



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

Checklist (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 notes.)
- Continuous quality improvement (CQI) documentation
- 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 documenting training

(Note: Letter must be submitted directly to ASDIN by training director.)

Peer reference letters (2)

(Note: Peer reference letters to be submitted directly to ASDIN by peer letter authors.)

The following **advanced procedures** associated with Broad Area Certification are requested (check all that apply):

- Obliteration of accessory veins (fistula side branches)
- Subcutaneous port placement

(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.)

The application and all documentation should be submitted to the ASDIN office via upload at www.asdin.org/certform

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 two 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

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:

1. 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^s have been successfully completed **as primary operator*** 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 and the remainder may be catheter exchanges.

§ 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

¥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. Angiography - 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. Angioplasty - 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. Thrombolysis/thrombectomy - 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. Endovascular stents – 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. Tunneled long term hemodialysis catheters - 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.
- 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. Subcutaneous ports[‡] - 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.

§ 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).

‡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.

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 demonstrating 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 Cases
 - Angioplasty — 10 Cases
 - Thrombolysis/thrombectomy — 10 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

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. Only one of these letters can be from a current professional associate. 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 First Name Middle Name

Date of Birth Citizenship NPI Number

Home Address City State Zip Code

Practice Information

Practice Name

Practice Address City State Zip Code

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 City State Zip Code Inclusive Dates

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:	<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	

Training Program	Program Director			
Address	City	State	Zip Code	Inclusive Dates
Identify Type of Program:	<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	



Training Program	Program Director			
Address	City	State	Zip Code	Inclusive Dates
Identify Type of Program:	<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	



Training Program	Program Director			
Address	City	State	Zip Code	Inclusive Dates
Identify Type of Program:	<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> 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

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 Code

Name of Facility	Staff Category
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City, State, Zip Code

Name of Facility	Staff Category
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City, State, Zip Code

Peer Recommendations

(Please list two peers who are familiar with your training that you have asked to send a letter of recommendation on your behalf. Please refer to the Peer Reference Section on page 7 for specific peer requirements.)

Name of Doctor

City, State, Zip Code

Name of Doctor

City, State, Zip Code

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 Peer Recommendation**

Waiver of Access (To be completed by Applicant before providing to Peer Letter author):
I agree that this peer recommendation will remain confidential.

Signature of Applicant: _____ Date: _____

To Whom It May Concern:

Date: _____

I understand that _____ has applied for certification in Diagnostic and interventional Nephrology. I have been asked to provide a letter of reference as part of the documentation required for this process.

I have known the applicant for _____ years. My relationship to the applicant during this time has been as _____.

I have direct knowledge of the applicant's medical practice activity in Interventional Procedures:
___ Yes ___ No

VERIFICATION OF DIRECT KNOWLEDGE OF CASE PROCEDURES

I also have direct knowledge of the applicant's completion of the following:

(Please specify number for each procedure – must be at least the required number)

DO NOT PUT CHECKMARKS IN BLANKS BELOW – THERE MUST BE A NUMBER ENTERED IN EACH BLANK
One Hundred Twenty-Five Interventional Procedures (125 required)

- ___ Angiograms (minimum of 25)
- ___ Angioplasties (minimum of 25)
- ___ Thrombectomies (minimum of 25)
- ___ Endovascular Stents (minimum of 10)
- ___ Tunneled Catheter Cases (minimum 25 cases of which at least 13 cases must be de novo placements and the remainder may be catheter exchanges)
- ___ Total Interventional Procedures (125 required)

VERIFICATION OF DIRECT KNOWLEDGE OF OPTIONAL CASE PROCEDURES

(To be completed only if Applicant is applying for any combination of one or both of these advanced procedures. Only complete for advanced procedures requested by applicant.)

I also have direct knowledge of the applicant's completion of the following:

(Please specify number for each procedure – must be at least the required number)

DO NOT PUT CHECKMARKS IN BLANKS BELOW – THERE MUST BE A NUMBER ENTERED IN EACH BLANK

- ___ Obliteration of accessory veins (fistula side branches) (minimum of 5)
- ___ Insertion of subcutaneous ports (minimum of 5)

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)

Practice Name/Employer _____

Address _____ City, State, Zip Code _____

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

MAIL: PO Box 115, Clinton, MS 39060

EMAIL: Lfox@asdin.org

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 cases submitted

Angiography cases ____ Angioplasty ____ Thrombectomy ____

Number of fistula cases submitted

Angiography cases ____ Angioplasty ____ Thrombectomy ____

Tunneled catheter placements submitted ____

Number of stent cases submitted ____

Number of accessory vein obliteration cases submitted ____

Number of port placement cases submitted ____

List of Cases:

<u>Graft cases:</u>	Angiogram	Angioplasty	Thrombectomy
Case 1	X	X	
Case 2	X	X	
Case 11	X	X	X
Case 12	X	X	X
Etc.			

<u>Fistula cases:</u>	Angiogram	Angioplasty	Thrombectomy
Case 21	X	X	
Case 22	X	X	
Case 31	X	X	X
Case 32	X	X	X
Etc.			

Endovascular stent placements:

Case 34
Case 35
Etc.

Tunneled catheter placements:

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).