The American Society of Diagnostic and Interventional Nephrology

Application for Certification

Hemodialysis Vascular Access Procedures
The American Society of Diagnostic and Interventional Nephrology
Application for Certification In Interventional Nephrology

Hemodialysis Vascular Access Procedures

This application packet is composed of several parts:
- Requirements for certification
- Application for certification form
- Peer reference letter form
- Case Index Example

Checklist (check all that are included with application)
- Completed application form
- Case records formatted as described
- Index of cases submitted**
- Peer reference letters (to be submitted directly to ASDIN)
- Letter documenting basis for certification (training or experience)
- Application fee ($500/members or $750/non-members effective 1/1/08)

** Index of cases not required for certification in Tunneled hemodialysis catheter procedures only.

Certification in the following areas is requested (check appropriate boxes):
- Hemodialysis vascular access procedures (broad area, excluding those marked by asterisks below)
  - Tunneled hemodialysis catheter procedures (all)
    - Tunneled hemodialysis catheter insertion
    - Tunneled hemodialysis catheter removal
    - Tunneled hemodialysis catheter exchange
  - Hemodialysis vascular access endovascular procedures (all)
    - Vascular access angiography
    - Vascular access angioplasty
    - Vascular access thrombolysis/thrombectomy
- Endovascular stent placement*
- Obliteration of accessory veins (fistula side branches)*
- Subcutaneous port placement*
- Tunneled hemodialysis catheter procedures only

* These are considered to be advanced procedures; they are not included in broad certification, special requirements are necessary.

Basis for certification (check one)
- Formal training program
- Practice experience

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

Revised 11/10/09
The American Society of Diagnostic and Interventional Nephrology Application for Certification In Interventional Nephrology

Hemodialysis Vascular Access Procedures

General

Certification is available in either the broad category of Interventional Nephrology which includes both the basic vascular access categories of dialysis catheters and endovascular procedures on peripheral access, or in either one of these two basic categories. In addition, there are three advanced procedures with special requirements for which certification is also available as an addendum to the basic category to which they relate. To request certification in a specific category, only those requirements that apply to that category will need apply.

Hemodialysis vascular access procedures (broad area) which includes both:
  o Tunneled hemodialysis catheter procedures
  o Hemodialysis vascular access endovascular procedures

Tunneled hemodialysis catheter procedures which includes:
  o Tunneled hemodialysis catheter insertion
  o Tunneled hemodialysis catheter removal
  o Tunneled hemodialysis catheter exchange

Hemodialysis vascular access endovascular procedures which includes:
  o Vascular access angiography
  o Vascular access angioplasty
  o Vascular access thrombolysis/thrombectomy

Advanced procedures for which there are special requirements:
  o Subcutaneous port placement (in addition to the tunneled catheter category)
  o Endovascular stent placement (in addition to the endovascular procedures category)
  o Obliteration of accessory veins (in addition to the endovascular procedures category)

Training and Experience Requirements

In order to fulfill the requirements for certification, the applicant must provide documentation that they:

1. are currently certified by the American Board of Internal Medicine in Nephrology, Radiology, or Surgery and
2. continue to practice as an Interventional Nephrologist, Interventional Radiologist or Surgeon
3. completed the formal training program requirements listed under paragraphs A – C below, OR have practiced as an Interventional Nephrologist for a period of not less than one year during which time no less than the following have successfully completed:
   a. Angiography of peripheral hemodialysis vascular access – 25 cases including both grafts and fistulas
   b. Angioplasty of peripheral hemodialysis vascular access – 25 cases including both grafts and fistulas
   c. Thrombolysis/thrombectomy of peripheral hemodialysis vascular access – 25 cases including both grafts and fistulas
   d. Insertion of tunneled long-term catheters – 25 cases**
   e. Placement of endovascular stents – 5 cases*
   f. Obliteration of accessory veins (fistula side branches) – 5 cases*
   g. Insertion of subcutaneous ports – 5 cases*

* These are considered to be advanced procedures; it is possible to be certified in the basic category exclusive of these procedures

** For certification in tunneled hemodialysis catheter procedures only, only item 3d is applicable.

Formal Training Program Requirements

Training in Interventional Nephrology must involve a formal training program with the following characteristics:

- A qualified faculty
- A defined curriculum including didactic instruction as described below
- Hands on training as described below
- A formal mechanism for student evaluation

A. Didactic training:

Training in Interventional Nephrology must include, as a minimum, a period of didactic training sufficient to cover:

- Basic anatomy related to hemodialysis vascular access
- Physical examination of the vascular access
- Radiation safety, imaging equipment, imaging techniques
- Basic tools and procedures of Interventional Nephrology
- Surveillance techniques and monitoring for venous stenosis
- Sedation – Analgesia
- Angioplasty of dialysis vascular access
- Thrombolysis/thrombectomy of dialysis vascular access
- Diagnosis and management of complications of endovascular techniques
- Endovascular stents – indications, procedures, complications
- Basic surgical techniques and management of complications
- Hemodialysis catheters - types, indications, procedures

B. Hands on training:

Training in Interventional Nephrology must include, as a minimum, a period of active hands on training sufficient to provide clinical competence in the basic procedures being performed. This must include, as a minimum, the following:

a. **Angiography** - The applicant must have satisfactorily performed, as the primary operator,
complete angiographic procedures designed to study peripheral hemodialysis vascular access in 25 (twenty-five) patients under the supervision of a qualified interventionist. This should include fistula cases as well as patients with AV grafts.

b. **Angioplasty** - The applicant must have satisfactorily performed, as the primary operator, angioplasty procedures on the hemodialysis vascular access in 25 (twenty-five) patients under the supervision of a qualified interventionist. This should include fistula cases as well as patients with AV grafts.

c. **Thrombolysis/thrombectomy** - The applicant must have satisfactorily performed, as the primary operator, thrombolysis/thrombectomy procedures on the thrombosed hemodialysis vascular access in 25 (twenty-five) patients under the supervision of a qualified interventionist. This should include fistula cases as well as patients with AV grafts.

d. **Non-tunneled short-term hemodialysis catheters** - The applicant must have satisfactorily performed, as the primary operator, the placement of non-tunneled short-term hemodialysis catheters in 25 (twenty-five) patients under the supervision of a qualified interventionist.

e. **Tunneled long term hemodialysis catheters** - The applicant must have satisfactorily performed, as the primary operator, the placement of tunneled long-term hemodialysis catheters in 10 (ten) patients under the supervision of a qualified interventionist.

f. **Endovascular stents** - The applicant must have satisfactorily performed, as the primary operator, the placement of endovascular stents in 5 (five) patients under the supervision of a qualified interventionist.

g. **Obliteration of accessory veins (fistula side branches)** - The applicant must have satisfactorily performed, as the primary operator, the obliteration of accessory veins in 5 (five) patients under the supervision of a qualified interventionist.

h. **Subcutaneous ports** - The applicant must have satisfactorily performed, as the primary operator, the placement of subcutaneous ports in 5 (five) patients under the supervision of a qualified interventionist.

*These are considered to be advanced procedures; it is possible to be certified in the basic category exclusive of these procedures

C. **Letter documenting training:**
The applicant who is applying for certification based upon fellowship training or other formal training program must submit a letter documenting the satisfactory completion of the above listed training requirements signed by the physician who was in charge of the Interventional Nephrology training program, submitted directly to ASDIN by the training director.
Certification Based Upon Clinical Experience

Certification based upon clinical experience is available. In order to qualify under this provision, the applicant must provide a letter with their application verifying that they meet all of the requirements listed above under the section on Training and Experience Requirements.

Clinical Expertise

Each applicant must demonstrate their clinical expertise by submitting records demonstrating their ability to diagnose problems, individualize treatment, perform procedures, and recognize and manage complications appropriately.

Case Records:
Records documenting the following cases must be submitted:

AV Grafts
- Angiography – 10 cases
- Angioplasty – 10 cases
- Thrombolysis/thrombectomy – 10 cases

AV Fistulae
- Angiography – 10 cases
- Angioplasty – 10 cases
- Thrombolysis/thrombectomy – 2 cases

Tunneled hemodialysis catheters **
- Placement of 10 tunneled catheters

Endovascular stents*
- Placement of 3 endovascular stents

Accessory vein (fistula side branch) obliteration*
- Performance of 3 surgical procedures

Subcutaneous ports*
- Placement of 3 ports

* These are considered to be advanced procedures; it is possible to be certified in the basic category exclusive of these procedures.

** For certification in tunneled hemodialysis catheter procedures only, only placement of 10 tunneled catheter cases are required..
Format for case records: In submitting records to demonstrate the applicant’s ability to diagnose problems, individualize treatment, perform procedures, and recognize and manage complications appropriately, the following format should be followed:

1. Case identification use case numbers
   i.e., Angioplasty Case #1, Thrombectomy Case #1, etc. (do not use patient names)
2. Indications for procedure
3. Explanation for choice of procedure used
4. Details of procedure (operative note will suffice)
5. Description of any complications encountered
6. Description of management of complication, if encountered
7. Outcome of procedure

In addition, an index of the cases submitted must be provided**. This index should list the categories of cases being submitted (angiogram, angioplasty, thrombectomy, etc) followed by the number of the case that is being submitted to fulfill the requirement for that category. Please note that an individual case may be fulfilling the requirement for more than one category. For example a thrombectomy case includes an angiogram and an angioplasty in most instances. (see recommended format for case index at end of application)

** Index of cases not required for certification in Tunneled hemodialysis catheter procedures only.

Peer References
Each applicant must provide two letters of reference from peers that are familiar with their Interventional Nephrology practice. Only one of these letters can be from a current professional associate. In the case of an applicant using training and experience gained during fellowship or other formal training program to fulfill the requirements for certification, one letter must be from the director of the applicant’s Interventional Nephrology training program. At least one Peer must indicate they have had direct knowledge of the applicant’s completion of the following:

25 Angiograms
25 Angioplasties
25 Thrombectomies
25 Tunneled Catheter Case placements (not exchanges)**

**If you are applying for Tunneled Catheter Procedures Only, your peer reference letters need to reflect only those twenty-five (25) required cases in the required item. It is not necessary to complete the Angiograms, Angioplasties or Thrombectomies sections for the Tunneled Catheter Procedures Only certification.

The attached form letter should be used for that purpose. All reference letters should be submitted directly to ASDIN.

Application Fee
A fee of $500 for members or $750 for non-members (effective January 1, 2008) must accompany the application. This fee is nonrefundable. Checks should be made payable to The American Society of Diagnostic and Interventional nephrology. This fee is to cover the expense of processing the application. Please mail application and fee to:

ASDIN
134 Fairmont Street, Suite B
Clinton, Mississippi 39056
The American Society of Diagnostic and Interventional Nephrology
HVA - Application for Certification

Basis for certification:  (check one)  □ Formal Training Program  □ Practice experience

Identifying Information

Last Name     First Name     Middle Name

Date of Birth     Citizenship     Social Security Number

Home Address     City     State     Zip Code

Practice Information

Practice Name

Practice Address     City     State     Zip Code

Board of Certification

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
<table>
<thead>
<tr>
<th>Training Program</th>
<th>Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>Inclusive Dates</td>
</tr>
</tbody>
</table>

**Identify Type of Program:**
- [ ] Internship
- [ ] Residency
- [ ] Fellowship

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>Inclusive Dates</td>
</tr>
</tbody>
</table>

**Identify Type of Program:**
- [ ] Internship
- [ ] Residency
- [ ] Fellowship

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>Inclusive Dates</td>
</tr>
</tbody>
</table>

**Identify Type of Program:**
- [ ] Internship
- [ ] Residency
- [ ] Fellowship

---

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

<table>
<thead>
<tr>
<th>Training Type</th>
<th>Location</th>
<th>Director</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Pertinent Experience**

<table>
<thead>
<tr>
<th>Experience Type</th>
<th>Location</th>
<th>Number of Cases</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Facility Affiliations (List only current)**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Staff Category</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 11/10/09
Peer Recommendations

(Please list two peers who are familiar with your training and/or practice experience whom you have asked to send a letter of recommendation on your behalf. Please refer to the Peer Reference Section on page 7 for specific peer requirements.

_____________________________________________________________________
Name of Doctor

City, State, Zip Code

_____________________________________________________________________
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

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 Nephrology:

___ Yes ___ No

I also have direct knowledge of the applicant’s completion of the following:

(Please specify number for each – must be at least the required number)

DO NOT PUT CHECKMARKS – THERE MUST BE A NUMBER ENTERED

___ Angiograms (25 required)
___ Angioplasties (25 required)
___ Thrombectomies (25 required)
___ Tunneled Catheter Case placements - not exchanges (25 required for practice experience applicants/10 required for formal training applicants)**

**If you are applying for Tunneled Catheter Procedures Only, your peer reference letters need to reflect only those twenty-five (25) required cases in the required item. It is not necessary to complete the Angiograms, Angioplasties or Thrombectomies sections for the Tunneled Catheter Procedures Only certification.

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 expertise in Interventional Nephrology ___ Yes ___ No.

Comments:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Sincerely,

_______________________________________________
Name

_______________________________________________
Address

_______________________________________________
City, State, Zip Code

Revised 11/10/09
Case Index

Summary:

Number of graft cases submitted

Angiography cases ____  Angioplasty ____  Thrombectomy ____

Number of fistula cases submitted

Angiography cases ____  Angioplasty ____  Thrombectomy ____

Tunneled catheter cases submitted ____

Number of stent cases submitted ____

Number of accessory vein obliteration cases submitted ____

Number of port placement cases submitted ____

List of Cases:

Graft cases:

<table>
<thead>
<tr>
<th>Case</th>
<th>Angiogram</th>
<th>Angioplasty</th>
<th>Thrombectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Case 2</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 11</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Case 12</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Etc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fistula cases:

<table>
<thead>
<tr>
<th>Case 21</th>
<th>Angiogram</th>
<th>Angioplasty</th>
<th>Thrombectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 22</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 31</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Case 32</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Etc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tunneled catheter cases:

<table>
<thead>
<tr>
<th>Case 41</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 42</td>
</tr>
<tr>
<td>Etc</td>
</tr>
</tbody>
</table>