



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

Area of Certification
Basic POCUS

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.

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

Areas of Certification: Basic POCUS

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 for each area of certification
(\$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/page/POCUSForm> 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 ultrasound certification, the applicant must provide documentation that they:

1. are currently certified by the American Board of Internal Medicine, American Osteopathic Board of Internal Medicine, 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 didactic/CME and study requirements within the preceding thirty-six calendar months of the submission of the application for certification.

II. GENERAL EDUCATION REQUIREMENTS

A minimum of sixteen (16) hours of CME specific to Ultrasound is required of which a maximum of fifty (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 four (4) hours of CME should include ultrasound basics in physics, interpretation, and instrumentation including use of color & Doppler evaluation.
- At least four (4) hours of CME specifically required for Basic POCUS:
 - Lung
 - Focused Cardiac
 - IVC/Volume
 - Kidney

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.*

III. STUDY REQUIREMENTS

BASIC POCUS

Trainer Requirements

Trainers must be credentialed to perform consultative ultrasonography or POCUS at their facility or hold an appropriate external certification. Trainers are required to attest to their qualifications in the Letter from Trainer (sample form attached). Trainers may be a critical care physician, emergency physician, general internist, or nephrologist.

Study Requirements

Each study must include:

- Limited echocardiogram: the ultrasound of the heart should include parasternal long and short axis views, apical 4-chamber view and/or subcostal 4-chamber view and the inferior vena cava (IVC). Focused clinical questions to be answered by a limited echo = 4 “Es” = description of (left ventricular) ejection fraction, (pericardial) effusion, equality (of right and left ventricles) and entrance (IVC for the estimation of right atrial pressure).
**Spectral Doppler applications are beyond the scope of this certification.*
- Evaluation of the IVC: description of the maximal diameter and degree of collapse; dilated to >2.1 cm without significant collapse vs. normal diameter with greater than 50% collapse. May be either longitudinal or transverse.
- Lung Ultrasound: At least 4 lung zones on each side for A-lines/B-lines, pleural sliding and irregularities, pleural effusion, consolidation.
- Limited abdominal ultrasound: right and left kidney sweep with measurement of the kidney size. The sweeps should include the liver/spleen and the Morrison’s pouch and splenorenal recesses. Pleural effusions can be demonstrated in the abdominal scan if present. The urinary bladder should be scanned in transverse and longitudinal views using a sweep.

Please note: If you are already ASDIN Renal Ultrasound Certified, you do NOT have to submit the renal images in your studies.

Image portfolio requirements

Images to be included:

Cardiac Images

- Parasternal long-axis view (cine loop)
- Parasternal short-axis view at the mid-ventricle/papillary level (cine loop)
- Apical four-chamber view (cine loop)
- Subcostal 4-chamber view (cine loop)
- Inferior vena cava longitudinal view (cine loop)

Lung & Pleural Images

At least 4 lung scan zones on each side demonstrating:

- Normal sliding with A-lines (cine loop)
- Rib shadows
- Pleural line

Abdominal Images

- Right kidney longitudinal and transverse views with hepatorenal recess (still image)
- Left kidney longitudinal and transverse views with splenorenal recess (still image)
- Urinary bladder transverse view (still)
- Urinary bladder longitudinal view (still)

Reports of studies

Reports of studies should include:

- At least one focused clinical question
- A descriptive passage (can be yes/no answers)
- Summary which integrates the findings into the patient's clinical context

Quantity of studies

Performance and interpretation of at least fifty (50) studies, of which twenty-five (25) must be supervised.

In the studies submitted, studies must include twenty-five (25) hearts, twenty-five (25) lungs, and twenty-five (25) kidneys.

Note: If you did not sonogram the kidneys in a particular patient (like a ESKD patient for example where you only needed to do volume assessment) you still need to do a total of 25 kidneys. Example if you did 45 examinations that included heart, lung, kidney and 5 that did only heart and lung you would still need to submit an additional 5 kidney examinations.

Note: Applicants who already hold ASDIN certification in Renal Ultrasound do not need to submit any kidney studies for POCUS certification – only heart and lung.

Submission Requirements

1. Submit a certificate or statement signed by the POCUS trainer indicating the number and type of supervised studies performed.
2. Submit twenty-five (25) studies with images along with documented official echocardiography or radiology-performed ultrasound reports.

These studies must contain the following pathologies (at least one)

- Pericardial effusion
- Decreased EF
- Abnormal chamber size

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- Lung B lines
- Pleural effusion
- Consolidation
- Dilated IVC
- Hydronephrosis
- Ascites

Note: Format for study submission - Submit entire studies (with patient identifiers expunged) along with copies of the applicant's 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 presentations - PPT template provided here - www.asdin.org/UltrasoundTemplate.

Example: If you do 50 studies with a trainer, then you need to submit 25 of those studies with reports but you do not need to submit any official radiology reports. If you submit unsupervised studies, you must submit reports with supporting formal radiology/cardiology documentation.

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 each area of 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.

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

Identifying Information

Last Name First Name Middle Name

Date of Birth Citizenship NPI Number

Home Address City State Zip

Practice Information

Practice Name

Practice Address City State Zip

Type of Practice: ☐ Private practice ☐ Academic medicine

Board of Certification _____
Date of Certification

Medical School

Medical School Degree Received Date Granted

Medical School Address City State Zip Inclusive Dates

Graduate Medical Education (List internship, residency, and fellowship in chronological order)

Training Program Program Director

Address City State Zip Inclusive Dates

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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
Experience Type	Location	Number of Cases	Inclusive Dates
Experience Type	Location	Number of Cases	Inclusive Dates
Experience Type	Location	Number of Cases	Inclusive Dates

Medical Facility Affiliations *(List only current)*

Name of Facility	Staff Category
City, State, Zip	
Name of Facility	Staff Category
City, State, Zip	
Name of Facility	Staff Category
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 Basic POCUS.

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 25 supervised studies must be documented below.)

Type of Study

Quantity

I attest that I am qualified as a POCUS trainer based on the following (check all that apply):

- ☐ I am credentialed to perform POCUS at the facility where I practice/train
- ☐ I am CHEST certified
- ☐ I am AAPCA/ARDMS Certified
- ☐ I am a board-certified Radiologist
- ☐ I am ASDIN-certified in Basic POCUS
- ☐ OTHER (please specify)_____

I would describe the applicant as having a high level of expertise in POCUS.

___ Yes ___ No

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Comments:

Sincerely,

Name

Practice Name

Telephone Number

Email Address

Address

City, State, Zip