



ALABAMA BOARD OF MEDICAL EXAMINERS

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*Under Alabama Law, this document is a public record,
and will be provided upon request*

Dermatology Specialty Protocol: Physician Assistant Request to Train

_____ This PA has been previously trained in the skills selected below and we wish to transfer the approval to perform these skills to our registration agreement. (Include copies of previously approved supervised practice)

_____ This PA has been previously approved to train in the skills selected below and we are requesting to transfer this approval to train to our registration agreement. (Include copies of previous approval to train)

_____ This PA is requesting to train in the skills selected below for the first time.

Before training may begin, a request to train form must be submitted to and approved by the Board. Complete this page to request approval to train or transfer the PA's previous training to perform the skills listed within the Dermatology Specialty Protocol.

PA Name: _____ **License Number:** _____

Supervising Physician Name: _____ **License Number:** _____

Check the procedures you wish to train the PA to perform:

_____ Shave Biopsies/Shave Removals

_____ Punch Biopsies

_____ Cryotherapy

_____ Superficial Chemical Peels

_____ Biologic and Biosimilar Prescriptions

Definitions:

- **Board-Certified dermatologist** – the supervising physician has active certification and is in good standing with the American Board of Dermatology
- **Six months** – 6 calendar months and at least 768 clinical hours (8 hours per day x 4 days per week x 24 weeks)
- **Procedures/skills tracking log** – date, procedure performed, procedure site, supervising dermatologist, signature of the supervising dermatologist and PA
- **Working in dermatology** – taking histories, formulating differential diagnoses and treatment plans in the physical presence of the Board-Certified dermatologist

Initial requirements to request dermatology limited protocol:

- Supervising physician must be a Board-Certified dermatologist.
- PA must have six months of experience working in dermatology with a Board-Certified dermatologist as a supervising physician.

- Time spent assisting the dermatologist in a non-APP role may be counted towards no more than half of the six months experience requirement.
- Request to train PA will not be accepted until the six months experience requirement has been met.

Supervised Practice Requirements:

- Once approval to train has been granted, the PA must perform the initial required procedures/skills under the direction/observation of supervising or covering physician.
- The supervising or covering physician must be physically present on site with the PA during training.
- Documentation of training must be approved by the Board before the PA may perform the skill with remote supervision.
- The supervising or covering physician, PA, and patient must all be located within this state at the time of service.
- Approval to train will lapse if documentation of training is not received by the Board within 1 year.

Annual Maintenance Requirement:

- A specified amount of annual maintenance procedures will be required for each procedure or skill performed by the PA within this protocol.
- All procedures/skills performed including training should be recorded in a procedures/skills tracking log.

Procedures/Skills	Initial Requirement	Annual Maintenance Requirement
Shave Biopsies/Shave Removals Shave biopsies on the face, neck, ears, trunk, extremities, scalp and genitalia are allowed. Shave biopsies on the eyelid margin are not allowed. A shave biopsy should not penetrate into subcutaneous fat.	10 supervised procedures	5 procedures
Punch Biopsies Punch biopsies on the scalp, trunk and extremities are allowed with a maximum punch size of 6 mm. Punch biopsies on the face, ears and neck maximum size of 6 mm.	10 supervised procedures	5 procedures
Cryotherapy Cryotherapy of non-melanocytic , superficial lesions is allowed.	10 supervised procedures	5 procedures
Superficial Chemical Peels Superficial chemical peeling creates exfoliation of the epidermis alone. Peel type, peel strength limitations, end points of results: <ul style="list-style-type: none"> • Glycolic acid <ul style="list-style-type: none"> ○ 20% - 40% 	10 supervised procedures for each type of peel	5 supervised procedures for each type of peel Supervising or covering physician must be on site when this procedure is performed by PA.

<ul style="list-style-type: none"> ○ A timed peel for 2-5 minutes • Salicylic acid <ul style="list-style-type: none"> ○ 20% - 30% ○ Endpoint- erythema with streaky white precipitant • Jessner's peel <ul style="list-style-type: none"> ○ Endpoint- erythema with patchy white frosting • Trichloroacetic acid peels up to 20% require physician approval 		
<p>Biologic and Biosimilar Prescriptions</p> <ul style="list-style-type: none"> • Biologic or biosimilar DMARDs and anti-tumor necrosis factor drugs (anti-TNF) • Other biologic or biosimilar (excluding anti-TNF) 	10 supervised prescriptions	5 prescriptions Physician approval is required to start a patient on a biologic. Physician approval must be documented.
Excision of lesions is not included in this protocol.		
Treatment of skin cancer is not included in this protocol.		

PA Signature: _____ **Date:** _____

Supervising Physician Signature: _____ **Date:** _____