The American Society of Diagnostic and Interventional Nephrology

Application for Certification
Practice Experience Track

Peritoneal Dialysis Catheter Certification

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 07/01/2017
Revised 06/22/2017
The American Society of Diagnostic and Interventional Nephrology
Application for Certification in Interventional Nephrology

Peritoneal Dialysis Catheter Placement – Practice Experience

This application packet is composed of several parts:

- Requirements for certification
- Application for certification form
- Peer reference letter form

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.)
□ Immediate outcome for last five (5) PD placements
□ Application fee ($500/members* or $750 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.

Peer reference letters (2)
  (Note: Peer reference letters to be submitted directly to ASDIN by peer letter authors.)

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

Application Fee
A fee of $500 for members* or $750 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/pdcert. Checks should be made payable to The American Society of Diagnostic and Interventional Nephrology. Please mail check payment to: ASDIN, 134 Fairmont Street, Suite B, Clinton, MS 39056.

*ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated.
The American Society of Diagnostic and Interventional Nephrology
Application for Certification in Interventional Nephrology

Peritoneal Dialysis Catheter Placement – Practice Experience

**General**
Certification is available in fluoroscopico and/or peritoneoscopic peritoneal dialysis catheter placement. Certification will be granted for five (5) years contingent upon active ASDIN membership.

**Practice Experience 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 PD certification is only valid as long as certified physician is practicing in the US. Certification is void for physicians practicing outside of the US.)

3. Have practiced as an Interventional Nephrologist, Interventional Radiologist or Surgeon in the United States for a period of not less than one year during which time no less than 25 catheters have been successfully completed as primary operator for each technique they are applying for certification in. For example, the applicant must have placed a minimum of 25 catheters for either fluoroscopic or peritoneoscopic technique certification and 50 cases for dual certification.

4. The applicant must also provide documentation to show that they are credentialed to perform PD catheter placements by fluoroscopic or peritoneoscopic techniques within the facility they currently are practicing in.

**Case Records**
Five (5) records documenting successful PD catheter placement must be submitted for either technique and ten (10) case records if applying for both techniques.

**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., PD placement: Case #1, (do not use patient names)
2. Details of procedure (operative note will suffice)
3. Description of any complications encountered
4. Description of management of complication, if encountered

PLEASE NOTE: Only original case notes with patient identifiers removed should be submitted. DO NOT RETYPE or REPRODUCE case notes.
Outcomes
Applicant must provide the outcomes of the last 5 PD procedures performed as follows:
   a. Function at the time of PD catheter placement i.e., was the operator able to perform an exchange during PD catheter placement.

Peer References
Each applicant must provide two letters of reference from peers that are familiar with their Interventional Nephrology practice.

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
Peritoneal Dialysis - Application for Certification
(Practice Experience Track)

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

Applying for: ☐ Fluoroscopic Technique ☐ Peritoneoscopic Technique ☐ Both

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)

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<th>Training Program</th>
<th>Program Director</th>
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<td>Address</td>
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### Pertinent Training
(Fellowship, didactic, and practical)

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*Effective 07/01/2017  
Revised 06/22/2017*
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### Medical Facility Affiliations (List only current)

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City, State, Zip Code

**Effective 07/01/2017**

**Revised 06/22/2017**
**Peer Recommendations**

Please list two peers who are familiar with your practice experience that you have asked to send a letter of recommendation on your behalf. Please refer to the Peer Reference Section on page 4 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 PD Placement by ASDIN. 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 placement in PD catheters using (check one) Fluoroscopic technique Peritoneoscopic technique both techniques

My knowledge is based upon ___ Direct observation ___ Shared patients

Comments: ________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Sincerely,

__________________________________________________________
Signature Name (please print)

Practice Name/Employer ________________________________________________
Address ________________________________ City, State, Zip Code ________________________
The American Society of Diagnostic and Interventional Nephrology

Confirmation by Applicant

Dear Sir,

I am applying for certification in the placement of peritoneal dialysis catheters via the Practice Experience pathway. I have been asked to provide 2 peer letters as part of the documentation required for this process.

I affirm the fact that I have placed 25 PD catheters via

- Fluoroscopic
- Peritoneoscopic
- Both (total 50 cases) techniques.

I have provided

- 5 (Fluoroscopic or Peritoneoscopic)
- 10 operative reports (for both techniques) as required.

Please indicate below your qualifications:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please identify facility where you are credentialed to place PD catheters (name of hospital or ASC):

____________________________________________________________________

Please list the contact name and number at facility that can verify your credentialing:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Comments:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Sincerely,

___________________________________
Signature

___________________________________
Print Name

Address

Phone #                      Email