

Center for Dermatology NPPA

Prepare for the **DCNP exam**

Dermatology Essentials for NPs and PAs

March 12-14, 2026

Irving, TX

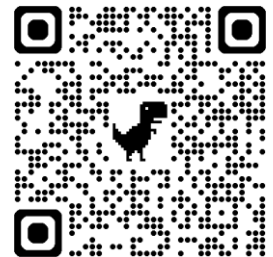
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Dermatology Certified Nurse Practitioner

Dermatology Nurse Practitioner Certification Board Receives Accreditation of its DCNP Examination and Credential from the Accreditation Board for Specialty Nursing Certification (ABSNC).

Earning the Dermatology Certified Nurse Practitioner (DCNP) credential is essential for demonstrating advanced dermatology expertise and adherence to the highest professional standards.



DCNP Certification:

- Validates **a nurse practitioner's** advanced specialized knowledge.
- Enhances both public and peer recognition of your proficiency.
- Distinguishes you as a leader in your field and committed to delivering exceptional care.
- Increases your competitive edge in the job market.
- Increases your earning power and job satisfaction.
- Provides an opportunity for a potential bonus for certification by employers.

Earning a DCNP shows your employers that you are *committed to your specialty*.

It demonstrates your *dedication and passion for health care* and the *well-being of your patients*.

Dermatology Essentials for NPs & PAs - March 12-14, 2026

Partnering with Dermatology NPs and PAs to:

- Deliver high-quality clinical care as a dermatology *specialist*.
- Prepare for the DCNP certification exam.
- Maintain updates on the latest evidence-based guidelines for practice.
- Focus on elevating knowledge and confidence prescribing the newest drug therapies.

Who Should Attend

NPs and PAs who are:

- seeking advanced pharmacology education to increase their competency and confidence in prescribing dermatologic drugs.
- pursuing dermatology continuing education, including pharmacology hours, for recertification or licensure.
- not formally trained in dermatology but seeking a comprehensive curriculum to guide their clinical on-the-job training.
- currently in a **master's program with plans to specialize in dermatology**.
- preparing for Dermatology NP and PA certification (DCNP or CAQ-Derm).
- developing a professional statement for prospective employers that answers the question: What do you know and how did you learn it?

Disease State Topics

- Eczematous and Contact Dermatitis
- Skin Infections - Bacterial and Fungal
- Papulosquamous Diseases
- Connective Tissue Diseases
- Pediatric Dermatology
- Acneiform and Adnexal Conditions
- Malignant Melanoma & Pigmented Lesions
- Bites, Stings, and Infestations
- Pigmentary Disorders
- Precancerous Lesions and Non-Melanoma Skin Cancers
- Systemic Diseases and Genodermatoses
- Skin Infections- Viruses and STDs
- Hair, Nails, and Mucous Membranes
- Biologic & Non-Biologic Therapies for Psoriatic Disease
- Urticarias, Photosensitivities, and Vasculitis
- Vesiculobullous Disorders

Advanced Pharmacology and Dermatopathology

- Small Molecule Drug Therapies for Dermatologic Conditions - Integration into Clinical Practice
- Biologic Therapies for Dermatologic Conditions - Integration into Clinical Practice
- Case Studies - Immunomodulator Therapies
- Essential Dermatopathology Workshop

Information About The

Dermatology Nurse Practitioner Certification Examination

The DCNP Exam Evaluates Nurse **Practitioner's** Ability to:

- Assess and diagnose dermatological conditions across the lifespan (35%).
- Prescribe and perform interventions using evidence-based treatments and procedures (35%).
- Educate patients, families, and professionals about dermatological conditions (25%).
- Engage in professional activities to promote healthcare outcomes (5%).

Content Areas on DCNP Examination

These dermatology diagnoses give you an idea of the types of patient problems covered on the exam. The numbers in parentheses indicate the percent of test questions assigned to each area. Sub scores in these areas are reported to persons who do not pass the test. This is not a definitive list of test content. Some diagnoses on the list will not be on the test, and other diagnoses--not on the list--may be on the test.

I. Neoplasms (20%)

- Actinic keratosis, Keratoacanthoma
- Basal cell carcinoma, Squamous cell carcinoma, Malignant melanoma
- B & T-cell lymphomas/Sézary syndrome
- Dermatofibroma
- Immunosuppression, increased risk
- Seborrheic keratosis, Keloids
- Hemangiomas, Pyogenic granuloma, Port-wine stain
- Paget's disease (nipple) Bowen's disease
- Sebaceous adenoma
- Nevi

II. Papulosquamous and Eczematous Dermatoses (20%)

- Atopic dermatitis, Pityriasis alba, Keratosis pilaris
- Contact dermatitis
- Eosinophilia pustular folliculitis
- Erythroderma, Nummular eczema, Pityriasis rosea
- Grover's disease, Pityriasis rosea
- Psoriatic disease, Pityriasis rubra pilaris
- Seborrheic dermatitis
- Lichen planus, Stasis dermatitis, Lichen simplex chronicus/striatus
- Polymorphic eruption of pregnancy (PEP, formerly known as PUPPP)

III. Adnexal Disease (15%)

- Acne, Rosacea, Perioral dermatitis
- Acne keloidalis nuchae, Sebaceous hyperplasia
- Hidradenitis suppurativa, Hyperhidrosis
- Paronychia/melanonychia, Onychodystrophy
- Alopecia/other hair problems
- Cysts (epidermal inclusion, digital mucoid, etc.)

IV. Infections, Infestations, Bites and Stings (10%)

- Anthrax, Erythrasma, Impetigo
- Candidiasis, Tineas
- Rubeola
- Cellulitis and erysipelas
- Molluscum contagiosum
- Condylomata acuminata
- Pediculosis (capitis, corporis, pubis)
- Cutaneous larva migrans
- Psychodermatoses
- Furuncles and carbuncles
- Scabies, Tick-borne disease, Insect bites and stings
- Staphylococcal scalded skin syndrome
- Herpes simplex virus, Herpes zoster, Syphilis
- Verruca

V. Photodamage, Aging Skin, and Pigmentary Disorders (10%)

- Elastosis Poikiloderma of Civatte, Favre-Racouchot disease, Lentigines
- Telangiectasias
- Disorders of hypopigmentation
- Disorders of hyperpigmentation

VI. Vesiculobullous, Autoimmune, and Connective Tissue (10%)

- Linear IgA bullous dermatosis, Dermatitis herpetiformis, Pemphigoid, Pemphigus
- Morphea
- Dermatomyositis
- Pseudoxanthoma elasticum
- SLE (discoid and systemic) Scleroderma
- Hypertrophic scars Lichen sclerosus et atrophicus

VII. Urticarias, Erythemas, Photosensitivities, and Purpuras (10%)

- Drug eruptions, Urticaria, Angioedema
- Porphyria cutanea tarda, Polymorphous light eruption
- Mastocytosis
- Vasculitis, Purpuras, Panniculitis
- Stevens-Johnson syndrome, Toxic epidermal necrolysis
- Erythema multiforme
- Sturge-Weber syndrome
- Neutrophilic dermatosis, Sweet's syndrome

VIII. Systemic Disease, Granulomatous/Neutrophilic Conditions, and Genodermatoses (5%)

- Xanthomas, Sarcoidosis, Sarcoidal granuloma
- Pruritus, Ichthyosis Keratoderma, Ichthyosis
- Darier's disease, Neurofibromatosis, Tuberous sclerosis
- Necrobiosis lipoidica, Pyoderma gangrenosum
- Signs of drug abuse
- Ehlers-Danlos syndrome