

Skills Check-List & Verification of Experience

ACDT Program


Participant Name: _____

Supervising Physician Name: _____

Dear Sir or Madam-

You are receiving this form because one of your clinical assistants has completed the Association of Certified Dermatology Techs online course. If you're not yet familiar with our program, please visit dermatologytech.org for more information.

There are several requirements for certification.

The initial requirement of watching every e-learning module and passing each post-test with a score of 75% or better has been fulfilled. 

Otherwise, each participant's supervising physician* must "sign off" on the final two requirements:

First....

Those completing the program must have at least 6 months (or 1000 hours part-time) experience working as an assistant in clinical dermatology.

Does the above named participant have the minimum amount of required dermatology experience?

YES NO

Supervising Physician Initials _____

Second....

All participants wishing to earn certification must possess the "hands-on" skills which simply cannot be taught through online learning.

Please provide confirmation that the above named participant has demonstrated the skills outlined on the next page.

If any of those listed aren't within their job duties or expectations, please select "N/A".

*A midlevel practitioner (PA/NP) who directly supervises the program participant may complete this form provided that he/she in turn works under the supervision of a board-certified (or board-eligible) dermatologist.

Participant Name: _____

Supervising Physician Name: _____

DEMONSTRATED PROFICIENCY?	JOB DUTY/SKILL
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Effectively communicates via telephone (w/ patients, pharmacies, labs, etc.).
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Maintains friendly demeanor with patients.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Maintains professional and friendly demeanor with coworkers.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Effectively and efficiently updates medical records.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Safely and accurately enters prescription, laboratory, and diagnostic orders into the electronic medical record.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Enters accurate (and appropriately thorough) information into patients' medical records.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Assists in the "prior authorization" process when needed.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Ensures that exam rooms remain clean and well-stocked.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Takes vital signs when applicable.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Gathers thorough medical history appropriate to patient's dermatological concerns.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Clearly explains procedures and treatment plans to patients.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Prepares patients for their visits in a timely manner.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Provides effective assistance during examinations.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Provides effective assistance during procedures.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Efficiently collects and processes laboratory specimens.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Understands and practices "universal precautions".
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Effectively practices "clean" technique during procedures.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Safely disposes of contaminated supplies.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Understands and practices proper sterilization techniques.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Correctly prepares injections (Kenalog dilutions, etc.).
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Thoroughly "pre-ops" patients for procedures (providing clear explanations regarding expectations, answers questions, and explains post-op wound care).
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Uses appropriate technique for suture removal, bandage changes, and other nurse visits.
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Demonstrates a fundamental understanding of clinical dermatology.

Signature of Supervising Physician _____

PLEASE FAX THE COMPLETED FORM TO (888) 852-7728 OR SCAN AND E-MAIL A COPY TO INFO@DERMATOLOGYTECH.ORG. THANK YOU!