



## **ALABAMA BOARD OF MEDICAL EXAMINERS**

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

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

### **Dermatology Specialty Protocol Request to Train**

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

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

\_\_\_\_\_ This APP 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 APP's previous training to perform the skills listed within the Dermatology Specialty Protocol.

**Supervising/ Collaborating Physician Name:** \_\_\_\_\_

**Advanced Practice Provider (APP) Name:** \_\_\_\_\_

**Physician AL License #** \_\_\_\_\_ **APP License #** \_\_\_\_\_

**Check the procedures you wish to train the APP to perform:**

\_\_\_\_\_ Shave Biopsies/Shave Removals

\_\_\_\_\_ Punch Biopsies

\_\_\_\_\_ Cryotherapy

\_\_\_\_\_ Superficial Chemical Peels

\_\_\_\_\_ Biologic and Biosimilar Prescriptions

#### **Definitions:**

- **Board-Certified dermatologist** – the supervising/collaborating physician has active certification and is in good standing with the American Board of Dermatology
- **Procedures/skills tracking log** – date, procedure performed, procedure site, supervising /collaborating dermatologist, signature of the supervising/collaborating dermatologist and APP

**Initial requirements to request dermatology specialty protocol:**

- Supervising/collaborating physician must be a Board-Certified dermatologist.

**Supervised Practice Requirements:**

- Once approval to train has been granted, the APP must perform the initial required procedures/skills under the direction/observation of supervising/collaborating or covering physician.
- The supervising/collaborating or covering physician must be physically present on site with the APP during training.
- Documentation of training must be approved by the Board(s) before the APP may perform the skill with remote supervision.
- The supervising/collaborating or covering physician, APP, and patient must all be located within this state at the time of service.
- Supervised practice must be submitted to the Board within one year of approval to train or the approval to train will lapse

**Annual Maintenance Requirement:**

- A specified amount of annual maintenance procedures will be required for each procedure or skill performed by the APP 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 <b>non-melanocytic</b> , superficial lesions is allowed.	10 supervised procedures	5 procedures

<p>Superficial Chemical Peels</p> <p>Superficial chemical peeling creates exfoliation of the epidermis alone.</p> <p>Peel type, peel strength limitations, end points of results:</p> <ul style="list-style-type: none"> <li>• Glycolic acid <ul style="list-style-type: none"> <li>○ 20% - 70%</li> <li>○ A timed peel for 2-5 minutes</li> </ul> </li> <li>• Salicylic acid <ul style="list-style-type: none"> <li>○ 20% - 30%</li> <li>○ Endpoint- erythema with streaky white precipitant</li> </ul> </li> <li>• Jessner's peel (resorcinol, salicylic acid; lactic acid and ethanol) <ul style="list-style-type: none"> <li>○ Endpoint- erythema with patchy white frosting</li> <li>○ Applied in 4-10 coats</li> </ul> </li> <li>• Pyruvic acid <ul style="list-style-type: none"> <li>○ 40% - 50%</li> <li>○ A timed peel for 3-5 minutes</li> </ul> </li> <li>• Resorcinol <ul style="list-style-type: none"> <li>○ 40% - 50%</li> <li>○ A timed peel for 30 – 60 minutes</li> </ul> </li> <li>• Trichloroacetic acid (TCA) peels above 20% require physician approval <ul style="list-style-type: none"> <li>○ 10% - 30%</li> <li>○ Single coat for 5 minutes</li> </ul> </li> </ul>	<p>3 supervised procedures for each type of peel routinely performed in the approved collaborative practice site(s)</p>	<p>3 procedures for each type of peel</p>
<p>Biologic and Biosimilar Prescriptions</p> <ul style="list-style-type: none"> <li>• Biologic or biosimilar DMARDs and anti-tumor necrosis factor drugs (anti-TNF)</li> <li>• Other biologic or biosimilar (excluding anti-TNF)</li> </ul>	<p>10 supervised prescriptions</p>	<p>5 prescriptions</p> <p>Physician approval is required to start a patient on a biologic. Physician approval must be documented.</p>
<p>Excision of lesions is not included in this protocol.</p>		
<p>Treatment of skin cancer is not included in this protocol.</p>		

**Quality Assurance Monitoring Required:** Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events [BME 540-X-8-.08(8); BME 540-X-7-.23(10)]

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_