



The American Society of Diagnostic and Interventional Nephrology

Application for Recertification

Hemodialysis Vascular Access Procedures

SPECIAL NOTE: DO NOT SEND PATIENT IDENTIFIERS IN ANY OF THE PAGES SUBMITTED. PLEASE REVIEW 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 7/1/2020

Revised: 5/27/2020

The American Society of Diagnostic and Interventional Nephrology

Application for Recertification in Interventional Nephrology
Hemodialysis Vascular Access Procedures

This application packet is composed of several parts:

- Part 1 - HVA Recertification Criteria (For All Applicants)
- Part 2A - HVA Recertification Criteria (Case Log Pathway)
- Part 2B - HVA Recertification Criteria (CME-only Pathway)
- Part 3 - Application for HVA Recertification Form
- Part 4 - Sample Forms
 - a) Peer Reference Letter
 - b) Case Log Form

Checklist:

Case Log Pathway - All items below are required for initial recertification.

CME-only Pathway - Only after 10 years of certification - Items required are marked with ±.

- ☐ Completed Part 3 - Application for HVA Recertification Form ±
- ☐ Case Log
- ☐ CME Documentation (approved CME documentation required) ±
- ☐ Continuous Quality Improvement Documentation
- ☐ If adding Advanced Procedures, Case/Procedure Notes
(Note: Do not include patient names or identifiers. DO NOT RETYPE or REPRODUCE case notes.)
- ☐ Recertification Fee (**\$200/ASDIN members***) ±
****ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated or recertification application is processed.***

Written Peer Letter Verification of Applicable Minimum Procedures in 24-month period

(Note: Peer reference letter to be submitted directly to ASDIN by peer letter author)

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

Recertification Fee:

A fee of \$200 for ASDIN members* must accompany the application. This fee is to cover the expense of processing the application. This fee is nonrefundable. Fees may be paid online with a credit card upon submission at <http://www.asdin.org/recertform>. 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 or recertification application is processed.***



Part 1 - HVA Recertification Criteria – For All Applicants

1. Applicants must be current ASDIN members and currently HVA certified by ASDIN.
2. Applicants must be 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.)
3. Recertification in HVA procedures will be granted for 5 years*.
**ASDIN membership must remain active while certified. If ASDIN membership lapses, HVA certification will be suspended and dues must be made current before certification will be reinstated.*
4. Recertification applications may be submitted six (6) months before or up to six (6) months after the initial five (5) year certification expiration date. If a recertification application is not submitted within six (6) months of the original certification expiration date, a new certification application and corresponding fee will be required to reinstate certification. Recertification in HVA procedures will be granted for five (5) years subject to continuous active ASDIN membership during the certification period and begins on the original certification anniversary date no matter when the recertification application is submitted.
5. Applicants who are re-certifying for the first time must meet all of the Part 2A HVA Recertification Criteria - Case Log Pathway below. Individuals who are re-certifying after 10 years of certification - for a second or subsequent recertification cycle, may elect to recertify through either the Case Log Pathway or the CME-only Pathway (Part 2B).

Part 2A HVA Recertification Criteria – Case Log Pathway

(Applicants must use this pathway for their first recertification. Optional for 2nd recertification – after 10 years of certification)

1. Each applicant must be actively performing interventional procedures.
2. Each applicant must provide verification that the following minimum procedures have been performed by him/her within the United States in the past 24 months (through Case Log):
 - A) 25 hemodialysis catheter placements (These must be tunneled long-term catheter procedures. Procedures may be de novo placements or exchanges).
 - B) 50 endovascular procedures (including at least 5 endovascular stent placements and 12 thrombectomy procedures on either a fistula or graft).

Case Log

A log of cases performed by applicant demonstrating the case requirements for recertification should be submitted. An example of the format of the case log is attached. Complication rates for CQI may be tracked on this form. At a minimum, the case log should list the date of the procedure and the type of the procedure. The case log should demonstrate performance of the required number of procedures identified above, performed within the 24 months preceding the recertification application, including five endovascular stent placements and twelve thrombectomy procedures within the fifty endovascular procedures. If applicant is maintaining or adding advanced procedures, five of each applicable advanced procedure should also be reflected on case log.

There should be NO patient identifiers on the case log.

3. **Peer Reference**

Each applicant must provide a peer letter of reference from a peer that is familiar with their Interventional Nephrology practice. The Peer must indicate they have had direct knowledge of the applicant's completion of

twenty five (25) catheter placements and fifty (50) endovascular procedures. If advanced procedures are to be maintained or added, the applicable number required for each of those procedure types must also be verified.

The attached form letter should be used for that purpose. The peer reference letter should be submitted directly to ASDIN by the peer letter author and not by the applicant

4. **CME**

Applicants must provide documentation of 7 hours of Continuing Medical Education (CME) in vascular medicine, hemodialysis access, or interventional procedures obtained within the past three (3) years. Actual documentation of completion of CME course shall be provided by applicant to meet this requirement.

5. **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.

Suggestion: Complication rate can be tracked on the case log form.

6. **(Optional) Advanced Procedures**

If applicant holds endorsement of either of the three advanced procedures associated with HVA certification, the following will be required to continue that endorsement. Each applicant must provide verification that the following minimum procedures have been performed by him/her within the United States in the past 24 months:

- A) 5 Obliteration of accessory veins (fistula side branches).
- B) 5 Subcutaneous port placements.
- C) 5 Banding for dialysis-associated steal syndrome

7. **(Optional) Adding Advanced Procedures**

If not included at the time of original HVA certification, the following advanced procedures may be added at time of recertification with submission of required case records and an additional fee of \$100 (fee includes any one, two, or all of the advanced procedures).

Applicant must have successfully completed the following number of procedures as primary operator within the preceding 24 calendar months of the submission of the recertification application:

- Obliteration of accessory veins (fistula side branches) – 5 cases
- Subcutaneous port placement – 5 cases
- Banding for dialysis-associated steal syndrome – 5 cases

The corresponding required case records should be included with this application.

- Obliteration of accessory veins (fistula side branches) – Performance of 3 surgical procedures
- Subcutaneous port placement – Placement of 3 ports
- Banding for dialysis-associated steal syndrome – Performance of 3 procedures

There should be no patient identifiers on the case records.

Part 2B - HVA Recertification Criteria - CME-only Pathway

(Pathway available only after 10 years of certification – for second and subsequent recertification periods)

CME

Applicants must provide documentation of twelve (12) hours of Continuing Medical Education (CME) in vascular medicine, hemodialysis access, or interventional procedures obtained within the past four (4) years. Actual documentation of completion of CME course shall be provided by applicant to meet this requirement.

**The American Society of Diagnostic and Interventional Nephrology
Part 3 - Application for HVA Recertification Form**

CME-Only Recertification Election (only available for applicants in second or subsequent recertification cycle.)
I am recertifying for the second or subsequent cycle and elect to recertify through the CME-only Pathway.

(Optional) Advanced Procedures *(continuing)*

I would like to maintain the following advanced procedures with my HVA certification. **(check all that apply)**

Obliteration of accessory veins (fistula side branches)

Subcutaneous port placement

Banding for dialysis-associated steal syndrome

(Optional) Additional Advanced Procedures - \$100 additional fee required (fee includes any combination of the three advanced procedures)

I would like to add the following advanced procedures to my HVA certification. **(check all that apply)**

Obliteration of accessory veins (fistula side branches)

Subcutaneous port placement

Banding for dialysis-associated steal syndrome

Identifying Information:

Last Name	First Name	Middle Name	
Date of Birth	Citizenship	NPI #	
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

Current Board Certification

Certification Board: Only ABIM, AOBIM, ABR, ABS and NBPAS are permitted

Date of original Board Certification: _____

Is Board certification current: ☐ Yes ☐ No

Type of Practice:

☐ Private practice ☐ Academic medicine

Medical Facility Affiliations *(List only current)*

1) _____	
Name of Facility	Staff Category
City, State, Zip Code	

2) _____

Name of Facility	Staff Category
City, State, Zip Code	

3) _____

Name of Facility	Staff Category
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
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**The American Society of Diagnostic and Interventional Nephrology
Letter of Peer Recommendation - Recertification**

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 procedures in the past 24 months:
(direct knowledge may include a review of the case log form)

(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

_____ Hemodialysis catheter placements (a minimum of 25 required)

_____ Endovascular procedures (a minimum of 50 required)

VERIFICATION OF DIRECT KNOWLEDGE OF OPTIONAL CASE PROCEDURES

(To be completed only if Applicant is applying for one or both 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 for 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)

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

FAX: 601-924-6249

**The American Society of Diagnostic and Interventional Nephrology
Case Log**

Do not display patient names on submitted case log.

#	Date (Within last 24 months)	Type of Procedure	Complications
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#	Date (Within last 24 months)	Type of Procedure	Complications
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