



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

Area of Certification

Point of Care Ultrasound of Dialysis Access

SPECIAL NOTE: DO NOT SEND PATIENT IDENTIFIERS IN ANY OF THE ITEMS SUBMITTED. PLEASE REVIEW CASE/PROCEDURE NOTES, IMAGES 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.

It is the responsibility of each applicant to assure that the certification application submitted is complete. If an incomplete application is submitted, the application will not be processed.

*American Society of Diagnostic and Interventional Nephrology
Requirements for Ultrasound Certification –Point of Care Ultrasound of Dialysis
Access*

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

**Area of Certification:
POINT OF CARE ULTRASOUND OF DIALYSIS ACCESS**

This application packet is composed of several parts:

- Requirements for certification
- Documentation of General Education Requirements
- Documentation of Studies
- Application for Certification form
- Letter from Trainer form

Checklist (check all that are included with application)

- ☐ Completed application form
- ☐ Documentation of didactic training – 8 hours CME
(Documentation of Ultrasound Fellowship Training will satisfy up to 8 hours of requirement – confirmation letter required from program/training director)
- ☐ Documentation of hands-on course – 8 hours CME
- ☐ Documentation of supervised studies from trainer
- ☐ Documentation of studies
- ☐ 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.*

- ☐ Letter from Trainer

(Note: Letter to be submitted directly to ASDIN by trainer.)

The application and all documentation should be submitted to ASDIN electronically at <https://www.asdin.org/pageDialysisAccessCertForm> or through designated uplink – <https://spaces.hightail.com/uplink/asdin>.

Electronic payment is preferred, but check payment may be mailed to:

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

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Certification will be granted for five (5) years contingent upon Active/Physician ASDIN membership.

I. PRACTICE EXPERIENCE REQUIREMENTS

In order to fulfill the requirements for Point of Care Ultrasound of Dialysis Access 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 Surgery, or National Board of Physicians and Surgeons.

(Note: No exception will be granted for Board certification or recertification that is pending.)

2. practice in the United States

3. have successfully completed general education requirements/CME and study requirements within the preceding thirty-six (36) calendar months of the submission of the application for certification.

II. GENERAL EDUCATION REQUIREMENTS

A minimum of sixteen (16) hours of CME specific to Ultrasound is required of which a maximum of fifty (50) percent or eight (8) hours may be obtained through an online course.* The remainder of the total CME hours required should be obtained in a dedicated ultrasound hands-on in-person training course.±¥

The required subject areas are as follows:

- At least 4 hours of CME should include ultrasound basics in physics, interpretation, and instrumentation including use of color & Doppler evaluation.
- At least 4 hours of CME specifically required for Point of Care Ultrasound of Dialysis Access:
 - Physical exam
 - B-mode ultrasound and needle insertion guidance
 - Flow-volume measurement
 - Dialysis access pathologies

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 unless CME is provided by ASDIN.

**If applicant participates in an established ultrasound fellowship program which includes 8 or more hours of ultrasound theory, applicant may substitute up to 8 hours from fellowship program to satisfy the required online course/basic Ultrasound theory. The successful completion of these requirements within a fellowship program must be confirmed by letter from the program/training director.*

±Hands-on cases completed in connection with the General Education Requirements above will NOT count toward supervised case requirements as part of Study Requirements that follow.

¥Participation in a nonCME dedicated ultrasound hands-on, in-person training course may be permitted to meet this requirement, if the training course is offered by an ASDIN-accredited training program or if the content and faculty of the training course are submitted, reviewed, and approved by the ASDIN Ultrasound Committee in advance. The successful completion of the hands-on, in-person course must be confirmed by a letter from the course director.

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III. STUDY REQUIREMENTS

Trainer Requirements

Trainers must be credentialed to perform Point of Care Ultrasound of Dialysis Access in their facility – may be a radiologist, vascular surgeon, or interventional nephrologist.

Study Requirements

Each study must include an image of the body of the access/stick zone. For maturation studies, determination of diameter and depth is needed, noting of side branches and pathologies, if present. In addition, access flow volume measurement in the brachial artery should be part of the access evaluation and an image should be included. Color Doppler should be utilized to demonstrate pseudoaneurysms.

Images to be included in each study:

- B-mode of the body of access, longitudinal and transverse with measurement of diameter and depth (still image)
- B-mode transverse sweep over the body of the access (cine)
- D-mode spectral Doppler for flow volume measurement in the brachial artery (still image including B-mode and spectral doppler)

Reports of studies

Reports of studies should include:

- Date of study
- Indication for study
- Name of the access with physical exam
- Measurements at body of access level and access flow volume measurement (using Timed average mean velocity and diameter)
- Summary
- Description of other findings and final interpretation

Quantity of studies

Performance and interpretation of at least Sixty (60) studies, of which at least thirty (30) must be supervised.

Submission Requirements

1. Submit a certificate or statement signed by the trainer indicating the number and type of supervised studies performed.
2. Submit all unsupervised studies (up to thirty (30) permitted) with images along with documented official vascular lab/interventional radiology or interventional nephrology reports.

OR

If all studies required were supervised, applicant **MUST** submit twenty (20) sample studies. The following findings should be included in the submitted studies:

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- Hematoma/Extravasation
- Pseudo-aneurysm
- Partial or complete intraluminal thrombus
- Immature access

Note: Format for study submission - Submit reports of studies (with patient identifiers expunged) along with required images to each case. Each should be labeled ("normal #1", etc.). Studies should be submitted as a PowerPoint presentation – PPT template provided here – www.asdin.org/UltrasoundTemplate. The studies must have been performed by the applicant.

IV. LETTER FROM TRAINER

To be submitted directly to ASDIN by trainer. Trainer must provide a letter:

- a. attesting to their qualifications as a trainer, and
- b. a statement of the number and type of supervised studies performed by the applicant

The attached form letter should be used for this purpose.

V. APPLICATION FEE

A fee of **\$500** for certification **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.*

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Identifying Information

Last Name	First Name	Middle Name
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Date of Birth	Citizenship	NPI Number
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Home Address	City	State	Zip
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Practice Information

Practice Name

Practice Address	City	State	Zip
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Type of Practice: ☐ Private practice ☐ Academic medicine

Board of Certification _____
Date of Certification

Medical School

Medical School	Degree Received	Date Granted
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Medical School Address	City	State	Zip	Inclusive Dates
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Graduate Medical Education *(List internship, residency, and fellowship in chronological order)*

Training Program	Program Director
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Address	City	State	Zip	Inclusive Date
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Identify Type of Program: ☐ Internship ☐ Residency ☐ Fellowship

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

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

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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Training Type	Location	Director	Inclusive Dates
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Pertinent Experience

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)*

Name of Facility	Staff Category
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City, State, Zip

Name of Facility	Staff Category
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City, State, Zip

Name of Facility	Staff Category
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City, State, Zip

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Letter from Trainer

Dear Sirs/Madams,

Date: _____

I understand that _____ has applied for certification in Point of Care Ultrasound of Dialysis Access.

I have been asked to provide a letter as part of the documentation required for this process.

I have supervised the applicant/trainee on the following supervised studies
Please indicate the number and type of each supervised study performed below
(please note that a minimum of 30 supervised studies must be documented below.)

Type of Study

Quantity

I attest that I am qualified as an POCUS of Access trainer based on the following (check all that apply):

☐ I am credentialed to perform POCUS at the facility where I practice/train

☐ I am ASDIN-certified in Point of Care Ultrasound of Dialysis Access ☐ OTHER (please specify) _____

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I would describe the applicant as having a high level of expertise in the specified areas of Point of Care Ultrasound of Dialysis Access. ☐ Yes ☐ No

Comments:

Sincerely,

Name

Practice Name

Telephone Number

Email Address

Address

City, State, Zip