



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

Application for Recertification

Peritoneal Dialysis Catheters

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.

**The American Society of Diagnostic and Interventional Nephrology
Application for Recertification in Interventional Nephrology**

Peritoneal Dialysis Catheter Placement

This application packet is composed of several parts:

- Requirements for Recertification
- Application for Recertification
- Letter of Confirmation by Applicant
- Sample Case Log

Checklist (check all that are included with application) *See more details for each category on pg. 4*

- Completed Application for Recertification

- Completed Letter of Confirmation by Applicant

- A Case Log of the outcomes at 1 week and 1 month for five (5) PD catheter placements.
Complications, if any, should be on this case log.

- Applicable Case Records
 - One (1) Fluoroscopic Case record formatted as described (*If recertifying for fluoroscopic*) or
 - One (1) Peritoneoscopic Case record formatted as described (*If recertifying for peritoneoscopic*) or
 - Two (2) Case records formatted as described (*One (1) of each technique, if recertifying in both fluoroscopic and peritoneoscopic*)

(Note: Do not include patient names or identifiers. DO NOT RETYPE or REPRODUCE case notes.)

- Documentation of seven (7) hours of applicable Continuing Medical Education (CME)

- Application fee **(\$150/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.*

**The application and all documentation should be submitted to the ASDIN office
Electronically via upload at <http://www.asdin.org/pdrecert>.**

**If any individual items are too large to submit through the website, please use the uplink –
<https://www.hightail.com/u/ASDIN>.**



PD Recertification Criteria

1. Recertification applicants must be actively performing interventional procedures.
2. Recertification applications may be submitted six (6) months before or up to nine (9) months after the initial five (5) year certification expiration date.
3. If a recertification application is not submitted within nine (9) months of the original certification expiration date, an applicant may still submit an application for recertification with a required late fee of \$50.00.
4. Recertification in PD procedures will be granted for five (5) years* and begins on the original certification anniversary date no matter when the recertification application is submitted and approved by ASDIN. **ASDIN membership must remain active while certified. If ASDIN membership lapses, PD certification will be suspended and dues must be made current before certification will be reinstated.*
5. Applicants must be initially certified in Surgery, Radiology or Nephrology 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.
6. Applicants must provide documentation of seven (7) hours of Continuing Medical Education (CME) in vascular medicine, hemodialysis access, radiation safety or interventional procedures obtained within the past 3 years.
7. Applicants must perform 5 PD placements in 5 years for recertification.
8. Documentation required:
 - A) Submit one (1) operative note without patient identification. If needed, more procedure notes may be requested by ASDIN. If recertification is for both fluoroscopic and peritoneoscopic techniques then a total of two (2) operative notes (one (1) for each technique) will be required.

There should be no patient identifiers on the case records.

B) Outcomes for five (5) PD catheter placements (No exchanges) at 1 week and 1 month should be submitted. Complications, if any, should be recorded on this case log. **The last case placed must be within 6 months of application for PD recertification.**

Case Log

A Case Log of 5 PD placements performed by applicant demonstrating the case requirements for recertification should be submitted. An example of the format of the case log is found on page 8 of the application.

The case log should demonstrate performance of the required number of procedures identified above, performed within the 5 years preceding the recertification application and demonstrating that the last PD placement occurred within 6 months of the recertification application, as well.

There should be NO patient identifiers on the case log.

Letter of Confirmation by Applicant

Each applicant must complete the Letter of Confirmation by Applicant, found on page 7 of the application.

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.

Recertification Fee:

A fee of \$150 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/pdrecert>. 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.***

Application for PD Recertification Form

I am applying for PD Recertification in the following technique(s): *(Check all that apply.)*

- Fluoroscopic Technique
- Peritoneoscopic Technique

Identifying Information:

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Date of Birth	Citizenship	NPI #	
_____	_____	_____	_____
Home Address	City	State	Zip Code

Practice Information (where credentialed to perform PD catheter placements):

_____	_____	_____	_____
Practice Name			
_____	_____	_____	_____
Practice Address	City	State	Zip Code

Preferred Mailing Address for certificate (please mark below):

- Home Address
- Practice Address

Initial Board Certification

Certification Board: _____
Only ABIM, AOBIM, ABR, ABS and NBPAS are permitted

Date of original Board Certification: _____

Type of Practice:

- Private practice
- Academic medicine

Medical Facility Affiliations *(List only current. If credentialed at these facilities to do PD procedures, please state that they are “credentialed”)*

1) _____
Name of Facility Staff Category

City, State, Zip Code Credentialed

2) _____
Name of Facility Staff Category

City, State, Zip Code Credentialed

3) _____
Name of Facility Staff Category

City, State, Zip Code Credentialed

Signature:

I certify that the information contained herein is correct and complete to the best of my knowledge.

Signature Date

Telephone Number Email Address

The American Society of Diagnostic and Interventional Nephrology

Letter of Confirmation by Applicant – PD Recertification

Dear Sir,

Date: _____

I am applying for recertification in the placement of peritoneal dialysis catheters.

I affirm the fact that I have placed ____ PD catheters in the past 5 years.

The last PD catheter placement I performed was on: _____
(date)

[____] Fluoroscopic technique (total number) [____] Peritoneoscopic technique (total number).

I have supplied 1 operative report each as required for either technique.

I have completed ____ hours of CME credits.

Comments:

Sincerely,

Signature

Print Name

SAMPLE

The American Society of Diagnostic and Interventional Nephrology Case Log – PD Catheter Placement

Please list five (5) of the technique in which you are certifying. If certifying in both techniques list five (5) of each.

Do not display patient names on submitted case log.

#	Date (Within last 5 years)	Insertion Technique	Outcome (1 week)	Outcome (1 month)	Complications (if any)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					