



**The American Society of
Diagnostic and Interventional Nephrology
Application for Ultrasound Certification**

Area of Certification
Dialysis Access Ultrasound

SPECIAL NOTE: DO NOT SEND PATIENT IDENTIFIERS IN ANY OF THE ITEMS SUBMITTED. PLEASE REVIEW CASE/PROCEDURE NOTES, IMAGES AND 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.

*American Society of Diagnostic and Interventional Nephrology
Requirements for Ultrasound Certification – Dialysis Access Ultrasound*

**The American Society of Diagnostic and Interventional Nephrology
Application for Ultrasound Certification**

**Area of Certification:
DIALYSIS ACCESS ULTRASOUND**

This application packet is composed of several parts:

- Requirements for certification
- Documentation of General Education Requirements
- Documentation of Studies
- Application for Certification form
- Letter from Trainer form

Checklist (check all that are included with application)

- ☐ Completed application form
- ☐ Documentation of didactic training – 8 hours CME
(Documentation of Ultrasound Fellowship Training will satisfy up to 8 hours of requirement – confirmation letter required from program/training director)
- ☐ Documentation of hands-on course – 8 hours CME
- ☐ Documentation of supervised studies from trainer
- ☐ Documentation of studies
- ☐ Application fee

(\$500/members* or \$795/includes application fee and membership*

**ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated.*

- ☐ Letter from Trainer

(Note: Letter to be submitted directly to ASDIN by trainer.)

The application and all documentation should be submitted to the ASDIN office
electronically at <https://www.asdin.org/pageDialysisAccessCertForm> or through designated
uplink – <https://spaces.hightail.com/uplink/asdin>.

Electronic payment is preferred, but check payment may be mailed to:
**The American Society of Diagnostic and Interventional Nephrology
PO Box 115
Clinton, MS 39060**

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Certification will be granted for five (5) years contingent upon Active/Physician ASDIN membership.

I. PRACTICE EXPERIENCE REQUIREMENTS

In order to fulfill the requirements for Dialysis Access Ultrasound certification, the applicant must provide documentation that they:

1. are currently certified by the American Board of Internal Medicine in Nephrology, American Osteopathic Board of Internal Medicine in Nephrology, 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.)

2. practice in the United States

3. have successfully completed general education requirements/CME and study requirements within the preceding thirty-six (36) calendar months of the submission of the application for certification.

II. GENERAL EDUCATION REQUIREMENTS

A minimum of **16** hours of CME specific to Ultrasound is required of which a maximum of 50 percent may be obtained through an online course.* The remainder should be obtained in a dedicated ultrasound in-person training course.+

The required subject areas are as follows:

- At least 4 hours of CME should include ultrasound basics in physics, interpretation, and instrumentation including use of color & Doppler evaluation.
- At least 4 hours of CME specifically required for Dialysis Access Ultrasound:
 - Physical exam
 - B-mode ultrasound and needle insertion guidance
 - Flow-volume measurement
 - Dialysis access pathologies

Applicant must submit copies of certificates or other proof of attendance, as well as copies of brochures or other descriptions (or letters from course directors) providing a detailed description of each course unless CME is provided by ASDIN.

**If applicant participates in an established ultrasound fellowship program which includes 8 or more hours of ultrasound theory, applicant may substitute up to 8 hours from fellowship program to satisfy the required online course/basic Ultrasound theory. The successful completion of these requirements within a fellowship program must be confirmed by letter from the program/training director.*

+Hands-on cases completed in connection with the General Education Requirements above will NOT count toward supervised case requirements as part of Study Requirements that follow.

III. STUDY REQUIREMENTS

Trainer Requirements

Trainers must be credentialed to perform dialysis access ultrasound in their facility – may be a radiologist, vascular surgeon, or interventional nephrologist.

Study Requirements

Each study must include an image of the body of the access/stick zone with determination of diameter and depth, noting of side branches and pathology, if present. In addition, access flow volume measurement in the brachial artery should be part of the access evaluation and image should be included. Color Doppler should be utilized to demonstrate pseudoaneurysms.

Images to be included in each study:

- B-mode of the body of access, longitudinal and transverse with measurement of diameter and depth (still image)
- B-mode transverse sweep over the body of the access (cine)
- D-mode spectral Doppler for flow volume measurement in the brachial artery (still image including B-mode and spectral doppler)

Reports of studies

Reports of studies should include:

- Indication for study
- Name of the access with physical exam
- Measurements at body of access level and access flow volume measurement (using Timed average mean velocity and diameter)
- Summary
- Description of other findings and final interpretation

Quantity of studies

Performance and interpretation of at least Sixty (60) studies, of which at least thirty (30) must be supervised.

Submission Requirements

1. Submit a certificate or statement signed by the trainer indicating the number and type of supervised studies performed.

2. Submit all unsupervised studies (up to thirty (30) permitted) with images along with documented official vascular lab/interventional radiology or interventional nephrology reports.

OR

If all studies required were supervised, applicant **MUST** submit twenty (20) sample studies.

All submitted studies should include the following findings:

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- Hematoma/Extravasation
- Pseudo-aneurysm
- Partial or complete intraluminal thrombus

Note: Format for study submission - Submit entire studies (with patient identifiers expunged) along with copies of the reports. Each should be labeled ("normal #1", etc.). You may provide copies of the images instead of the originals provided if they are of high quality. Studies should be submitted as a PowerPoint presentation – PPT template provided here – www.asdin.org/UltrasoundTemplate. The studies must have been performed by the applicant

IV. LETTER FROM TRAINER

To be submitted directly to ASDIN by trainer. Trainer must provide a letter:

- a. attesting to their qualifications as a trainer, and
- b. a statement of the number and type of supervised studies performed by the applicant

The attached form letter should be used for this purpose.

V. APPLICATION FEE

A fee of **\$500** for certification **for members*** or **\$795** for application fee and **membership*** must accompany the application. This fee is nonrefundable. This fee is to cover the expense of processing the application.

**ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated.*

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Application for Dialysis Access Ultrasound Certification**

Identifying Information

Last Name	First Name	Middle Name
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Date of Birth	Citizenship	NPI Number
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Home Address	City	State	Zip
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Practice Information

Practice Name

Practice Address	City	State	Zip
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Type of Practice: ☐ Private practice ☐ Academic medicine

Board of Certification _____
Date of Certification

Medical School

Medical School	Degree Received	Date Granted
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Medical School Address	City	State	Zip	Inclusive Dates
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Graduate Medical Education *(List internship, residency, and fellowship in chronological order)*

Training Program	Program Director
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Address	City	State	Zip	Inclusive Date
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Identify Type of Program: ☐ Internship ☐ Residency ☐ Fellowship

Training Program	Program Director
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Address	City	State	Zip	Inclusive Dates
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Identify Type of Program: ☐ Internship ☐ Residency ☐ Fellowship

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Training Program	Program Director
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Address	City	State	Zip	Inclusive Dates
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Identify Type of Program: ☐ Internship ☐ Residency ☐ Fellowship

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Training Program	Program Director
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Address	City	State	Zip	Inclusive Dates
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Identify Type of Program: ☐ Internship ☐ Residency ☐ Fellowship

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Pertinent Training *(Fellowship, didactic, and practical)*

Training Type	Location	Director	Inclusive Dates
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Training Type	Location	Director	Inclusive Dates
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Training Type	Location	Director	Inclusive Dates
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Training Type	Location	Director	Inclusive Dates
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Pertinent Experience

Experience Type	Location	Number of Cases	Inclusive Dates
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Experience Type	Location	Number of Cases	Inclusive Dates
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Experience Type	Location	Number of Cases	Inclusive Dates
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Experience Type	Location	Number of Cases	Inclusive Dates
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Medical Facility Affiliations *(List only current)*

Name of Facility	Staff Category
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City, State, Zip

Name of Facility	Staff Category
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City, State, Zip

Name of Facility	Staff Category
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City, State, Zip

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LETTER FROM TRAINER

Name of Trainer

Practice Name

Telephone Number

Email Address

City, State, Zip

Signature

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

Signature

Date

Telephone Number

Email Address

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Letter from Trainer

Dear Sirs/Madams,

Date: _____

I understand that _____ has applied for certification in Dialysis Access Ultrasound.

I have been asked to provide a letter as part of the documentation required for this process.

I have supervised the applicant/trainee on the following supervised studies
Please indicate the number and type of each supervised study performed below
(please note that a minimum of 30 supervised studies must be documented below.)

Type of Study

Quantity

I attest that I am qualified as an Access Ultrasound trainer based on the following (check all that apply):

☐ I am credentialed to perform POCUS at the facility where I practice/train

☐ I am ASDIN-certified in Dialysis Access Ultrasound

☐ OTHER (please specify)_____

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I would describe the applicant as having a high level of expertise in the specified areas of Dialysis Access Ultrasound. ☐ Yes ☐ No

Comments:

Sincerely,

Name

Practice Name

Telephone Number

Email Address

Address

City, State, Zip