

Dermatology Competency Skills Checklist

Provider Name	
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Please indicate by a check below those privileges which commensurate with your clinical ability, training and experience, and for which you maintain current clinical competence.

Botox Injections	Shave Biopsy
Laser Surgery	Punch Biopsy
Dermabrasion	Grenz Rays
Chemical Peel Treatments	UVB Phototherapy
Sclerotherapy	Puva
Collagen Injections	Electrodessication & Curettage (ED&C)
Carbon Dioxide Laser Skin Resurfacing	Intralesional Injections
Laser Tattoo Removal	Cyrosurgery
Photodynamic Therapy	Acne Surgery
Vascular Laser Treatments	

Provider Signature _____
Date