

The American Society of Diagnostic and Interventional Nephrology

Application for Certification Formal Training

Hemodialysis Vascular Access Procedures

SPECIAL NOTE: DO NOT SEND PATIENT IDENTIFIERS IN ANY OF THE PAGES SUBMITTED. PLEASE REVIEW CASE/PROCEDURE NOTES 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 Certification in Interventional Nephrology

Hemodialysis Vascular Access Procedures – Formal Training

This application packet is composed of several parts:

- Requirements for certification
- Application for certification form
- Peer reference letter form
- Case Index Example

Checkl	ist (check all that are included with application)				
	Completed application form				
	Index of cases submitted				
Case records formatted as described (Note: Do not include patient names or identifiers. DO NOT RETYPE or REPRODUCE case r					
	Continuous quality improvement (CQI) documentation				
	Application fee (\$500/members* or \$795/includes application fee and membership*)				
	membership must remain active while certified. If ASDIN membership lapses, dues must be made current ertification will be reinstated.				
Letter	documenting training (Note: Letter must be submitted directly to ASDIN by training director.)				
Peer re	eference letters (2) (Note: Peer reference letters to be submitted directly to ASDIN by peer letter authors.)				
	lowing advanced procedures associated with Broad Area Certification are requested all that apply):				
□ Obli	teration of accessory veins (fistula side branches)				
☐ Sub	cutaneous port placement				
□ Ban	ding for dialysis-associated steal syndrome				
(Note: These advanced procedures have special requirements as noted below. If special requirements for these advanced procedures are not met at time of initial application, these advanced procedures may be added within one year of the original HVA application or at the time of recertification for an additional fee of \$100.)					

via upload at www.asdin.org/certform

The application and all documentation should be submitted to the ASDIN office

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

Hemodialysis Vascular Access Procedures – Formal Training

General

Certification is available in the broad area of Interventional Nephrology which includes both the basic vascular access categories of tunneled hemodialysis catheters and hemodialysis vascular access endovascular procedures. Certification will be granted for five (5) years contingent upon Active/Physician ASDIN membership.

In addition, there are three advanced procedures with special requirements available with the broad area certification. Advanced procedures for which there are special requirements in addition to the broad area certification are:

- Subcutaneous port placement
- Obliteration of accessory veins
- Banding for dialysis-associated steal syndrome

Application Fee

A fee of \$500 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. The application fee may be paid online with a credit card upon submission at http://www.asdin.org/certform. 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.

Training Track Requirements

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

- are 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.)
- 2. practice as an Interventional Nephrologist, Interventional Radiologist or Surgeon in the United States (Note: ASDIN HVA certification is only valid as long as certified physician is practicing in the US. Certification is void outside of the US.)
- 3. Completed the formal training program requirements listed under paragraphs A C below during which time no less than one-hundred twenty-five (125) procedures[§] have been successfully completed <u>as primary operator</u>* in the following categories within the preceding 24 calendar months of the submission of the application for certification:
 - a) Angiography of peripheral hemodialysis vascular access 25 cases including both grafts and fistulas
 - b) Angioplasty of peripheral hemodialysis vascular access 25 cases including both grafts and fistulas

- c) Thrombolysis/thrombectomy of peripheral hemodialysis vascular access 25 cases including both grafts and fistulas
- d) Endovascular Stent Placement 10 cases
- e) Tunneled long-term catheter procedures 25 cases, of which at least 13 cases must be de novo placements utilizing ultrasound and under fluoroscopic guidance and the remainder may be catheter exchanges under fluoroscopic guidance.

§ Please note that a total of one-hundred twenty-five (125) interventional procedures in categories a - e above must be completed within the preceding 24 calendar months of the submission of the application for certification. Although a certain number of procedures of each category must be completed in items a - e, totaling one-hundred ten (110) procedures, the additional fifteen procedures required may be any combination of procedures from category a - e above (Applicant's Choice).

¥ For those certifying through a formal training program, "Primary operator" is defined as independent performance of the procedure from start to finish and that the supervising interventionalist has deemed the applicant competent to proceed independently with the cases.

- 4. (Optional[≠]) For advanced procedures in addition to Broad Area above in item # 2, must have successfully completed the following number of procedures successfully as primary operator within the preceding 24 calendar months of the submission of the application for certification:
 - a. Obliteration of accessory veins (fistula side branches) 5 cases
 - b. Insertion of subcutaneous ports 5 cases
 - c. Banding 5 cases

‡These are considered to be advanced procedures; it is possible to be certified in the broad category exclusive of these procedures. If special requirements for these are not met at time of initial application, these advanced procedures may be added within one year of the original HVA application or at the time of recertification for an additional fee of \$100.

5. If an applicant has to add additional procedures that were not completed in their formal training program, the applicant must either go back to original training program to complete procedure(s) or complete procedure(s) supervised by a physician who is ASDIN certified to perform the procedures.

Formal Training Program Requirements

Training in Interventional Nephrology must involve a formal training program with the following characteristics:

- A qualified faculty
- A defined curriculum including didactic instruction as described below
- · Hands on training as described below
- A formal mechanism for student evaluation

A. Didactic training:

Training in Interventional Nephrology must include, as a minimum, a period of didactic training sufficient to cover:

- Basic anatomy related to hemodialysis vascular access
- Physical examination of the vascular access
- Radiation safety, imaging equipment, imaging techniques
- Basic tools and procedures of Interventional Nephrology

- Surveillance techniques and monitoring for venous stenosis
- Sedation Analgesia
- Angioplasty of dialysis vascular access
- Thrombolysis/thrombectomy of dialysis vascular access
- Diagnosis and management of complications of endovascular techniques
- Endovascular stents indications, procedures, complications
- Basic surgical techniques and management of complications
- Hemodialysis catheters types, indications, procedures

B. Hands on training:

Training in Interventional Nephrology must include, as a minimum, a period of active hands on training sufficient to provide clinical competence in the basic procedures being performed. This must include, as a minimum, one hundred twenty-five (125) procedures[§] in the following categories:

- a. <u>Angiography</u> The applicant must have satisfactorily performed, as the primary operator, complete angiographic procedures designed to study peripheral hemodialysis vascular access in twenty-five (25) patients under the supervision of a qualified interventionist. This should include fistula cases as well as patients with AV grafts.
- b. <u>Angioplasty</u> The applicant must have satisfactorily performed, as the primary operator, angioplasty procedures on the hemodialysis vascular access in twenty-five (25) patients under the supervision of a qualified interventionist. This should include fistula cases as well as patients with AV grafts.
- c. <u>Thrombolysis/thrombectomy</u> The applicant must have satisfactorily performed, as the primary operator, thrombolysis/thrombectomy procedures on the thrombosed hemodialysis vascular access in twenty-five (25) patients under the supervision of a qualified interventionist. This should include fistula cases as well as patients with AV grafts.
- d. <u>Endovascular stents</u> The applicant must have satisfactorily performed, as the primary operator, the placement of endovascular stents in ten (10) patients under the supervision of a qualified interventionist.
- e. <u>Tunneled long term hemodialysis catheters</u> The applicant must have satisfactorily performed, as the primary operator, twenty-five (25) tunneled long-term hemodialysis catheters under the supervision of a qualified interventionalist. At least thirteen of these procedures should be de novo tunneled catheter placements. Tunneled catheter placements must utilize ultrasound and fluoroscopic guidance.

 ADVANCED PROCEDURES
- f. Obliteration of accessory veins (fistula side branches)[≠] The applicant must have satisfactorily performed, as the primary operator, the obliteration of accessory veins in five (5) patients under the supervision of a qualified interventionist.
- g. <u>Subcutaneous ports</u>[≠] The applicant must have satisfactorily performed, as the primary operator, the placement of subcutaneous ports in five (5) patients under the supervision of a qualified interventionist.
- h. <u>Banding*</u> The applicant must have satisfactory performed, as the primary operator, the banding procedure for treatment of dialysis-associated steal syndrome in five (5) patients under the supervision of a qualified interventionist.

‡These are considered to be advanced procedures; it is possible to be certified in the broad category exclusive of these procedures. If special requirements for these are not met at time of initial application, these advanced procedures may be added within one year of the original HVA application or at the time of recertification for an

[§] Please note that a total of one-hundred twenty-five (125) interventional procedures in categories a - e above must be completed within the preceding 24 calendar months of the submission of the application for certification. Although specific minimum procedures of each category must be completed in items a - e, totaling one-hundred ten (110) procedures, the additional fifteen (15) procedures required may be any combination of procedures from category a - e above (Applicant's Choice).

C. Letter documenting training:

The applicant who is applying for certification based upon fellowship training or other formal training program must submit a letter documenting the satisfactory completion of the above listed training requirements signed by the physician who was in charge of the Interventional Nephrology training program, submitted directly to ASDIN by the training director.

Clinical Expertise

Each applicant must demonstrate their clinical expertise by submitting records demonstration their ability to diagnose problems, individualize treatment, perform procedures, and recognize and manage complications appropriately.

Case Records:

Records documenting the following successful cases, performed within the 24 months preceding the certification application, must be submitted:

Please note that the number of case records that need to be submitted with your application (specifics below) differs from the number of procedures required for certification (see page 3 for specifics). These procedures must have taken place within the United States.

- AV Grafts
 - Angiography 10 CasesAngioplasty 10 Cases

 - Thrombolysis/thrombectomy 2 Cases
- AV Fistulae
 - Angiography 10 Cases
 - Angioplasty 10 Cases
 - Thrombolysis/thrombectomy 2 Cases
- Endovascular Stents
 - Placement 5 cases
- Tunneled Hemodialysis Catheters
 - Placement of 10 tunneled catheters

For Advanced Procedures with Broad Area certification:

These are considered to be advanced procedures; it is possible to be certified in the broad area exclusive of these procedures. If special requirements for these are not met at time of initial application, these advanced procedures may be added within one year of the original HVA application or at the time of recertification for an additional fee of \$100.

- Accessory Vein (fistula side branch) obliteration
 - Performance of 3 surgical procedures
- Subcutaneous Ports
 - Placement of 3 ports
- Banding for dialysis-associated steal syndrome
 - Performance of 3 banding procedures

Format for case records: In submitting records to demonstrate the applicant's ability to diagnose problems, individualize treatment, perform procedures, and recognize and manage complications appropriately, the following format should be followed:

- 1. Case identification use case numbers i.e., Angioplasty Case #1, Thrombectomy Case #1, etc. (do not use patient names)
- 2. Indications for procedure

- 3. Details of procedure (operative note will suffice)
- 4. Description of any complications encountered
- 5. Description of management of complication, if encountered
- 6. Outcome of procedure

PLEASE NOTE: Only original case notes with patient identifiers removed should be submitted. **DO NOT RETYPE** or **REPRODUCE** case notes.

In addition, an index of the cases submitted must be provided. This index should list the categories of cases being submitted (angiogram, angioplasty, thrombectomy, etc.) followed by the number of the case that is being submitted to fulfill the requirement for that category. Please note that an individual case may be fulfilling the requirement for more than one category. For example a thrombectomy case includes an angiogram and an angioplasty in most instances. (See recommended format for case index at end of this application)

Continuous Quality Improvement (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.

Peer References

Each applicant must provide two letters of reference from peers that are familiar with their Interventional Nephrology practice. At least one Peer must indicate they have had direct knowledge of the applicant's completion of one-hundred twenty-five (125) interventional procedures with at least the minimum numbers specified in the following categories:

- 25 Angiograms
- 25 Angioplasties
- 25 Thrombectomies
- 10 Endovascular Stent Placements
- 25 Tunneled Catheter Cases (a minimum of 13 de-novo placements, no more than 12 exchanges)[€]

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

The American Society of Diagnostic and Interventional Nephrology HVA - Application for Certification (Formal Training Track)

All information on this application must be provided with complete detail.

Identifying Information Last Name Middle Name First Name Date of Birth Citizenship NPI Number Home Address City Zip Code State **Practice Information** Practice Name **Practice Address** City Zip Code State Preferred Mailing Address for certificate (please mark below): □ Home Address □ Practice Address **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 School** Medical School Degree Received Date Granted **Medical School Address** State Zip Code **Inclusive Dates** City

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

Training Program		Program Director			
Address	City	State Zip Code	Inclusive Dates		
	•	·			
Identify Type of Program	: □ Internship	□ Residency	□ Fellowship		
Training Program		Program Director	-		
Address	City	State Zip Code	Inclusive Dates		
Identify Type of Program	: □ Internship	□ Residency	□ Fellowship		
=					
Training Program		Program Director	-		
Address	City	State Zip Code	Inclusive Dates		
Identify Type of Program	: □ Internship	□ Residency	□ Fellowship		
Training Program		Program Director			
Trailing Frogram		Frogram Director			
Address	City	State Zip Code	Inclusive Dates		
Identify Type of Program	: 🗆 Internship	□ Residency	□ Fellowship		
Pertinent Training (Fellows	ship, didactic, and pract	ical)			
Training Type	Location	Director	Inclusive Dates		
Training Type	Location	Director	Inclusive Dates		
Training Type	Location	Director	Inclusive Dates		

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	
	ations (List only current)	rumbor or Guode	mordon o Datos	
	,			
Name of Facility		Staff Category		
City, State, Zip Code				
Name of Facility		Staff Cate	egory	
realing of Faointy		Otan Oak	ogory .	
City, State, Zip Code				
Name of Facility		Staff Cate	egory	
City, State, Zip Code				

Peer Recommendations

(Please list two peers who are familiar with your training that y letter of recommendation on your behalf. Please refer to the l page 7 for specific peer requirements.)	
Name of Doctor	
City, State, Zip Code	
Name of Doctor	
City, State, Zip Code	
<u>Signature</u>	
I certify that the information contained herein is correct a of my knowledge.	nd complete to the best
Signature	Date
Telephone Number	Email Address

The American Society of Diagnostic and Interventional Nephrology Letter of Peer Recommendation

Signature of Applicant:	Date:
To Whom It May Concern:	Date:
	has applied for certification in Diagnostic an asked to provide a letter of reference as part of the
have known the applicant for year	rs. My relationship to the applicant during this time has been as
have <u>direct knowledge</u> of the applicant's Yes No	medical practice activity in Interventional Procedures:
ERIFICATION OF DIRECT KNOWLEDG	SE OF CASE PROCEDURES
OO NOT PUT CHECKMARKS IN BLANKS BE One Hundred Twenty-Five Interventional Angiograms (minimum of 25) Angioplasties (minimum of 25) Thrombectomies (minimum of 25) Endovascular Stents (minimum of Tunneled Catheter Cases (minimum) f 10) um 25 cases of which at least 13 cases must be the remainder may be catheter exchanges)
/ERIFICATION OF DIRECT KNOWLEDG	SE OF OPTIONAL CASE PROCEDURES
	ring for any combination of one or both of these advanced procedures requested by applicant.)

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)

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

Address ____ City, State, Zip Code _____

MAIL: PO Box 115, Clinton, MS 39060

EMAIL: <u>Lfox@asdin.org</u>

FAX: 601-924-6249

Case Index

NOTE: DO NOT SEND PATIENT IDENTIFIERS IN ANY OF THE PAGES SUBMITTED. PLEASE REVIEW CASE/PROCEDURE NOTES 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.

Summary:			
Number of graft case	s submitted		
Angiography cases _	Angioplas	sty	Thrombectomy
Number of fistula cas	es submitted		
Angiography cases _	Angioplas	sty	Thrombectomy
Tunneled catheter pla	acements submitted	_	
Number of stent case	es submitted		
Number of accessory	vein obliteration cases su	ubmitted	
Number of port place	ment cases submitted		
Number of banding c	ases submitted		
List of Cases:			
Graft cases:	Angiogram	Angioplasty	Thrombectomy
Case 1 Case 2 Case 11 Case 12 Etc.	X X X	X X X	X X
Fistula cases:	Angiogram	Angioplasty	Thrombectomy
Case 21 Case 22 Case 31 Case 32 Etc.	X X X	X X X	X X
Endovascular stent p Case 34 Case 35 Etc.	lacements:		
Tunneled catheter pla	acements:		
Case 41 Case 42 Etc.			

Please note that the number of case records that need to be submitted with your application (see page 6 for specifics) differs from the number of procedures required for certification (see page 3 for specifics).