



## **The American Society of Diagnostic and Interventional Nephrology**

### **Application for Certification Practice Experience Track**

### **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 – Practice Experience

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.**

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
- Banding 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.)

---

The application and all documentation should be submitted to the ASDIN office via upload at [www.asdin.org/certform](http://www.asdin.org/certform)

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

## Hemodialysis Vascular Access Procedures – Practice Experience

### 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:

- Obliteration of accessory veins
- Subcutaneous port placement
- 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.*

### 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 HVA certification is only valid as long as certified physician is practicing in the US. Certification is void 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 one-hundred twenty-five (125) procedures<sup>§</sup> 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).*

**4. (Optional\*)** For advanced procedures in addition to Broad Area above in item # 3, must have successfully completed the following number of procedures 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.*

### **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 above for specifics). These procedures must have been performed within the United States.*

- AV Grafts
  - Angiography — 10 Cases
  - Angioplasty — 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 - 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. 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  
(Practice Experience Track)**

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

**Identifying Information**

---

Last Name	First Name	Middle Name	
<hr/>			
Date of Birth	Citizenship	NPI Number	
<hr/>			
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 or NBPAS are permitted*

Date of original Board Certification: \_\_\_\_\_

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

**Medical School**

---

Medical School	Degree Received	Date Granted
<hr/>		
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
<b>Identify Type of Program:</b>	<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	

---

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



---

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



---

Training Program		Program Director		
Address	City	State	Zip Code	Inclusive Dates
<b>Identify Type of Program:</b>	<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
-----------------	----------	-----------------	-----------------

---

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



**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 5 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 stent placement (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)
- \_\_\_ Banding procedure to treat dialysis-associated steal syndrome (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 one of the following ways:***

**MAIL:** PO Box 115, Clinton, MS 39060

**EMAIL:** [Lfox@asdin.org](mailto: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 \_\_\_\_\_

Number of stent cases submitted \_\_\_\_\_

Number of Tunneled catheter placements submitted \_\_\_\_\_

Number of accessory vein obliteration cases submitted \_\_\_\_\_

Number of port placement cases submitted \_\_\_\_\_

Number of banding 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 4 for specifics) differs from the number of procedures required for certification (see page 3 for specifics).**