



The American Society of Diagnostic and Interventional Nephrology

Application for Registered Nurse (IVN-RN), Licensed Vocational Nurse (IVN-LVN), Licensed Practical Nurse (IVN-LPN) and Radiologic Technologist (IVN-RT) Certification

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 application and documentation submitted is complete.

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What is ASDIN?

The American Society of Diagnostic and Interventional Nephrology (ASDIN) was formed in 2000 to promote the quality of care provided to patients with kidney disease. The Society organized its first program in New Orleans and holds programs in conjunction with the ASN annual meetings. The ASDIN works closely with other societies and with nephrology training programs to achieve its goals.

Activities of the Society include:

- Establishment of practice standards
- Certification of physicians in specific procedures
- Accreditation of training programs in specific procedures
- Development of training tools and techniques
- Sponsoring symposia and training courses
- Dissemination of information through periodic meetings and through print and other media

All physicians (nephrologists and others), nurses, technologists, and administrators involved with the care of nephrology patients are invited to join and become active in the Society.

Mission

The mission of the American Society of Diagnostic and Interventional Nephrology is to promote the appropriate application of new and existing procedures in order to improve the care of patients with kidney disease. **These procedures include, but are not limited to:**

- insertion of tunneled hemodialysis and peritoneal dialysis catheters
- endovascular procedures
- diagnostic sonography.

**The American Society of Diagnostic and Interventional Nephrology
Application for Registered Nurse (IVN-RN), Licensed Vocational Nurse (IVN-LVN),
Licensed Practical Nursing (IVN-LPN), and
Radiologic Technologist (IVN-RT) Certification**

This application packet is composed of several parts:

- Requirements for certification
- Associate Certification Initial Application form
- Clinical Experience form
- Preceptor Identification/Affidavit form

Initial Checklist (check all that are included with Initial application)

- Completed Initial Application form
- Preceptor Identification/Affidavit form(s) - (a form for each Preceptor who will initial the Clinical Experience forms should be included. If during the clinical experience period, a new preceptor will be added, a preceptor identification/affidavit form should be submitted to ASDIN at the time preceptor is added – before initialing clinical experience forms.)
- CV
- Application fee \$150 Members (Center Membership OR Associate-Clinical membership)
****ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated.***

Clinical Experience Checklist

Once applicant receives approval of Initial Application form, completed applicable Clinical Experience form(s) with correct Core and Additional Procedure case numbers must be returned for approval:

Ethics

The ASDIN's commitment to high ethical standards is reflected in the criteria set for membership. The ASDIN seeks to uphold the highest standards of ethical behavior in all its organizational interactions. It is the responsibility of each ASDIN member, including the Council, staff, volunteers, and employees to act in a manner consistent with these ethical guidelines. ASDIN honors this commitment to support the ethical integrity of our membership through adherence to the ethical tenets of honest communication, integrity, and fairness. Accuracy and security of information is continually sought, in adhering to HIPPA guidelines. Educational activities and research are conducted with accuracy and attention to detail. Applicants should adhere to the following ethical principles in the pursuit of ASDIN certification.

- I. All health care professionals applying for ASDIN shall be required to abide by the ethical principles endorsed by their appropriate professional organizations and the general ethical concepts of their profession. Acceptable behavior in the clinical setting includes collaboration with team; good verbal communication and clear messaging within the organization. Any intimidating and disruptive behaviors are unacceptable.
- II. All health care professionals shall be required to abide by all appropriate local, state and federal laws relating to the practice of their profession.
- III. Adherence to these principles will be used in considering a health care professionals qualification for certification/recertification,

Failure to adhere to these principles may be considered as just cause for denial of certification or revocation of certification.

Application Fee

A fee of \$150 for members for certification application and membership(Center Membership OR Associate-Clinical membership)must accompany the initial application. This fee is to cover the expenses of processing the application. This fee is nonrefundable. Credit card payments may be made online with electronic submission of the application.

Checks should be made payable to The American Society of Diagnostic and Interventional Nephrology and mailed to:

ASDIN

Box 115
Clinton, MS 39060

Requirements for Application

In order to fulfill the requirements for ASDIN Associate Certification, the applicant must meet the following basic/initial criteria:

1. Must have 2 years of experience in the field of Diagnostic Interventional Nephrology, Vascular Surgery, or Interventional Radiology,
2. Must currently be in a direct patient care role in a vascular interventional setting
3. Must have a current license by a state board of nursing or current license from ARRT. Licensure will be validated annually and upon renewal.
4. Attest to uphold the Ethical standards outlined in this document.
5. Attest to utilize established universal precautions and guidelines set forth by appropriate governing bodies when performing all procedures.
6. Maintain ASDIN Associate membership throughout the IVN certification period.

Applicants that meet the defined criteria may submit the *Initial Application Form with CV and the appropriate fee to ASDIN*, to begin the certification process. ASDIN will review the *Initial Application Form* and provide applicant with a ruling on their application status. If the applicant is approved through the initial application form, ASDIN will inform applicant of deadline date for *Clinical Experience Form(s)* and *Preceptor Identification/Affidavit Form(s)*.

Eligibility

Once the basic criteria are confirmed through the Initial Application Form, the following requirements will be documented and submitted by the applicant and the associated Preceptor(s).

1. **Procedure Performance:** Candidates for certification are required to perform the outlined clinical procedures according to the Specific Procedural Requirements set by the sponsoring Preceptor's center's procedure policies. Eligible procedures will be selected from the list of evaluated procedures found within this document. All procedures must be completed within a twenty-four (24) month period. The twenty-four month period will start with the notice that the ASDIN Initial Application Form has been accepted.

Candidates should abide by the established universal precautions and guidelines set forth by all applicable governing bodies when performing all procedures.

2. **Procedure Documentation:** Candidates must use the following *Clinical Experience Form* to record the performance of the required procedures. The *Clinical Experience Form* must contain the type of procedure performed, the date and time of the procedure, the name of the facility, and handwritten Preceptor's initials that correspond to the proper preceptor verification. The "Preceptor's Initials" column on each *Clinical Experience Form* must be initialed by an accepted Preceptor (defined as a licensed physician) and must match the initials as displayed on the completed *Preceptor Identification/Affidavit Form*. A *Preceptor Identification/Affidavit Form* should be completed in its entirety for

each Preceptor who initials a procedure on the *Clinical Experience Form*. Failure to meet the minimum clinical experience requirements within the twenty-four (24) month prescribed period will result in the application becoming ineligible.

3. **Certification Eligibility:** After the clinical experience requirements have been completed, submitted and verified, candidates will be notified of their certification status. Once notification is received, the certified professional may use the IVN-RN, IVN-LVN, IVN-LPN, or IVN-RT designation whichever may be applicable. Certification will be for a period of three (3) years subject to active ASDIN Associate membership during the certification period. Recertification will be required to maintain the IVN-RN, IVN-LVN, IVN-LPN, or IVN-RT designation.
4. **Maintenance of Records/Audits:** Candidates must keep a copy of their *Clinical Experience Form* for at least 24 months after the date the experience form is submitted. Five (5%) percent of Associate Certification applications will be randomly selected for audit. In the case of an audit, the candidate and/or preceptor must provide verification of procedures performed to the ASDIN based on the *Clinical Experience Form*.
5. **Recertification Requirements:** Certified applicant must:
 - a. Continue to be an active ASDIN Associate Member
 - b. Continue to be in a direct patient care role in a vascular interventional setting; to be documented through letter of recommendation by employer at time of recertification
 - c. Continue a current license by a state board of nursing or current license from ARRT. Licensure which will be validated upon renewal.
 - d. Continue to attest to uphold the Ethical standards outlined in this document.
 - e. Continue to attest to utilize established universal precautions and guidelines set forth by appropriate governing bodies when performing all procedures.
 - f. Submit recertification application and recertification fee (\$75 member) up to 6 months before certification expiration and no later than 6 months after recertification expiration.

Specific Procedural Requirements

The Clinical Experience Requirements for ASDIN Certification consist of competencies from the various procedures performed in the Diagnostic Interventional Nephrology Arena which are divided into the below listed Core Procedures and Additional Procedures. Candidates must document the performance of these procedures according to the following criteria:

- Each candidate must complete *a total of 200 procedures* from the list of Core Procedures and Additional Procedures found within this document subject to the specified minimum and maximum limits stated for each list. All 200 procedures completed may come from the Core Procedures list, however 150 of the completed procedures submitted **MUST** come from the Core Procedures list. No more than 50 procedures of the 200 procedures completed may come from the Additional Procedures list.
- A candidate may submit multiple interventional procedures per patient per day.

Core Procedures

Each selected procedure from this Core Procedures list must be performed a minimum of 10 times (repetitions) and no more than 30 times (repetitions) in order for the candidate to receive credit for that procedure. All 200 procedures completed may come from the Core Procedures list, however AT LEAST 150 of the completed procedures submitted MUST come from the Core Procedures list.

Angiogram/Angiography	Tunneled Hemodialysis Catheter Exchange
Angioplasty of Dialysis Access	Thrombectomy of Vascular Access
Stent Placement	Venogram with Vascular Mapping
Tunneled Hemodialysis Catheter Placement	

Additional Procedures

Each selected procedure from this Additional Procedures list must be performed a minimum of 5 times (repetitions) and no more than 10 times (repetitions) in order for the candidate to receive credit for that procedure. NO MORE THAN 50 PROCEDURES OF THE TOTAL 200 PROCEDURES REQUIRED MAY COME FROM THIS ADDITIONAL PROCEDURES LIST.

Arteriovenous Graft Placement or Arteriovenous Fistula Creation	Peritoneal Dialysis Catheter Revision or Exchange
Coil Embolization or Accessory Vein Ligation	Peritoneal Dialysis Catheter Removal
Fibrin Sheath Removal	Tunneled Hemodialysis Catheter Removal
Graft or Fistula Revision	Ultrasound: Vascular Mapping (w/o venogram), Flow Assessment, and/or Color Doppler
Ligation of Fistula or Graft	Vascular Access Port Placement
Non-tunneled Hemodialysis Catheter Removal	Vascular Access Port Removal
Peritoneal Dialysis Catheter Placement	

Examples:

The following hypothetical candidates illustrate three ways of satisfying the clinical experience requirements. Numerous other combinations are possible.

- Candidate A: This person identified all 7 Core procedures from the list and performed 6 of these 30 times and 1 of them 20 times ($6 \times 30 + 1 \times 20 = 200$).
- Candidate B: This person identified 5 different Core procedures from the list and 5 different Additional procedures from the list. This applicant performed 5 of the core procedures 30 times ($5 \times 30 = 150$) and 5 of the additional procedures 10 times ($5 \times 10 = 50$), to reach the 200 total required Procedures performed.
- Candidate C: This person identified 7 Core procedures from the list and performed each of these 25 times ($7 \times 25 = 175$) and 5 of the Additional procedures and performed them 5 times ($5 \times 5 = 25$), to reach the 200 total required.

General Requirements for Clinical Experience:

To qualify as a complete interventional procedure, the candidate must demonstrate active participation in a primary role with appropriate demonstration of the following criteria:

- Preparation of supplies and maintenance of equipment
- Evaluation of requisition and patient, patient preparation, administration of medications as required
- Patient's vital sign and tolerance monitoring during procedure
- Image processing, including evaluation of images to ensure they demonstrate correct anatomy, radiographic techniques, and identification/labeling
- Documentation of procedure and results
- Verification demonstration of Radiation Safety Precautions in accordance with ALARA; i.e. proper shielding, collimation, minimizing fluoroscopy time

Clinical Experience Forms

Clinical Experience Forms included in this application are specific to the type of procedure performed. The Clinical Experience Form for each procedure claimed must contain the date and time of the procedure, the name of the facility, and handwritten verifier's initials that correspond to the proper preceptor verification form section. Complete a separate Clinical Experience Form for each Core or Additional Procedure claimed. Multiple procedures may be documented on the same patient when appropriate. These encounters will be listed under the same start time to indicate to the ASDIN that they were performed on the same patient.

The Preceptor Verification column must be filled out by an approved preceptor. The initials must be handwritten by the preceptor within the column. The applicant must include the Preceptor Identification/Affidavit Form(s) for each Preceptor who completed the Preceptor's Initials column on the Clinical Experience Form when submitting the Clinical Experience Form to the ASDIN.

Clinical Experience Form Example

Clinical Experience Form

Applicant Name/Credentials: John Doe

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Angiogram/Angiography	9/12/17	0900	Northside Hospital	
2.	Angiogram/Angiography	9/12/17	1300	Northside Vascular Center	

Clinical Experience Form

Applicant Name/Credentials: John Doe

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Stent Placement	9/15/17	0900	Northside Vascular Center	
2.	Stent Placement	10/1/17	1500	Northside Hospital	

General Requirements and Role of Preceptor:

- A Preceptor must be a licensed physician
- A Preceptor must be performing the procedure that the candidate is submitting
- A Preceptor must have an understanding of the criteria for clinical experience required for the candidate for the procedure submitted (refer to **General Requirements for Clinical Experience** on Page 9 above).

Preceptor Verification

The Preceptor Identification/Affidavit Form should be completed in its entirety. The initials must be handwritten by the preceptor with a corresponding original signature. The ASDIN requires the Preceptor to provide minimum contact information to verify supervisory requirements, if necessary. Each Preceptor utilized by the applicant and reflected on the *Clinical Experience Form* must complete the Preceptor Identification/Affidavit Form and each complete Preceptor Identification/Affidavit Form should be included with the initial application form when submitting to the ASDIN. If during the clinical experience period, a new preceptor will be added, a preceptor identification/affidavit form should be submitted to ASDIN at the time preceptor is added – before initialing clinical experience forms.

ASDIN Associate Certification Initial Application Form

Identifying Information:

Name: _____ Date of Birth: _____
Last Name First Name Middle Name

Address: _____ Gender: (circle one): M / F

City: _____ State: _____ Zip Code: _____

Title, Credentials and/or Certifications Held: _____

Phone Number: H: _____ W: _____

C: _____ E-mail: _____

Employment Information:

Employer Name

Address City State Zip Code

Contact Number: _____

Educational Information:

Educational Institution(s): _____

Degree(s) held: _____

License Information (if applicable):

Type of License: _____

Licensing Body: _____

State of Licensure: _____ License #: _____

Date of Initial Licensure: _____ Licensure Expiration Date: _____

ARRT Licensure (if applicable): _____

License information will be verified through primary source verification.

I have reviewed the complete information packet for the ASDIN Associate Certification Program. I understand the process and I am making initial application. I understand after acceptance of my initial application that I will have no more than twenty-four months to submit the remaining documentation required. If the required documentation is not submitted by the prescribed twenty-four month deadline, the application will be considered ineligible and will not be processed. A new application and fee will have to be submitted by the applicant for consideration for future certification.

I hereby attest that I will uphold the Ethical standards outlined by the ASDIN Associate Certification Program.

I attest to utilize established universal precautions and guidelines set forth by appropriate governing bodies when performing all procedures.

Signature of Applicant: _____ Date: _____

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Angiogram/Angiography				
2.	Angiogram/Angiography				
3.	Angiogram/Angiography				
4.	Angiogram/Angiography				
5.	Angiogram/Angiography				
6.	Angiogram/Angiography				
7.	Angiogram/Angiography				
8.	Angiogram/Angiography				
9.	Angiogram/Angiography				
10.	Angiogram/Angiography				
11.	Angiogram/Angiography				
12.	Angiogram/Angiography				
13.	Angiogram/Angiography				
14.	Angiogram/Angiography				
15.	Angiogram/Angiography				
16.	Angiogram/Angiography				
17.	Angiogram/Angiography				
18.	Angiogram/Angiography				
19.	Angiogram/Angiography				
20.	Angiogram/Angiography				
21.	Angiogram/Angiography				
22.	Angiogram/Angiography				
23.	Angiogram/Angiography				
24.	Angiogram/Angiography				
25.	Angiogram/Angiography				
26.	Angiogram/Angiography				
27.	Angiogram/Angiography				
28.	Angiogram/Angiography				
29.	Angiogram/Angiography				
30.	Angiogram/Angiography				

Clinical Experience Form

Applicant Name/Credentials: _____

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Angioplasty of Dialysis Access				
2.	Angioplasty of Dialysis Access				
3.	Angioplasty of Dialysis Access				
4.	Angioplasty of Dialysis Access				
5.	Angioplasty of Dialysis Access				
6.	Angioplasty of Dialysis Access				
7.	Angioplasty of Dialysis Access				
8.	Angioplasty of Dialysis Access				
9.	Angioplasty of Dialysis Access				
10.	Angioplasty of Dialysis Access				
11.	Angioplasty of Dialysis Access				
12.	Angioplasty of Dialysis Access				
13.	Angioplasty of Dialysis Access				
14.	Angioplasty of Dialysis Access				
15.	Angioplasty of Dialysis Access				
16.	Angioplasty of Dialysis Access				
17.	Angioplasty of Dialysis Access				
18.	Angioplasty of Dialysis Access				
19.	Angioplasty of Dialysis Access				
20.	Angioplasty of Dialysis Access				
21.	Angioplasty of Dialysis Access				
22.	Angioplasty of Dialysis Access				
23.	Angioplasty of Dialysis Access				
24.	Angioplasty of Dialysis Access				
25.	Angioplasty of Dialysis Access				
26.	Angioplasty of Dialysis Access				
27.	Angioplasty of Dialysis Access				
28.	Angioplasty of Dialysis Access				
29.	Angioplasty of Dialysis Access				
30.	Angioplasty of Dialysis Access				

Clinical Experience Form

Applicant Name/Credentials: _____

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Stent Placement				
2.	Stent Placement				
3.	Stent Placement				
4.	Stent Placement				
5.	Stent Placement				
6.	Stent Placement				
7.	Stent Placement				
8.	Stent Placement				
9.	Stent Placement				
10.	Stent Placement				
11.	Stent Placement				
12.	Stent Placement				
13.	Stent Placement				
14.	Stent Placement				
15.	Stent Placement				
16.	Stent Placement				
17.	Stent Placement				
18.	Stent Placement				
19.	Stent Placement				
20.	Stent Placement				
21.	Stent Placement				
22.	Stent Placement				
23.	Stent Placement				
24.	Stent Placement				
25.	Stent Placement				
26.	Stent Placement				
27.	Stent Placement				
28.	Stent Placement				
29.	Stent Placement				
30.	Stent Placement				

Clinical Experience Form

Applicant Name/Credentials: _____

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Tunneled Hemodialysis Catheter Placement				
2.	Tunneled Hemodialysis Catheter Placement				
3.	Tunneled Hemodialysis Catheter Placement				
4.	Tunneled Hemodialysis Catheter Placement				
5.	Tunneled Hemodialysis Catheter Placement				
6.	Tunneled Hemodialysis Catheter Placement				
7.	Tunneled Hemodialysis Catheter Placement				
8.	Tunneled Hemodialysis Catheter Placement				
9.	Tunneled Hemodialysis Catheter Placement				
10.	Tunneled Hemodialysis Catheter Placement				
11.	Tunneled Hemodialysis Catheter Placement				
12.	Tunneled Hemodialysis Catheter Placement				
13.	Tunneled Hemodialysis Catheter Placement				
14.	Tunneled Hemodialysis Catheter Placement				
15.	Tunneled Hemodialysis Catheter Placement				
16.	Tunneled Hemodialysis Catheter Placement				
17.	Tunneled Hemodialysis Catheter Placement				
18.	Tunneled Hemodialysis Catheter Placement				
19.	Tunneled Hemodialysis Catheter Placement				
20.	Tunneled Hemodialysis Catheter Placement				
21.	Tunneled Hemodialysis Catheter Placement				
22.	Tunneled Hemodialysis Catheter Placement				
23.	Tunneled Hemodialysis Catheter Placement				
24.	Tunneled Hemodialysis Catheter Placement				
25.	Tunneled Hemodialysis Catheter Placement				
26.	Tunneled Hemodialysis Catheter Placement				
27.	Tunneled Hemodialysis Catheter Placement				
28.	Tunneled Hemodialysis Catheter Placement				
29.	Tunneled Hemodialysis Catheter Placement				
30.	Tunneled Hemodialysis Catheter Placement				

Clinical Experience Form

Applicant Name/Credentials: _____

No less than 10 and no more than 30 can be counted for each core procedure to count towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Tunneled Hemodialysis Catheter Exchange				
2.	Tunneled Hemodialysis Catheter Exchange				
3.	Tunneled Hemodialysis Catheter Exchange				
4.	Tunneled Hemodialysis Catheter Exchange				
5.	Tunneled Hemodialysis Catheter Exchange				
6.	Tunneled Hemodialysis Catheter Exchange				
7.	Tunneled Hemodialysis Catheter Exchange				
8.	Tunneled Hemodialysis Catheter Exchange				
9.	Tunneled Hemodialysis Catheter Exchange				
10.	Tunneled Hemodialysis Catheter Exchange				
11.	Tunneled Hemodialysis Catheter Exchange				
12.	Tunneled Hemodialysis Catheter Exchange				
13.	Tunneled Hemodialysis Catheter Exchange				
14.	Tunneled Hemodialysis Catheter Exchange				
15.	Tunneled Hemodialysis Catheter Exchange				
16.	Tunneled Hemodialysis Catheter Exchange				
17.	Tunneled Hemodialysis Catheter Exchange				
18.	Tunneled Hemodialysis Catheter Exchange				
19.	Tunneled Hemodialysis Catheter Exchange				
20.	Tunneled Hemodialysis Catheter Exchange				
21.	Tunneled Hemodialysis Catheter Exchange				
22.	Tunneled Hemodialysis Catheter Exchange				
23.	Tunneled Hemodialysis Catheter Exchange				
24.	Tunneled Hemodialysis Catheter Exchange				
25.	Tunneled Hemodialysis Catheter Exchange				
26.	Tunneled Hemodialysis Catheter Exchange				
27.	Tunneled Hemodialysis Catheter Exchange				
28.	Tunneled Hemodialysis Catheter Exchange				
29.	Tunneled Hemodialysis Catheter Exchange				
30.	Tunneled Hemodialysis Catheter Exchange				

Clinical Experience Form

Applicant Name/Credentials: _____

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Thrombectomy of Vascular Access				
2.	Thrombectomy of Vascular Access				
3.	Thrombectomy of Vascular Access				
4.	Thrombectomy of Vascular Access				
5.	Thrombectomy of Vascular Access				
6.	Thrombectomy of Vascular Access				
7.	Thrombectomy of Vascular Access				
8.	Thrombectomy of Vascular Access				
9.	Thrombectomy of Vascular Access				
10.	Thrombectomy of Vascular Access				
11.	Thrombectomy of Vascular Access				
12.	Thrombectomy of Vascular Access				
13.	Thrombectomy of Vascular Access				
14.	Thrombectomy of Vascular Access				
15.	Thrombectomy of Vascular Access				
16.	Thrombectomy of Vascular Access				
17.	Thrombectomy of Vascular Access				
18.	Thrombectomy of Vascular Access				
19.	Thrombectomy of Vascular Access				
20.	Thrombectomy of Vascular Access				
21.	Thrombectomy of Vascular Access				
22.	Thrombectomy of Vascular Access				
23.	Thrombectomy of Vascular Access				
24.	Thrombectomy of Vascular Access				
25.	Thrombectomy of Vascular Access				
26.	Thrombectomy of Vascular Access				
27.	Thrombectomy of Vascular Access				
28.	Thrombectomy of Vascular Access				
29.	Thrombectomy of Vascular Access				
30.	Thrombectomy of Vascular Access				

Clinical Experience Form

Applicant Name/Credentials: _____

No less than 10 and no more than 30 can be counted for each core procedure towards certification.

	Procedure Performed	Date	Time	Facility	Preceptor's Initials
1.	Venogram with Vascular Mapping				
2.	Venogram with Vascular Mapping				
3.	Venogram with Vascular Mapping				
4.	Venogram with Vascular Mapping				
5.	Venogram with Vascular Mapping				
6.	Venogram with Vascular Mapping				
7.	Venogram with Vascular Mapping				
8.	Venogram with Vascular Mapping				
9.	Venogram with Vascular Mapping				
10.	Venogram with Vascular Mapping				
11.	Venogram with Vascular Mapping				
12.	Venogram with Vascular Mapping				
13.	Venogram with Vascular Mapping				
14.	Venogram with Vascular Mapping				
15.	Venogram with Vascular Mapping				
16.	Venogram with Vascular Mapping				
17.	Venogram with Vascular Mapping				
18.	Venogram with Vascular Mapping				
19.	Venogram with Vascular Mapping				
20.	Venogram with Vascular Mapping				
21.	Venogram with Vascular Mapping				
22.	Venogram with Vascular Mapping				
23.	Venogram with Vascular Mapping				
24.	Venogram with Vascular Mapping				
25.	Venogram with Vascular Mapping				
26.	Venogram with Vascular Mapping				
27.	Venogram with Vascular Mapping				
28.	Venogram with Vascular Mapping				
29.	Venogram with Vascular Mapping				
30.	Venogram with Vascular Mapping				

Additional Procedures (Please complete a separate section/page for each additional procedure claimed)

No less than 5 and no more than 10 can be counted for each additional procedure towards certification.

	Procedure Performed	Date	Time	Facility	Verifier's Initials
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

	Procedure Performed	Date	Time	Facility	Verifier's Initials
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Preceptor Identification/Affidavit Form

To be completed by each appropriate Preceptor and attached to the Clinical Experience Form

Applicant's Name: _____

Preceptor's Name: _____

Credentials: _____

Title: _____

Daytime Contact Number: _____

Company: _____

Company Address: _____

City, State, Zip Code: _____

E-mail: _____

State of Licensure: _____ License #: _____

I hereby attest that I have read and understand the ASDIN Associate Certification Program and its intents. I also attest that I understand my role as Preceptor and that I meet the minimum requirements to act as a Preceptor in the ASDIN Associate Certification Program. I will initial the applicable Clinical Experience Form and attest that where my initials will appear on the Experience Form, the applicant will have been an active participant in the procedure performed in a primary role and has demonstrated appropriate clinical expertise.

Signature: _____

Initials: _____

Date: _____