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

Area of Certification

Renal Ultrasound

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.

Effective 1/1/2023 Revised 4/17/2025

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

Area of Certification:
Renal Ultrasound

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 should be submitted directly to ASDIN by trainer.)

The application and all documentation should be submitted to ASDIN electronically at https://www.asdin.org/page/RUCertForm 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

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 Renal Ultrasound 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 three (3) years of the submission of the application for certification.

**If CME was earned over 3 years before application, a letter of explanation regarding reason for delay in seeking certification after such a long period of time must be provided. ASDIN reserves the right to reject any letter of explanation for any reason.*

II. GENERAL EDUCATION REQUIREMENTS

A minimum of **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 through 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 Renal Ultrasound:
  - Basics of renal ultrasound
  - Pathologies in renal ultrasound
  - Renal Transplant ultrasound
  - Renal Transplant ultrasound 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 the 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.*

±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.

III. STUDY REQUIREMENTS

Trainer Requirements
Trainers must be ASDIN Renal-Ultrasound certified or APCA/ARDMS/AIUM Certified or a Radiologist. Trainers are required to attest to their qualifications in the Letter from Trainer (sample form attached).

Study Requirements
Evaluation of the kidney should include a longitudinal still image with measurement and sweep as well as a transverse sweep. Bladder should be scanned in longitudinal and transvers orientation. A longitudinal sweep should be performed.

Images to be included in each study:
Native Kidney*
Right kidney longitudinal with measurement (still)
Right kidney longitudinal sweep (cine loop)
Right kidney transverse sweep (cine loop)
Left kidney longitudinal with measurement (still)
Left kidney longitudinal sweep (cine loop)
Left kidney transverse sweep (cine loop)
Bladder long and transverse (still)
Bladder longitudinal (still)
**Pathologies should be submitted in two planes*

Transplant Kidney*
Transplant kidney long and traverse (still)
Bladder long and transverse (still)

**Pathologies should be submitted in two planes*

Reports of studies
Reports of studies should include:
- Date of study
- Indication for study
- Measurements of the kidney
- Description of the echogenicity and parenchymal changes
- Description of other findings
- Bladder volume measurement (as pre or post void), if done
- Final interpretation

Quantity of studies
Interpretation of at least Sixty (60) new studies, including two (2) kidney transplants. Forty (40) of these studies must be supervised by an accredited renal sonography trainer. The remainder (up to twenty (20) studies) can be unsupervised. These unsupervised studies must include full reports and the pathologies listed below must be represented among those 20 studies.

Submission Requirements

1. Submit a certificate or statement signed by the trainer indicating the number and type of studies performed.

and

2. Submit twenty studies that were performed within one (1) year of submission of the certification application.

Studies submitted should include the following findings (obtained during supervised or unsupervised ultrasound):

- 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)

Note: Format for study submission - Submit entire studies with all the relevant images (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 if they are of high quality. Studies should be submitted as a PowerPoint presentation – PPT template provided here – www.asdin.org/UltrasoundTemplate.

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

_____
Date of Birth Citizenship NPI Number

_____
Home Address City State Zip

Practice Information

_____
Practice Name

_____
Practice Address City State Zip

Type of Practice: ☐ **Private practice** ☐ **Academic medicine**

Board of Certification _____
Date of Certification

Medical School

_____
Medical School Degree Received Date Granted

_____
Medical School Address City State Zip Inclusive Dates

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

_____
Training Program Program Director

_____
Address City State Zip Inclusive Dates

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

Training Program Program Director

Address City State Zip Inclusive Dates

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

Training Program Program Director

Address City State Zip Inclusive Dates

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

Training Program Program Director

Address City State Zip Inclusive Dates

Identify Type of Program: ☐ **Internship** ☐ **Residency** ☐ **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	
Name of Facility	Staff Category
City, State, Zip	
Name of Facility	Staff Category
City, State, Zip	

Letter from Trainer

_____
Name of Trainer

_____
Practice Name

_____
Telephone Number Email Address

_____
City, State, Zip

Signature

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

_____
Signature Date

_____
Telephone Number Email Address

The American Society of Diagnostic and Interventional Nephrology
Letter from Trainer

Dear Sirs/Madams, Date: _____

I understand that _____ has applied for Renal Ultrasound certification.

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 40 supervised studies must be documented below.)

Type of Study Quantity

_____

_____

_____

_____

_____

_____

I attest that I am qualified as a Renal Ultrasound trainer based on the following (check all that apply):

☐ I am AAPCA/ARDMS Certified

☐ I am a board-certified Radiologist

☐ I am ASDIN-certified in Renal Ultrasound

☐ OTHER (please specify)_____

I would describe the applicant as having a high level of expertise in Renal Ultrasound.
___ Yes ___ No

Comments:

_____

_____

_____

Sincerely,

_____
Name

_____
Practice Name

_____
Telephone Number Email Address

_____
Address

_____
City, State, Zip