



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

### **Area of Certification Renal 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.**

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

### **Area of Certification: Renal 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 should 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/RUCertForm> 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**

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

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 Renal 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 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 Renal Ultrasound:
  - Basics of renal ultrasound
  - Pathologies in renal ultrasound
  - Renal Transplant ultrasound
  - Renal Transplant ultrasound 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 the 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**

#### **Trainer Requirements**

Trainers must be ASDIN Renal-Ultrasound certified or APCA/ARDMS Certified or a Radiologist. Trainers are required to attest to their qualifications in the Letter from Trainer (sample form attached).

#### **Study Requirements**

Evaluation of the kidney should include a longitudinal still image with measurement and sweep as well as a transverse sweep. Bladder should be scanned in longitudinal and transvers orientation. A longitudinal sweep should be performed.

#### **Images to be included in each study:**

##### **Native Kidney\***

Right kidney longitudinal with measurement (still)  
Right kidney transverse (still)  
Left kidney longitudinal with measurement (still)  
Left kidney transverse (still)  
Bladder long and transverse (still)  
Bladder longitudinal (still)

*\*Pathologies should be submitted in two planes*

##### **Transplant Kidney\***

Transplant kidney long and traverse (still)  
Bladder long and transverse (still)  
Color doppler of the kidney showing vessels

*\*Pathologies should be submitted in two planes*

#### **Reports of studies**

Reports of studies should include:

- Indication for study
- Measurements of the kidney
- Description of the echogenicity and parenchymal changes
- Description of other findings
- Bladder volume measurement (as pre or post void). if done
- Final interpretation

#### **Quantity of studies**

Interpretation of at least Sixty (60) new studies, including ten (10) kidney transplants and five (5) biopsies. Forty (40) of these studies must be supervised by an accredited renal sonography trainer. The remainder (up to twenty (20) studies) can be unsupervised

#### **Submission Requirements**

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

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

and

2. Submit twenty-five studies.

Studies submitted should include the following findings (obtained during supervised or unsupervised ultrasound):

- Normal kidneys (1 study)
- Chronic renal disease (2 studies)
- Renal cysts (2 studies)
- Hydronephrosis (2 studies)
- Nephrolithiasis (2 studies)
- Guidance for percutaneous biopsy (1 study)
- Urinary bladder with volume determination (1 study)
- Transplanted kidneys (2 studies; one of which must include peri-renal fluid)

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

#### **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.*

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

**The American Society of Diagnostic and Interventional Nephrology  
Application for Renal 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

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

**Identify Type of Program:**    ☐ Internship            ☐ Residency            ☐ Fellowship

Training Program	Program Director
------------------	------------------

Address	City	State	Zip	Inclusive Dates
---------	------	-------	-----	-----------------

**Identify Type of Program:**    ☐ Internship            ☐ Residency            ☐ Fellowship

=====

Training Program	Program Director
------------------	------------------

Address	City	State	Zip	Inclusive Dates
---------	------	-------	-----	-----------------

**Identify Type of Program:**    ☐ Internship            ☐ Residency            ☐ Fellowship

=====

Training Program	Program Director
------------------	------------------

Address	City	State	Zip	Inclusive Dates
---------	------	-------	-----	-----------------

**Identify Type of Program:**    ☐ Internship            ☐ Residency            ☐ Fellowship

=====

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

Training Type	Location	Director	Inclusive Dates
---------------	----------	----------	-----------------

Training Type	Location	Director	Inclusive Dates
---------------	----------	----------	-----------------

Training Type	Location	Director	Inclusive Dates
---------------	----------	----------	-----------------

Training Type	Location	Director	Inclusive Dates
---------------	----------	----------	-----------------

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

**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
------------------



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

**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

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

**The American Society of Diagnostic and Interventional Nephrology  
Letter from Trainer**

Dear Sirs/Madams,

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

I understand that \_\_\_\_\_ has applied for Renal Ultrasound certification.

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 40 supervised studies must be documented below.)

Type of Study	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

- ☐ I am AAPCA/ARDMS Certified
- ☐ I am a board-certified Radiologist
- ☐ I am ASDIN-certified in Renal Ultrasound
- ☐ OTHER (please specify)\_\_\_\_\_

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

I would describe the applicant as having a high level of expertise in Renal Ultrasound.  
\_\_\_ Yes \_\_\_ No

Comments:

---

---

---

Sincerely,

---

Name

---

Practice Name

---

Telephone Number

Email Address

---

Address

---

City, State, Zip