



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

_____ Cryotherapy

_____ Biologic and Biosimilar Prescriptions

_____ Electrodesiccation and Curettage of Skin

Cancer

_____ Simple Destruction w/ Hyfrecator/Electro-Cautery to Benign Lesions

_____ Squaric Acid Dibutylester Application (SADBE) for Alopecia

_____ Punch Biopsies

_____ Superficial Chemical Peels

_____ Intralesional Injections

_____ Topical Therapy

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 AP

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 non-melanocytic , 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"> • Glycolic acid <ul style="list-style-type: none"> ○ 20% - 70% ○ 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 (resorcinol, salicylic acid; lactic acid and ethanol) <ul style="list-style-type: none"> ○ Endpoint- erythema with patchy white frosting ○ Applied in 4-10 coats • Pyruvic acid <ul style="list-style-type: none"> ○ 40% - 50% ○ A timed peel for 3-5 minutes • Resorcinol <ul style="list-style-type: none"> ○ 40% - 50% ○ A timed peel for 30 – 60 minutes • Trichloroacetic acid (TCA) <ul style="list-style-type: none"> ○ peels above 20% require physician approval ○ 10% - 30% ○ Single coat for 5 minutes 	<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>
---	---	---

Simple Destruction w/ Hyfreator/Electro-Cautery to Benign Lesions <ul style="list-style-type: none"> • Approved to perform up to 5 mm in diameter and not below the level of the dermis. • Not approved for anatomically sensitive areas including the face. • Device may not exceed 2 watts. 	15 supervised procedures	15 procedures
Squaric Acid Dibutylester application (SADBE) for Alopecia	5 supervised procedures	No annual maintenance
Biologic and Biosimilar Prescriptions <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.

Treatment of Skin Cancer

Includes management of low-risk non-melanoma skin cancers, such as:

- superficial basal cell carcinoma (sBCC),
- nodular basal cell carcinoma (nBCC),
- well-differentiated squamous cell carcinoma (SCC)
- squamous cell carcinoma in-situ (SCCis).

All other skin malignancies are excluded.

Electrodessication and Curettage of Malignant Lesions - Destruction of select non-melanoma skin cancers Description of Procedure - A curette is used to manually remove surface skin layers until healthy normal dermal tissue is encountered (3 cycles of curettage in alternating orientations). Between cycles of	10 supervised procedures	5 procedures
--	--------------------------	--------------

<p>curettage the surface tissues are electrodesiccated with an electrosurgical unit.</p> <p>Acceptable lesions as follows:</p> <ul style="list-style-type: none"> • superficial BCC or SCCis only • superficial BCC in hairless truncal locations can have curettage alone, followed by a topical desiccant. <p>In the presence of sparse thin hair, electrodesiccation is performed between curettages. Include margin of normal appearing skin, no less than 3mm.</p> <ul style="list-style-type: none"> • Not to be performed on areas of terminal hair growth (scalp, beard, pubic, dense trunk or extremity hair) • If curettage perforates dermis, refer for excision by physician. • Lesions must be well defined and well-sampled by initial biopsy. • Primary cancers only. (Recurrent and previously treated cancers explicitly excluded.) • Immunocompetent patients only. • No aggressive histologic features present or reported (such as but not limited to acantholytic, infundibulocystic, infiltrative, etc). • Superficial BCC: <2 cm area on trunk, arms, thighs, shoulders. • SCCis: No induration <1cm on trunk, arms, thighs, shoulders. 		
<p>Intralesional Injections</p> <p>Intradermal 5-fluorouracil or methotrexate for managing low risk squamous cell carcinomas</p> <p>Purpose of Procedure: Non-surgical</p>	10 supervised procedures	5 procedures

<p>management of select low-risk squamous cell carcinomas</p> <p>Description of Procedure - Intradermal, intralesional injection of 5-fluorouracil 50mg/mL or methotrexate 25mg/mL, no more than 1.0mL total volume per patient per session. The medication is injected superficially into the base of a small keratoacanthoma or well-differentiated squamous cell carcinoma at low risk body sites (trunk and extremities).</p> <p>Contraindications/Limits for allowing APP to perform the procedure:</p> <p>Plan of care must be reviewed, approved and documented in the medical record by the collaborative or covering physician.</p> <p>Serial injections spaced 2-3 weeks apart. If lesion fails to fully regress by 3rd treatment, then refer for consult with physician for excision.</p>		
<p>Topical Therapy</p> <p>Topical management of select epidermal non-melanoma skin cancers</p> <p>Purpose of Procedure: Non-surgical management of select low-risk non-melanoma skin cancers</p> <p>Rx topical agents as follows:</p> <ul style="list-style-type: none"> • Topical 5 fluorouracil - SCCis - well sampled lesions without induration or hyperkeratosis. Superficial BCC - only for well-sampled lesions without induration or concern for dermally invasive disease on exam. Apply BID x 4 wks. • Topical imiquimod - SCCis - well sampled lesions without induration or hyperkeratosis. • Superficial BCC - only for well-sampled lesions without induration or concern for 	10 supervised procedures	5 procedures

dermally invasive disease on exam. Apply Mon-Fri nights for 6 wks.		
Excision of lesions is not included in this protocol.		

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:** _____