



## **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.**

# 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 \$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.)

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

### **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/pdcert>. Checks should be made payable to The American Society of Diagnostic and Interventional Nephrology. Please mail check payment to: 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.*

# 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 fluoroscopic 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**

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Last Name	First Name	Middle Name	
<hr/>			
Date of Birth	Citizenship	NPI Number	
<hr/>			
Home Address	City	State	Zip Code

**Practice Information**

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Practice Name

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Practice Address	City	State	Zip Code
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**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**

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Medical School	Degree Received	Date Granted
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Medical School Address                      City                      State   Zip Code      Inclusive Dates

**Graduate Medical Education** (List internship, residency and fellowship in chronological order)

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Training Program			Program Director
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Address	City	State	Zip Code	Inclusive Dates
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**Identify Type of Program:**     Internship             Residency             Fellowship

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Training Program			Program Director
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Address	City	State	Zip Code	Inclusive Dates
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**Identify Type of Program:**     Internship             Residency             Fellowship

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Training Program			Program Director
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Address	City	State	Zip Code	Inclusive Dates
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**Identify Type of Program:**     Internship             Residency             Fellowship

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Training Program			Program Director
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Address	City	State	Zip Code	Inclusive Dates
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**Identify Type of Program:**     Internship             Residency             Fellowship

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**Pertinent Training** (Fellowship, didactic, and practical)

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Training Type	Location	Director	Inclusive Dates
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Training Type	Location	Director	Inclusive Dates
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Training Type	Location	Director	Inclusive Dates
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**Pertinent Experience**

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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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Experience Type	Location	Number of Cases	Inclusive Dates
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**Medical Facility Affiliations** (*List only current*)

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Name of Facility	Staff Category
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City, State, Zip Code

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Name of Facility	Staff Category
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City, State, Zip Code

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Name of Facility	Staff Category
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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 4 for specific peer requirements.

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Name of Doctor

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City, State, Zip Code

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Name of Doctor

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City, State, Zip Code

**Signature**

**I certify that the information contained herein is correct and complete to the best of my knowledge.**

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Signature

Date

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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,

Date: \_\_\_\_\_

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:

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

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

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Comments:

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Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Address

Phone #

Email