The American Society of Diagnostic and Interventional Nephrology

Application for Certification
Practice Experience

Percutaneous AVF Creation

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.

Effective 7/1/2021
Approved 7/21/22

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Application for Certification – Practice Experience

Percutaneous AVF (pAVF) Creation

This application packet is composed of several parts:

- Requirements for certification
- Application for certification form
- Case Index Example
- Case Log 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.)
- □ Outcomes/Maturation documentation/case log
- □ Application fee **($250/members)**
  ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated.

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

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General

Certification is available for Percutaneous AVF Creation. For this certification applicant must be certified by ASDIN in Basic Hemodialysis Vascular Access procedures and the advanced procedure of obliteration of accessory veins. Certification will be granted for five (5) years contingent upon Active/Physician ASDIN membership.

Application Fee

A fee of **$250 for members*** 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 https://www.asdin.org/endoAVFCert. 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.*

Percutaneous AVF Creation Certification 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. maintain ASDIN certification in Hemodialysis Vascular Access (HVA) procedures
(Note: ASDIN HVA certification is only valid if certified physician is practicing in the US. Certification is void outside of the US.)

3. Performance of procedures:
The applicant should perform a minimum twenty (20) unsupervised Percutaneous AVF creation using a specific device (either Ellipsys or WavelinQ)

If applicant wishes to apply for certification in creation using both devices, then the applicant must perform the required minimum cases with each device – a minimum of twenty (20) unsupervised Ellipsys creation and twenty (20) unsupervised WavelinQ creation.

If after pAVF certification in a particular device, an applicant may seek to add certification in the second device at any time following initial certification by submitting required case records for the additional device and paying an additional fee of $100.

4. Demonstrate competence in screening, creation and maturation procedures related to percutaneous AVF creation, including:
    a. Ultrasound evaluation for suitable percutaneous AVF anatomy and patient selection
    b. Percutaneous AVF Creation
    c. Maturation procedures: angioplasty, coil embolization, banding, OR ligation

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:
These procedures must have been performed within the United States.

Case Record Requirements

- Ellipsys Creation
  - Creation Cases – 20 unsupervised
- WavelinQ Creation
  - Creation Cases – 20 unsupervised
- Ellipsys or WavelinQ Creation
- Maturation procedures - 5

Format for case records: In submitting records to demonstrate clinical expertise, the following format should be followed:

1. Case identification - Use case numbers
   i.e., Ellipsys #1 or WavelinQ #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 (Ellipsys, WavelinQ, or both) followed by the number of the case that is being submitted to fulfill the requirement for that category.

Documentation and Outcome Measurement

The applicant is expected to keep a log of the time and date of all creations prior to application. The applicant is expected to record the maturation outcome of each percutaneous AVF creation including date of first successful cannulation. The log should document any complications that may be related to the creation procedure.

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Percutaneous AVF (pAVF) Creation – Practice Experience

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

Type of Practice: ☐ **Private practice** ☐ **Academic medicine**

Preferred Mailing Address for certificate (please mark below):

☐ Home Address ☐ Practice Address

Board Certification

Certification Board: _____

Only ABIM, AOBIM, ABR, ABS or NBPAS are permitted

Date of original Board Certification: _____

ASDIN Certification

Do you currently hold ASDIN HVA Certification? ☐ Yes ☐ No

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
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 Code	
Name of Facility	Staff Category
City, State, Zip Code	
Name of Facility	Staff Category
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

Case Index

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Summary:

Number of Ellipsys cases submitted: _____

Number of WavelinQ cases submitted: _____

Maturation Procedures

Ellipsys ____ WavelinQ ____

List of Cases EXAMPLE:

Ellipsys (totaling 20):

Case 1 X
Case 2 X
Etc.

WavelinQ (totaling 20):

Case 21 X
Case 22 X
Etc.

Maturation Procedures (totaling 5 for Ellipsys or 5 for WavelinQ)

Case 31 X
Case 32 X
Etc.

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Case Log - Percutaneous AVF Creation

Do not display patient names on <u>submitted</u> case log.

#	Date (Within last 24 months)	Procedure Outcome	Complications