



**The American Society of
Diagnostic and Interventional Nephrology
Application for Certification**

Renal Ultrasonography

The American Society of Diagnostic and Interventional Nephrology Application for Certification

Renal Ultrasonography

This application packet is composed of several parts:

- Requirements for certification
- Form for documentation of completion of basic requirements
- Application form

Checklist (check all that are included with application)

- Completed application form
- Documentation of didactic training
- Documentation of supervised studies
- Documentation of completion of basic requirements form
- Set of studies with follow-up
- Set of sample studies (Please label cases to reflect IB(3) or IIC of the application.
- Peer reference letter
- 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.*

Basis for certification (check one)

- Nephrology fellowship based training program
- CME - accredited training program
- Other

Certification requested (check one)

- General certification in renal ultrasonography
- Certification in renal transplantation ultrasonography

Two copies of the application and all documentation should be submitted to the ASDIN office.

Copies should be one of the following:

- a) two paper copies, OR
- b) one paper copy and one cd rom copy, OR
- c) one paper copy and one copy sent electronically to info@asdin.org

Mail all application materials to:

The American Society of Diagnostic and Interventional Nephrology
PO Box 115
Clinton, MS 39060

American Society of Diagnostic and Interventional Nephrology

Requirements for Certification in Renal Ultrasonography

I. Certification of nephrologists to perform and interpret sonograms of the kidney and bladder.

A. Knowledge base

- 1) A working knowledge of ultrasound physics as it pertains to the performance and interpretation of sonograms.
- 2) A thorough understanding of the sonographic appearance of renal pathology and normal variants.
- 3) A thorough understanding of renal pathology, including the performance and interpretation of urinalysis.
- 4) Extensive experience with the clinical presentation and natural history of renal disorders.
- 5) The first two components will require training as outlined below; the last two components will require specific training in nephrology, generally one year of post-graduate clinical training in an accredited program.

B. Training.

1. Duration: 6 weeks devoted to ultrasonography within an accredited nephrology training program with an accredited ultrasonography program (see below). For nephrologists who have already completed their nephrology training, a minimum of 50 hours of formal, CME-accredited training consisting of both didactic and hands-on training including ultrasound physics and instrumentation (3 hours) and basic ultrasound interpretation (4 hours), with the remainder devoted exclusively to performance and interpretation of kidney, bladder, and renal transplant sonograms.
2. Quantity of studies.
 - a. Interpretation of at least 125 studies, including transplanted kidneys and urinary bladder, of which 80 must be supervised within an accredited renal sonography training program. (If supervision occurred before the program was accredited, the program must have met ASDIN criteria for accreditation at the time of the supervision).
 - i. Of the 80 supervised studies, at least 40 must be new studies in which the trainee participates in both the performance and interpretation, and must include guidance for percutaneous renal biopsy.
 - ii. The remainder (up to 40 studies) can be prior studies presented (in their entirety) as unknowns and interpreted fully by the trainee at the training site.
 - b. The remaining 45 studies must be studies performed and interpreted by the applicant (either supervised or unsupervised).

- i. All unsupervised studies (but not more than 20) must be submitted along with documented followup consisting of a CT scan, MR scan, pyelography, or another sonogram performed and interpreted within an accredited ultrasound practice (radiology or nephrology).
 - ii. These cases may also be used to satisfy the requirement below (2.B.2)
3. Submission of sample studies generated by the trainee without formal supervision and illustrating the abnormalities listed below. The studies must have been performed by the applicant after completion of training. The studies need not be formal diagnostic studies and may include studies performed on patients with known abnormalities for the purpose of this application. However, the studies must be complete studies with all required images. These studies may also be used to satisfy the above requirement (Section B2).
 - Normal kidneys (1 study)
 - Chronic renal disease (2 studies)
 - Cysts (2 studies)
 - Hydronephrosis (2 studies)
 - Nephrolithiasis (2 studies)
 - Guidance for percutaneous renal biopsy (1 study)
 - Renal allograft (at least 2 studies with the following identified in at least one image: ureter, psoas muscle, peritoneum, renal vein, iliac or external iliac vein, bladder)
 - Measurement of bladder volume (1 study)

II. Certification of nephrologists to perform and interpret sonograms limited to renal transplantation.

Requirements are the same as for general certification with the following changes:

- A. Formal didactic training must include at least one hour devoted to sonography in renal transplantation.
- B. Formal hands-on training must be at a training program accredited for renal transplant sonography.
- C. Submitted cases will consist of studies demonstrating the following:
 - Normal renal allograft (at least 2 studies with the following structures identified on at least one transverse and one longitudinal image: ureter, psoas muscle, peritoneum, renal vein, iliac or external iliac vein, bladder).
 - Guidance for percutaneous biopsy (1 study)
 - Perirenal fluid collections (3 studies)
 - Hydronephrosis (4 studies)
 - Ureteral stent (2 studies)
 - Measurement of bladder volume (1 study)

Documentation of Completion of Basic Requirements

I. Didactic training (documentation required – **Complete A, B or C**)

- A. In accredited nephrology training program [requirement: 6 wks] _____
Was program accredited by ASDIN? _____
- If program was not accredited by ASDIN at time of training, applicant must provide a letter from the program director describing how the program met the requirements for ASDIN accreditation at the time.
- B. CME-accredited course(s) [requirement: 50 hr] _____
- Applicant must submit copies of certificates or other proof of attendance, as well as copies of brochures or other descriptions (or letters from course directors) providing a detailed description of each course.
- C. Other (must meet ASDIN requirements) _____
- Applicant must submit documentation as described above as well as a detailed explanation of how this alternative training meets ASDIN requirements. Such training will be accepted only in rare and unusual circumstances.

II. Number of Supervised studies (documentation required – **Complete A, B or C**)

- A. In accredited nephrology training program [requirement: 80] _____
- Applicant must submit a certificate or statement signed by the program director indicating the number and type of sonograms performed and/or interpreted.
- B. CME-accredited course(s) [requirement: 80] _____
- Applicant must submit a certificate or statement signed by the course director indicating the number and type of sonograms performed and/or interpreted.
- C. Other (must meet ASDIN requirements) _____
- Applicant must submit documentation as well as a detailed explanation of how this alternative meets ASDIN requirements. Exceptions will be granted only in rare and unusual circumstances.

III. Number of Unsupervised studies (documentation required–**Complete A or B & C**)

The studies submitted must have been performed within the United States healthcare system.

- A. Total [requirement: 125 - # of supervised studies] _____
- No documentation required
- B. Documented studies [125 - # of supervised studies] _____
- Applicant must submit copies of the reports or interpretations that include the date and type of study but with any patient identifiers removed. Identify the studies by numbering them sequentially.
- C. Studies with followup [requirement: # in III (B) but no more than 20] _____
- Applicant must submit a copy of the official report from a contemporaneous CT scan, MR scan, pyelogram, or sonogram performed within an accredited radiology or nephrology ultrasound program. Remove any patient identifiers and number and attach to the corresponding sonograms submitted for item III(B).

IV. Sample studies

A. Standard certification [requirement: 13 studies as listed below]

- Normal kidneys (1 study)
- Chronic renal disease (2 studies)
- Renal cysts (2 studies)
- Hydronephrosis (2 studies)
- Nephrolithiasis (2 studies)
- Guidance for percutaneous biopsy (1 study)
- Urinary bladder with volume determination (1 study)
- Transplanted kidneys (2 studies; the ureter, psoas muscle, external or internal iliac vein, renal vein and bladder each must be identified on at least one study)

B. Certification limited to renal transplantation [requirement: 13 studies as listed below]

- Normal transplanted kidneys (2 studies). The following must be identified on at least one longitudinal image and one transverse image: the ureter, psoas muscle, external or internal iliac vein, renal vein and bladder each must be identified on at least one study.
- Guidance for percutaneous biopsy (1 study)
- Perirenal fluid collection (3 studies)
- Hydronephrosis (4 studies)
- Ureteral stent (2 studies)
- Urinary bladder with volume determination (1 study)

Note: Format for study submission - Submit entire studies (with patient identifiers expunged) along with copies of the reports. Each should be labeled ("normal kidney #1", etc). You may provide copies of the images instead of the originals provided that they are of high quality. Electronic versions may be submitted but only as Power-Point presentations (one file per study). The studies must have been performed by the applicant after completion of the training listed in sections I and II. The studies need not be formal diagnostic studies and may include studies performed on patients with known abnormalities for the purpose of this application. However, the studies must be complete studies with all required images. These studies may be ones listed as unsupervised studies in Section III.

V. Peer reference

Applicant must provide a letter of reference from a peer who is familiar with their renal ultrasonography practice. The attached form letter should be used for this purpose.

VI. 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.

**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 RU-Application for Certification

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
------------------	------	-------	----------

Board of Certification in Nephrology _____
Date of 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)*

Training Program	Program Director
------------------	------------------

Address	City	State	Zip Code	Inclusive Dates
---------	------	-------	----------	-----------------

Identify Type of Program: **Internship** **Residency** **Fellowship**

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

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

Training Program		Program Director		
Address	City	State	Zip Code	Inclusive Dates
Identify Type of Program: <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
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 a peer who is familiar with your activities in Renal Ultrasonography whom you have asked to send a letter of recommendation on your behalf. This can be a current professional associate.)

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

Facsimile Number

Email Address

The American Society of Diagnostic and Interventional Nephrology
Letter of Peer Recommendation

Dear Sirs,

Date: _____

I understand that _____ has applied for certification in Renal Ultrasonography. 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 applicants medical practice activity in Renal Ultrasonography. ___ Yes ___ No

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 a high level of expertise in Renal Ultrasonography. ___ Yes ___ No

Comments:

Sincerely,

Name

Address

City, State, Zip Code