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Appendix
**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.

**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 Board of Directors, 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, adhering to HIPPA guidelines. Educational activities and research are conducted with accuracy and attention to detail.

Requirements for Registration

- Must have 2 years of experience in the field of Diagnostic Interventional Nephrology, Vascular Surgery, Interventional Radiology, or manage a clinical facility for the designated period
- Must have a current registration by the board of nursing or current registration by ARRT
- During the first two years of ASDIN certification, there will be a grandfather clause to provide credentialing for those who have 10+ years of experience in the above listed modalities or as deemed appropriate by the board on a per case basis after an Evaluation of Experience Form has been completed.

Instructions for Eligibility

1. **Procedure Performance**: Candidates are required to perform clinical procedures according to the Specific Procedural Requirements and selected from the list of evaluated procedures found within this document. All procedures must be completed within a 24 month period before the application date on the ASDIN Application Form.

2. **Procedure Documentation**: Candidates must use the following Clinical Experience Form to record the performance of the 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 verifier's initials that correspond to the proper preceptor verification. The “Verifier’s Initials” column on the form must be initialed by a Registered Technologist, Nurse, supervisor, or a licensed physician and must match the Preceptor Identification Form at the end of this document. The name and address of the person corresponding to each set of initials must also be provided on the Preceptor Identification Form. Failure to meet the minimum clinical experience requirements prior to the date of submission will result in the application becoming ineligible.

3. **Certification Eligibility**: After the clinical experience requirements have been completed, candidates are eligible to complete the application for certification.

4. **Maintenance of Records**: Candidates must keep the original Clinical Experience Form for at least 24 months after the date the application is submitted. In the case of an audit, the candidate must provide verifiable content to the ASDIN.
Specific Procedural Requirements

The Clinical Experience Requirements for ASDIN Certification consist of competencies from the various procedures performed in the Diagnostic Interventional Nephrology Arena. Candidates must document the performance of these procedures according to the following criteria:

- For any given patient per day, you may count multiple interventional procedures.
- Each selected procedure must be performed a minimum of 5 times (repetitions) in order for the candidate to receive credit for that procedure.
- Each procedure may be counted a maximum of 20 times.
- Each candidate must complete a total of 200 repetitions across all procedures selected for performance.

The specific types of procedures to be evaluated are included below:

- Access Flow Ultrasound
- Angioplasty for Non-Dialysis Access
- Angioplasty for Dialysis Access
- Angiography
- Ankle Brachial Index - ABI
- Aortogram with Runoff
- Aortic Angiogram
- Apligraph
- Arterioangioplasty AV Conduit
- Arterioangioplasty Femoral Popliteal
- Arterioangioplasty Iliac
- Arterioangioplasty Renal
- Arterioangioplasty Tibioperoneal
- Arthogram
- Ascending Venogram Lower Extremities
- Atherectomy
- Carotid Arteriogram
- Coil Embolization Arterial
- Color Flow Doppler Flow
- Color Flow Doppler Mapping
- Creation of ArterioVenous Fistula
- Descending Venogram Lower Extremities
- Dialysis Access Angiogram
- Dialysis Access Declotting
- Dialysis Access Revision
- Embolectomy
- Extremity Vein Mapping
- Extremity Vein Mapping Ultrasound
- Fibrin Sheath Removal
- Graft Placement
- Hemodialysis Access Placement (AVG)
- Hemodialysis Catheter Exchange
- Hemodialysis Catheter Declotting w/ tPA
- Hemodialysis Catheter Placement Long Term
- Hemodialysis Catheter Placement Temporary
- Hemodialysis Catheter Removal Long Term
- Hemodialysis Catheter Removal Temporary
- HeRO Placement
- HeRO Removal
- IVC Filter Placement
- IVC Filter Removal
• Iron Infusion - Venofer
• Iron Infusion - Feraheme
• Iron Therapy
• Ligation of Fistula
• Ligation of Graft
• Lower Extremity Arterial Angioplasty
• Lower Extremity Arterial Stent
• Lower Extremity Venogram
• Lower Extremity Angiogram
• PADnet
• Paracentesis
• Port A Cath Placement
• Port A Cath Removal
• Peritoneal Dialysis Catheter Exchange

• Peritoneal Dialysis Catheter Placement
• Peritoneal Dialysis Catheter Removal Long Term
• Peritoneal Dialysis Catheter Removal Long Term
• Renal Angiogram
• Renal Stent
• Sclerotherapy
• Stent Placement
• Thrombectomy
• Upper Extremity Arterial Angioplasty
• Upper Extremity Arterial Stent
• Upper Extremity Venogram
• Upper Extremity Angiogram
• Venous Ablation

Administrative Specific Competencies

• Case Oversight / Management
• Quality Assurance / Review
• Coding / Billing
• Financial Management
• Risk Management
• Environment of Care Reporting
• Cost Optimization Reporting
• Patient Satisfaction Reporting
• Evaluation of Center/Unit Outcomes
Examples:

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

- **Candidate A:** This person identified 10 different procedures from the list on the following page and performed each of those procedures 20 times (10 x 20 = 200).

- **Candidate B:** This person identified 25 different procedures from the list on the following page. This applicant performed 15 of those procedures 10 times (15 x 10 = 150), and the other 10 procedures 5 times (10 x 5 = 50).

- **Candidate C:** This person identified 40 different procedures from the list on the following page and performed each of those procedures 5 times (40 x 5 = 200).

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
- Compliance with the administrative specific competencies if performing in an administrative capacity
Clinical Experience Form

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 verifier’s initials that correspond to the proper preceptor verification form section. 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.

Clinical Experience Form Example

<table>
<thead>
<tr>
<th>Procedure Performed</th>
<th>Date</th>
<th>Time</th>
<th>Facility</th>
<th>Verifier’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Arm Vein Mapping</td>
<td>9/10/12</td>
<td>0900</td>
<td>Northside Vascular Center</td>
<td></td>
</tr>
<tr>
<td>Thrombectomy</td>
<td>9/10/12</td>
<td>1000</td>
<td>Northside Vascular Center</td>
<td></td>
</tr>
<tr>
<td>Stent Placement</td>
<td>9/10/12</td>
<td>1000</td>
<td>Northside Vascular Center</td>
<td></td>
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<tr>
<td>Coil Placement</td>
<td>9/10/12</td>
<td>1000</td>
<td>Northside Vascular Center</td>
<td></td>
</tr>
<tr>
<td>Catheter Placement</td>
<td>9/10/12</td>
<td>1130</td>
<td>Northside Vascular Center</td>
<td></td>
</tr>
<tr>
<td>Angioplasty</td>
<td>9/12/12</td>
<td>0900</td>
<td>Northside Hospital</td>
<td></td>
</tr>
<tr>
<td>Coil Placement</td>
<td>9/12/12</td>
<td>0900</td>
<td>Northside Hospital</td>
<td></td>
</tr>
<tr>
<td>Right Arm Vein Mapping</td>
<td>9/12/12</td>
<td>0900</td>
<td>Northside Hospital</td>
<td></td>
</tr>
<tr>
<td>Angiogram</td>
<td>9/12/12</td>
<td>1000</td>
<td>Northside Hospital</td>
<td></td>
</tr>
<tr>
<td>Catheter Placement</td>
<td>9/12/12</td>
<td>1000</td>
<td>Northside Hospital</td>
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</tbody>
</table>

Preceptor Verification Form

The Preceptor Verification Form must be filled out by the preceptor. The initials must be handwritten by the preceptor with a corresponding signature. The ASDIN requires the preceptor to provide minimum contact information to verify supervisory requirements if necessary. The applicant must include the Preceptor Identification Form with the Clinical Experience Form when submitting to the ASDIN.
<table>
<thead>
<tr>
<th>Procedure Performed</th>
<th>Date</th>
<th>Time</th>
<th>Facility</th>
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</tbody>
</table>
**Preceptor Identification Form**

1. **Name:** ____________________________________________  **Credentials:** ______________________
   
   **Title:** __________________________  **Daytime Contact Number:** __________________________
   
   **Company:** ____________________________________________________________________________
   
   **Company Address:** ______________________________________________________________________
   
   **City, State, Zip Code:** __________________________________________________________________
   
   **E-mail:** ______________________________________________________________________________
   
   **Signature:** ____________________________  **Initials:** ________________

2. **Name:** ____________________________________________  **Credentials:** ______________________
   
   **Title:** __________________________  **Daytime Contact Number:** __________________________
   
   **Company:** ____________________________________________________________________________
   
   **Company Address:** ______________________________________________________________________
   
   **City, State, Zip Code:** __________________________________________________________________
   
   **E-mail:** ______________________________________________________________________________
   
   **Signature:** ____________________________  **Initials:** ________________

3. **Name:** ____________________________________________  **Credentials:** ______________________
   
   **Title:** __________________________  **Daytime Contact Number:** __________________________
   
   **Company:** ____________________________________________________________________________
   
   **Company Address:** ______________________________________________________________________
   
   **City, State, Zip Code:** __________________________________________________________________
   
   **E-mail:** ______________________________________________________________________________
   
   **Signature:** ____________________________  **Initials:** ________________
ASDIN Application Form

Name: _______________________________ Date of Birth: __________

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

City: __________________ State: _______ Zip Code: ________________

Title or Certifications Held: __________________________________________________________________________________

Educational Institution(s): ___________________________________________________________________________________

Degree(s) held: ______________________________________________________________________________________________

Phone Number: H: __________________________ W: __________________ C: __________________

E-mail: ________________________________________________________________________________________________

1. Have you ever been charged with or convicted of a misdemeanor (other than a minor traffic offense) or felony or general court martial in military service, and/or are any such charges currently pending against you?
   Yes __ No __

2. Have you ever had any professional license, registration, or certification application denied, or any issued license, registration, or certification revoked, suspended, placed on probation or subject to any type of discipline by a regulatory authority or certification board?
   Yes __ No __

3. Have you ever been found by any court or administrative body, including but not limited to employers, to have committed negligence (simple or willful), malpractice, recklessness, or engaged in misconduct in the practice of any profession?
   Yes __ No __

If you answered yes to any question above, you must attach an explanation and documentation of the event.

Signature of Applicant: _______________________________ Date: __________________
Operational Requirements

The ASDIN will have authority and responsibility to maintain the integrity of the certification process. The following are a list of responsibilities that may need to be considered to maintain the ASDIN certification process.

- Skeleton outline of workflow—Decision Tree
- Oversight
- Applications
- Records management
- Grandfather Clause
- Continuing Educational component
- FAQ
ASDIN Talking Points
March 2013

What is ASDIN? – more content on introducing the ASDIN to the applicant

Mission- taken straight from the website, additions?

Ethics- develop ethical standards.

Requirements for registration - additional requirements?

Instructions for eligibility- very similar to ARRT. Any suggestions? Grandfather clause development?

Specific Procedural Requirements – How many exams give the ASDIN confidence to certify?

Example – Do we need to outline an example of specific procedural requirements?

General Requirements for Clinical Experience – any additional requirements?

Clinical Experience Form – Is there any more information the ASDIN requires?

Preceptor Identification Form - Is there any more information the ASDIN requires?