REVIEW

Advancing Standards: The Role of Specialty Certification in Advanced Practice Practitioners in Dermatology Practice

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With the growing need for access to outpatient dermatological services in the United States, there is an increasing demand for advanced and specialized dermatological care. Nurse practitioners (NPs) and physician assistants (PAs) play a vital role in fulfilling this need, with the highest demand being for underserved populations, higher-volume urban settings, and remote and rural areas. NPs and PAs, also referred to as advanced practice providers (APPs), do not receive formal specialty training in dermatology during their graduate education. Instead, they most often receive on-site training from a board-certified dermatologist or an experienced dermatology NP or PA or have access to one of the very few dermatology fellowship or postgraduate programs. Encouraging APPs in dermatology to pursue specialty certification with the Dermatology Certification Nurse Practitioner (DCNP) examination or the Certificate of Added Qualifications in Dermatology (CAQ-Derm) certification for PAs can demonstrate competency and clinical experience, validate advanced knowledge, and strengthen professional credibility with patients. Dermatology specialty certification further reinforces the value of standardized training by establishing a measurable benchmark for clinical competence. It can be reasonably anticipated that when APPs meet a defined certification standard, the result is demonstrably improved diagnostic accuracy, a higher level of patient care, and a strengthened commitment to patient safety, though this has yet to be confirmed by available data found. This article aims to explore specialty certification for APPs in dermatology to highlight its impact on the role certification plays in validating clinical efficacy, improving patient care, and setting a defined standard of excellence for dermatology APPs. **KEYWORDS:** Nurse practitioner, physician assistant, advanced practice registered nurse, dermatology specialty certification, DCNP, CAQ-Derm, professional development

INTRODUCTION

Skin disease represents a significant and growing burden in the United States (US), with 85 million Americans, or 1 in 4 persons, seeking dermatological care from a physician in 2013.[1] By 2016, there were 10,845 practicing dermatologists, which equated to 3.4 dermatologists per 100,000 people, a number lower than the recommended 4 dermatologists per 100,000 for adequate access to care.[2] An estimate provided by the US Census Bureau indicates that the US population will exceed 360 million by 2030. With this rise, the American Association of Medical Colleges (AAMC) anticipated a 20% increase in demand for medical specialties by 2025.[3] Given the shortage of dermatologists and decreased access to dermatologic care, advanced practice providers (APPs) play a critical role in expanding access and meeting the growing demand for timely, high-quality care. This is evident in the increase in the number of APPs providing dermatology care, as identified in the Medicare Public Use Files. Findings reveal that, among over 109,000,000 office visits to dermatology providers, 15.5% were provided by an APP in 2013, increasing to 27.4% in 2020 ($P<0.001$).[4] In addition to APPs seeing more patients over time, there are more APP providers than dermatologists in rural settings, with 55.6% of dermatology providers being APPs in micropolitan areas and 87.8% in rural areas.[4] From 2005 to 2014, employment of APPs in dermatology practice in the US increased from 28% to 46%,[5] with 92% of APPs being associated with a board-certified dermatologist.[6]

The expanding role of APPs within dermatology practice underscores the growing importance of specialty certification as a meaningful and integral credential. While specialty certification is not required for APPs to practice in dermatology, it signifies competence within a clinical specialty by validating clinical knowledge and provides assurance to patients and employers that the APP has advanced dermatological education and skills, a dedication to providing evidence-based care, and a demonstrated commitment to the specialty. Specialty certification is not unique to dermatology; certifications are offered for NPs and PAs in several fields, including cardiology, emergency medicine, oncology, urology, and more, with over 70% of PAs employed in a specialty area and 20% of NPs employed in specialty practice.[7,8]

For NPs, the Dermatology Certified Nurse Practitioner (DCNP) examination is administered by the Dermatology Nurse Practitioner Certification Board (DNPCB),[9] while PAs can attain the Certificate of Added Qualification in Dermatology (CAQ-Derm) provided by the National Commission on Certification of Physician Assistants (NCCPA).[10] PAs also have the option to undergo a postgraduate training program, the Dermatology Diplomate Program, offered by the Society of Dermatology Physician Associates (SDPA), which is not a board certification examination but an advanced educational program that combines didactic and online methods tailored for dermatology PAs.[11] Both the DCNP and CAQ-Derm examinations require completion of dermatology clinical hours to be eligible to test. These hours can be acquired "on the

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job" or through a small number of fellowship opportunities available to APPs. The term "transition to practice" (TTP) has been used to describe these programs, and "fellowship" and "TTP" have been used interchangeably.[14] For NPs, these fellowship programs have been guided by competencies established for NPs in dermatology by a validation panel conducted by Bobonich and Nolen,[12] as well as a Delphi approach by Chan et al[13] discussing core competencies for NPs in general. It is notable that, at the time of this publication, no formally published, peer-reviewed dermatology specialty competency frameworks specific to PAs have been established, representing an important gap in the standardization of APP training across the specialty.

The following explores the current landscape of dermatology specialty certification for APPs, examines available certification pathways, assesses their perceived value among stakeholders, and considers future directions for APPs seeking to specialize in dermatology.

NPS AND SPECIALTY CERTIFICATION

NPs are advanced practice registered nurses (APRNs) who are trained within a nursing-based model, with an emphasis on patient-centered care. Training is available at the master's (MSN) or doctoral level, with options including the Doctor of Nursing Practice (DNP) and PhD. The National Organization of Nurse Practitioner Faculties (NONPF) recommended that entry-level NP education be moved solely to the DNP/PhD degree by 2025,[15] suggesting replacement of the MSN. At this time, full implementation has not yet been realized, and MSN programs are still enrolling and certifying with the American Nurses Credentialing Center (ANCC) and the American Association of Nurse Practitioners (AANP). The APRN Consensus Model, officially titled "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE)," was released in 2008 by several nursing organizations and was created to standardize the regulation of APRNs across states.[16] By definition, an NP is a nurse who has completed a graduate-level education program preparing them for 1 of 4 recognized APRN roles (Certified Registered Nurse Anesthetist, Certified Nurse Midwife, Clinical Nurse Specialist, and Certified Nurse Practitioner), passed a national certification examination, acquired advanced clinical knowledge, and educationally prepared to assume responsibility for management of patient problems, and has clinical experience to reflect the intended license.[16] Certified NPs are then subdivided into 6 population foci, including Adult-Gerontology, Family/Individuals across the Lifespan, Neonatal, Pediatric, Psychiatric/Mental Health, and Women's Health/Gender-Related. The Consensus Model also addresses APRN specialties, stating that specialty practice is optional; however, if a specialty is chosen, it must build upon the competencies specified for the role and 1 of the 4 population areas. It goes on further to say that state licensing boards will not regulate the APRN at the level of specialties in this APRN Regulatory Model. Additionally, "Professional certification in the specialty area of practice is strongly recommended," and "Competency in the specialty areas could be acquired either by educational preparation or experience…."[16]

Acquiring specialty training has been notoriously challenging and has been primarily completed informally, often under the guidance of a board-certified dermatologist or an experienced dermatology NP or PA or through on-the-job training. Although limited, the development of dermatology fellowships and postgraduate dermatology programs has allowed practitioners to achieve competency in a specific specialty through a structured, individualized format. Two well-known programs offering dermatology NP fellowships include the Lahey Dermatology Nurse Practitioner in Burlington, Massachusetts, and the University of Rochester Medical Center (URMC) NP Post-Graduate Dermatology Training Program. The Lahey program has been running since 2003 and received accreditation from the ANCC in 2022, becoming the first and only program to do so. They accept 2 applicants every 2 years, and trainees are transitioned through observational clinic sessions with a didactic focus, advancing to procedural training and increasing patient autonomy.[17] NP fellows are invited to Harvard Medical School's grand rounds and encouraged to attend dermatology conferences.[17] All graduates of the fellowship sit for the DCNP examination at the program's end. Similarly, the URMC NP Dermatology Program admits 1 to 2 fellows each year, with fellows beginning with the new year's cohort of physician residents. They are given increasing autonomy over time and are encouraged to attend monthly journal clubs and grand rounds, which include residents and attendings in the dermatology resident program. NP fellows must attend lectures, present dermatopharmacology lectures, and complete supervised procedures including biopsy, electrodessication and curettage, liquid nitrogen cryotherapy, and microscopy. Once the program is completed, graduates also sit for the DCNP examination, which the department sponsors for fellows.[14] While these 2 programs were used as primary examples, it is important to note that there are many other residency/fellowship programs available, including Penn State Health Milton S. Hershey Medical Center (NPs and PAs), University Hospitals Cleveland Medical Center, Oregon Health and Science University (NPs and PAs), as well as postgraduate certificate programs in dermatology through Florida Atlantic University and Vanderbilt University, for example. It is also important to note that employer-based training programs provide novice APPs with exposure to medical and surgical dermatology and offer salary and benefits during training.

While comprehensive training for APPs in dermatology is essential for quality dermatological care, the American Academy of Dermatology's March 2025 position statement notes that "certain programs are offering advanced practice residencies or fellowships for non-physician clinicians. These programs are not formally recognized nor standardized in their training."[18] In 2020, the American College of Cardiology (ACC) published formal clinical competencies for NPs and PAs in adult cardiovascular medicine, developed through a committee composed of cardiovascular NPs and PAs alongside physician content experts.[19] This document was endorsed by 11 professional organizations, including the American Heart Association (AHA), the AANP, and the NONPF, representing a landmark example of healthcare stakeholders coming together to formally recognize competencies through a collaborative consensus. Notably, the publication stated, "One impetus for this request was the 2015 ACC Health Policy Statement on Cardiovascular Team-Based Care and the Role of the Advanced Practice Providers that highlighted the importance of team-based delivery of cardiovascular care…."[19] It is imperative that, over time, all stakeholders seeking to

advance APP training in dermatology continue to engage with their respective professional organizations to support the development of evidence-based, standardized training frameworks that ensure safe, high-quality dermatologic care for all patients. Furthermore, standardized training pathways reflect a commitment to patient safety that transcends organizational boundaries, and their benefits will be realized by all patients seeking quality dermatological care. While meaningful progress has been made within individual professional organizations to advance dermatology-specific training and certification for APPs, a formal joint consensus between physician-led dermatology organizations and dermatology APP professional organizations has not yet been established. The precedent set by the ACC and other organizations demonstrates that collaboration is not only achievable, but greatly beneficial. Given the scale of the APP workforce in dermatology, all stakeholders are uniquely positioned to benefit and lead in this endeavor.

It is important to acknowledge that taking the DCNP examination does not require graduation from a dermatology fellowship program; it is 1 path to obtain the necessary hours for testing. Eligibility for the DCNP examination includes a master's or doctoral degree in nursing, current APRN state licensure, national certification as an APRN, a minimum of 3,000 hours of dermatology NP practice within the last 3 years, and current practice in dermatology. Hours obtained from a formal dermatology NP fellowship count toward the 3,000 hours.[20] The examination is managed by the DNPCB, in collaboration with the Center for Nursing Education and Testing (C-NET), which has had the examination and credential accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC). The DCNP exam was launched in 2008 to establish a nationally recognized, accredited certification for NPs practicing in dermatology, and it remains the only specialty board exam for dermatology NPs in the US. The exam states objectives which evaluate an NP's abilities in assessing and diagnosing dermatological conditions across the lifespan (35%); prescribing and performing interventions using evidence-based treatments and procedures (33%); educating patients, families, and professionals about dermatologic conditions (24%); engaging in professional activities to promote healthcare outcomes (5%); and research analysis (3%).[20] Questions are broken down further, with 20% of questions on neoplasms; 20% on papulosquamous and eczematous dermatoses; 15% on adnexal diseases; 10% on infections, infestations, bites, and stings; 10% on photodamage, aging skin, and pigmentary disorders; 10% on vesiculobullous, autoimmune, and connective tissue diseases; 10% on urticarias, erythemas, photosensitivites, and purpuras; and 5% on systemic disease, granulomatous/neutrophilic conditions, and genodermatoses. The examination consists of 175 multiple-choice questions and is administered over 4 hours. A total of 74% of the questions must be answered correctly to achieve the passing standard score of 95.[20] The certification cost is $400, which includes a nonrefundable application fee of $50. Certification is valid for 3 years and must be renewed at that time through continuing education or examination.

The 2024 Nurse Practitioner Practice Workforce Survey, published by the AANP, surveyed 10,275 NPs, and only 0.3% declared specialty certification in dermatology.[21] Currently, there are no data available on passing rates; however, NPs who pass are listed on the DNPBC website, and as of July 2025, there are 588 NPs in the US who are DCNP certified, with the highest number being in Florida, which has 63 DCNP-certified NPs.[20] In 2024, there were 60 registrants who took the exam, and 61 in 2025.[20] The DNPCB's purpose, as posted on their website, states, "Dermatology NPs play a critical role in delivering safe, effective, evidence-based dermatologic care. DNPCB ensures that those practicing in this specialty have the knowledge, clinical judgment, and skill required to provide exceptional care to patients across diverse settings."[20]

PAs AND SPECIALTY CERTIFICATION

PAs are APPs trained using a medical-based model structured on a biomedical foundation, similar to physician education.[22] PA education is offered at the graduate level through a master's program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). There are doctoral programs available to PAs, including the Doctor of Medical Science (DMSc), the Doctor of Science in Physician Associate Studies (DScPAS), and the Doctor of Physician Associate (DPA). To gain admission into a PA program, applicants must first complete a bachelor's degree and fulfill prerequisite coursework, which typically includes anatomy, physiology, chemistry, biology, psychology, and statistics.[23] Furthermore, most PA programs require applicants to have substantial direct patient care (DPC) experience, typically 1,000 to 1,499 DPC hours.[24] The ARC-PA evaluates both new and established PA programs to verify that the curriculum integrates the necessary content, including didactic and clinical education, which focuses on multiple disciplines, such as dermatology, family medicine, emergency medicine, pediatrics, surgery, obstetrics and gynecology, and orthopedics. In addition, PA programs are required to meet faculty and staffing benchmarks, maintain adequate resources and support, and assess student learning outcomes through measures, such as program exam pass rates.[25] New PA programs are granted full accreditation following the ARC-PA's review of the first graduating class's compliance with standards and student performance.[25] The ARC-PA is foundational for initial PA certification but does not certify, oversee, or provide a stance on specialty certification. The NCCPA offers specialty certification through the CAQ in several specialties. The NCCPA states, "Earning a CAQ allows PAs to achieve recognition for their specialty experience, skills, and knowledge… [and] offers PAs a credential to document their specialty experience and expertise effectively."[10]

Following satisfactory completion of an accredited PA program, PAs are eligible to obtain board certification through the Physician Assistant National Certifying Examination (PANCE), granted by the NCCPA. The PANCE content encompasses a wide range of topics, including dermatology, cardiovascular, endocrine, and other organ system diseases, reflecting the diverse clinical responsibilities of PAs.[10] Upon passing the PANCE, PAs are qualified to practice in a broad range of medical specialties. While PAs are historically trained as generalists, they have increasingly entered specialty fields. Emergency medicine is among the most common specialties in which PAs are employed. Between 2010 and 2017, about 5% of all emergency department (ED) visits were managed solely by PAs, while an additional 8.2% were managed by PAs

working with physicians.[26] Beyond emergency medicine, national workforce data show that the number of PAs entering the psychiatry specialty has risen steadily in response to increasing mental health needs.[27] Dermatology, while not boasting the largest PA population, has experienced rapid growth. Between 2013 and 2018, the number of PAs practicing in dermatology increased at an average annual rate of 11.6%, outpacing the overall growth of the PA workforce of 7.8% during that time frame.[28] As specialty practices continue to grow, specialty-specific certification and education become increasingly vital markers of clinical competence and professional distinction.

While the master's degree remains the standard for entry into practice, doctoral-level degrees for PAs are increasingly available, such as the DMSc or Doctor of Health Science (DHSc).[29] These programs offer a path to terminal education for PAs looking to lead in clinical or academic settings. The DMSc is a PA-specific degree designed for working professionals. These programs are often online, which allows PAs to complete the degree in 12 to 18 months.[29] Eligibility requires a master's degree from an accredited PA program and an active NCCPA certification. The curriculum primarily focuses on clinical leadership, healthcare administration, and the application of evidence-based research through a doctoral capstone project.[29] In contrast, the DHSc is an interprofessional doctorate open to a broad range of healthcare professionals and spans about 2 years. It emphasizes global health, healthcare policy, and population health, providing a pathway for those seeking roles in high-level advocacy or public health.[29]

Similarly to NPs, formal specialty training in dermatology for PAs has also been limited and is often acquired through on-the-job learning under the supervision of a board-certified dermatologist or experienced dermatology APP. Recognizing the need for specialty training, several institutions and professional organizations have developed dermatology fellowships for PAs. One such program is the Diplomate Fellowship offered by the SDPA. It is a self-paced, didactic training program consisting of 22 modules designed to enhance dermatological knowledge for practicing dermatology PAs. It is offered to all SDPA members, including both PAs and NPs, regardless of prior dermatology experience.[30] This fellowship provides 64.75 hours of American Academy of Physician Associates–accredited Category 1 continuing medical education (CME) training, costing approximately $450.[11] The program is designed to be completed in conjunction with *Dermatology Essentials* (1st or 2nd edition) by Bolognia et al, which covers topics such as dermatopathology, dermoscopy, diagnostic procedures, surgical procedures, and dermatological diseases.[11] Members are given 2 years from the date of enrollment to complete the program and earn Diplomate Fellow status.[11]

Beyond didactic-based fellowships, there are more clinical-based programs available; for example, the University of Utah offers a Dermatology Fellowship for Advanced Practice Clinicians (APCs).[31] This program is available to both PAs and NPs who hold an active Utah license and national board certification. It is a 12-month, full-time clinical position that offers a salary and full benefits.[31] The curriculum has a rotating schedule through medical dermatology, pediatric dermatology, and procedural clinics.[31] Fellows participate in didactics with dermatology residents and attend weekly grand rounds, journal clubs, and textbook reviews, and their participation can earn them CME credits.[31] By offering both structured didactics modules and intensive clinical residencies, these fellowship programs provide the essential framework for PAs to transition from generalist training to high-level specialty practice.

PAs seeking to specialize and certify in dermatology have the option of obtaining the CAQ-Derm. The NCCPA introduced the CAQ-Derm credential in 2023, representing the first accredited certification offering recognition of advanced knowledge and expertise in dermatology specialty for PAs.[10] CAQ-Derm recipients have reported many professional benefits; over 40% successfully sought a promotion, about 50% received or anticipated receiving a pay increase, more than 33% received a cash bonus, 60% achieved or expected an increase in their job responsibilities, and about 66% reported more respect and acceptance from patients.[10] These findings suggest that earning the CAQ-Derm can enhance a dermatology PA's professional recognition, career advancement, and enhancement in their scope of practice.

To be eligible for the CAQ-Derm, PAs must hold an active NCCPA certification (PA-C), maintain a state license, and have completed a minimum of 4,000 hours of dermatology experience within the past 6 years.[10] Additionally, PAs must have obtained a minimum of 75 Category 1 CME credits in dermatology practice in the past 6 years, with at least 25 credits obtained within the preceding 2 years, including a minimum of 5 Category 1 CME credits for a dermoscopy course. Applicants are also required to submit a Physician Attestation Form verifying dermatologic knowledge and skills, such as biopsies, cryotherapy, and excisions. The CAQ-Derm examination consists of 120 multiple-choice questions divided into 2 categories: task categories and medical content categories. The task categories cover areas such as history and physical exam (25%), laboratory studies (12%), diagnosis (15%), health maintenance (5%), surgical interventions (8%), nonsurgical interventions (15%), pharmacology (15%), and scientific concepts (5%).[10] The medical content category tested on the CAQ-Derm examination includes 11% of questions on inflammatory dermatoses; 10% on psoriasis and other papulosquamous diseases; 9% on precancerous lesions and nonmelanoma skin cancers; 8% on acne, rosacea, and related disorders; 8% on nevi and melanoma; 6% on infectious diseases; 5% on hypersensitivity reactions; 5% on benign tumors and vascular lesions; 5% on blistering dermatoses; 5% on skin manifestations of systemic disease and nutritional deficiency; 5% on connective tissue disease; 5% on hair and nail disorders; 4% on urticaria; 3% on severe and life-threatening eruptions; 3% on pigmented disorders; 2% on infestations and bites; 2% on mucocutaneous disorders; 2% on psychiatric dermatoses; and 2% on lymphoproliferative disorders. The examination has a scoring range of 200 to 800, with passing scores of at least 350.[10]

While these benchmarks were established to standardize the CAQ-Derm examination, Young et al[30] challenge their clinical relevance, noting that the examination's content highlights only the national burden of skin disease. Additionally, they note that high-prevalence conditions, for example, nonmelanoma skin cancers and infectious dermatoses, are minimally addressed, while less common conditions, such as drug eruptions, connective

tissue diseases, and bullous disorders, are over-represented. Although the CAQ-Derm examination has a structured blueprint, they argue that it might need refinement to better reflect the realities of clinical practice.[30]

In addition to the CAQ-Derm, the NCCPA offers a CAQ for other specialties, including cardiovascular and thoracic surgery, emergency medicine, hospital medicine, nephrology, obstetrics and gynecology, occupational medicine, orthopedic surgery, palliative medicine and hospice care, pediatrics, psychiatry, and geriatric medicine.[32] Each CAQ for the listed specialties requires a prerequisite number of hours of clinical experience, successful completion of the specialty examination, and CME. The CAQ certification is intended to enhance knowledge of specialties, promote professional development, and recognize specialty-specific competency.

It is important to acknowledge the value of specialty certifications, such as the CAQ-Derm, and how these credentials support the professional growth and advanced clinical expertise of PAs. Given that PA education is rooted in generalist training, the increasing number of PAs practicing in specialty fields, such as dermatology, demonstrates the need for pathways that provide specialty-specific training and formal recognition of specialty competency through certifications. These initiatives, including certifications such as the CAQ-Derm and dermatology fellowships, play an important role in standardizing specialty practice, enhancing patient care, and aligning the roles of PAs with the evolving healthcare system.

DEFINING THE GAPS: BARRIERS AND EVIDENCE LIMITATIONS IN DERMATOLOGY SPECIALTY CERTIFICATION

Although specialty certifications for APPs in dermatology are intended to promote competency and standardization, several limitations warrant consideration. There is limited outcomes-based research evaluating whether dermatology certification improves diagnostic accuracy, procedural competency, or patient outcomes. While board certification has been associated with quality metrics in physician literature, comparable data for APP specialty certifications are sparse.[32,33] Access to structured fellowship programs varies geographically and is highly competitive, admitting only 1 or 2 applicants every cycle. Most APPs continue to enter dermatology through heterogeneous on-the-job training models. This variability might contribute to the differences in clinical preparation, particularly in rural or underserved areas. Additionally, financial costs, continuing education requirements, and lack of reimbursement differentiation can limit widespread adoption. Ongoing evaluation of certification examination blueprints is necessary to ensure evolving therapeutic advances and real-world clinical responsibilities are well represented. Addressing these gaps through comparative outcomes research and workforce analysis will be essential in determining the measurable impact of specialty certification in dermatology.

CONCLUSION

As dermatologic care demand continues to rise amid workforce shortages, APPs have become integral to maintaining access, particularly in rural and underserved communities. The rapid expansion of NPs and PAs in dermatology underscores the importance of establishing clear standards that promote clinical excellence, diagnostic accuracy, and high-quality patient care. While on-the-job training remains common, variability in preparation emphasizes the need for structured pathways that validate specialty competence.

Specialty certifications such as the DCNP and CAQ-Derm represent steps toward standardization in dermatology practice for NPs and PAs. These credentials serve as formal recognition of advanced dermatologic knowledge, procedural skills, and commitment to evidence-based care. Fellowships and transition-to-practice programs further strengthen this foundation by offering clinical immersion and mentorship during early specialty development. Together, these pathways create a guide that supports professional growth and quality patient outcomes. Although specialty certification is not mandatory for APP practice in dermatology, its value extends well beyond personal achievement. For patients, it provides confidence that their provider has met and independently verified the standard of specialty knowledge. For employers and health systems, it provides a benchmark for the knowledge attained. For the dermatology profession at large, it represents a collective step toward standardized education that strengthens interprofessional relationships and advances the shared mission of exceptional patient care.

Further research should evaluate the measurable impact of dermatology specialty certification on patient outcomes, diagnostic accuracy, procedural competency, and healthcare utilization. Additional analysis of fellowship expansion, workforce recognition, and alignment of examination blueprint with real-world clinical responsibilities would further strengthen the evidence base supporting specialty certification. Collaboration between physician-led organizations and NP/PA organizations holds great promise for bridging current gaps in dermatology APP training standardization. Advancing standards through specialty certification reinforces a shared commitment to excellence in dermatologic care. As the role of APPs in dermatology continues to expand, structured education, competency validation, and certification pathways will remain essential components of delivering safe, high-quality, and accessible care to the populations who need it most.

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