------------|
| 1  |                                    |                   |               |
| 2  |                                    |                   |               |
| 3  |                                    |                   |               |
| 4  |                                    |                   |               |
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| #  | Date<br>(Within last<br>24 months) | Type of Procedure | Complications |
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